



2024 Acts Affecting Health Professions

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Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting health professions enacted during the 2024 regular legislative session. OLR's other Acts Affecting reports, including Acts Affecting Insurance, are, or will soon be, available on [OLR's website](#).

Each summary indicates the public act (PA) or special act (SA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden. Complete summaries of public acts are, or will soon be, available on [OLR's website](#).

The report generally includes acts that affect the (1) licensure and scope of practice of health care professionals, (2) regulation of health care facilities, and (3) delivery of health care services. Summaries are divided into categories for ease of reference; some provisions may fall into multiple categories.

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library, House Clerk's Office, or [General Assembly's website](#).

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Behavioral Health

DCF Urgent Crisis Centers

Legislation enacted this session allows urgent crisis centers to be certified, rather than licensed, by the Department of Children and Families (DCF). In doing so, it allows these centers to be licensed by other state agencies. (For example, a hospital emergency department or other Department of Public Health (DPH)-licensed facility is able to operate an urgent crisis center, as long as the center was certified by DCF.) By law, these centers treat children's urgent mental or behavioral health needs ([PA 24-79](#), §§ 3 & 4, effective July 1, 2024).

Peer-Run Respite Center

A new law requires the Department of Mental Health and Addiction Services (DMHAS) commissioner, within available appropriations, to establish a peer-run respite center (run by a contracted non-profit). The center must employ specialists with relevant experience and training to provide peer respite and support services for adults experiencing emotional or mental distress right before or during a mental health crisis.

The act also requires the commissioner, by October 1, 2025, to report on the center and related issues, such as making recommendations on establishing other respite centers targeted to specific populations ([PA 24-19](#), § 36, effective October 1, 2024).

Recent-Onset Schizophrenia Spectrum Disorder

Legislation enacted this session requires the DMHAS commissioner, within available appropriations and in consultation with the DCF commissioner, to establish a program for people diagnosed with recent-onset schizophrenia spectrum disorder. Among other things, the program must (1) provide specialized treatment for these people early in their psychosis and (2) serve as a hub for distributing information statewide on best practices for providing early intervention services. Starting by January 1, 2025, the DMHAS commissioner must annually report to the Public Health Committee on the program and related legislative recommendations ([PA 24-19](#), § 27, effective upon passage).

Universal Patient Intake Forms for Children's Behavioral Health Services

This session, the legislature required the DPH commissioner to convene a working group to make recommendations for a universal patient intake form for patients of children's behavioral health services providers and these patients' parents and guardians. Among other things, the form must include questions about (1) a patient's medical and behavioral health history and (2) the conditions

and concerns for which treatment is being sought. The group must include the DPH commissioner and the Behavioral Health Advocate, or their designees, among others.

Under the act, DPH must (1) develop a universal patient intake form based on the working group's recommendations and provider requirements and guidelines for using it, and (2) submit a report that includes the recommendations, form, requirements, and guidelines to the Children's and Public Health committees by January 1, 2026 ([SA 24-10](#), effective upon passage).

Dentistry and Oral Health

Dental Sedation or Anesthesia

A new law streamlines the process for dentists seeking a moderate sedation or general anesthesia permit for multiple locations after they have been approved for one location. It requires DPH to post online a list of required equipment, personnel, and emergency medications for dental locations that administer moderate or deep sedation or anesthesia, and makes minor changes to this permit process ([PA 24-68](#), § 8, effective October 1, 2024).

DDS Oral Health and Dental Services Unit

This session, the legislature codified existing practice by establishing an Oral Health and Dental Services Unit within the Department of Developmental Services' (DDS) Health and Clinical Services Division. Among other things, the new law requires the unit's services to be (1) specialized and individualized to meet the needs of people with intellectual disability and (2) provided under the scope of practice of a dentist or dental hygienist. It allows the DDS commissioner to contract with (1) licensed dentists or (2) dentists with provisional licenses (i.e., dental school faculty members who meet certain criteria) to carry out the unit's duties ([PA 24-122](#), §§ 1 & 2, effective upon passage).

Disabilities

Accessible Parking

A new law modifies the conditions under which a health care provider may certify an applicant for an accessible parking removable windshield placard. It requires health care professionals who certify placard applicants' eligibility to do so based on their professional opinion after completing a medically reasonable assessment of the applicant's medical history and current medical condition made in the course of a bona fide health care professional-patient relationship. It also (1) prohibits health care professionals from making fees they charge to applicants seeking certification

contingent on whether or not they certify the applicants' eligibility and (2) imposes a civil penalty of up to \$1,000 for violations ([PA 24-20](#), §§ 43 & 44, effective October 1, 2024).

Autism Spectrum Disorder (ASD) Pilot Program

Under existing law, the Department of Social Services (DSS) must establish a two-year pilot program in partnership with a hospital to provide nonresidential outpatient day services for people with ASD. A new law narrows the type of hospital DSS must select for the pilot to a long-term, acute care hospital in Hartford County with an established, specialized interdisciplinary program for younger children and adolescents with an ASD diagnosis. By law, DSS must select the hospital by September 1, 2024, and the hospital must start providing services under the pilot by October 1, 2024 ([PA 24-81](#), § 35, effective upon passage).

ICF/IID Notice Requirements Related to the DSS Certificate of Need Program

A new law updates notice requirements related to intermediate care facilities for individuals with intellectual disability (ICF/IIDs) related to DSS's certificate of need process. For example, it requires facility closure notices to go to the Office of the Developmental Services Ombudsperson rather than the Office of the Long-Term Care Ombudsman, and requires the ombudsperson's office to hold informational sessions related to these closures ([PA 24-122](#), § 14, effective upon passage).

Medical Diagnostic Equipment Accessibility

A new law requires group practices of at least nine physicians, advanced practice registered nurses (APRNs), or a combination of them ("practice locations") to consider certain federal technical accessibility standards when purchasing medical diagnostic equipment.

Starting January 1, 2025, the act also requires these practice locations and certain health care facilities (hospitals, outpatient clinics, and long-term care and hospice facilities) to take certain related administrative actions, such as (1) training direct care staff on policies and procedures for patients with accessibility needs, (2) taking an inventory of all medical diagnostic equipment, and (3) creating a plan to address inventory gaps and identify steps needed to ensure compliance with federal technical accessibility standards.

The act also generally requires, starting January 1, 2026, these health care facilities and practice locations with three or more examination rooms to have certain accessible medical diagnostic equipment (e.g., at least one weight scale and one examination table or chair in at least one examination room that accommodates patients using assistive devices). These requirements are effective until federal regulations are mandated on accessibility of medical diagnostic equipment.

It also specifies which health care facility construction guidelines DPH must use when reviewing a facility's plan for a construction or renovation project that is necessary to comply with state law's requirements for accessibility of medical diagnostic equipment ([PA 24-113](#), effective July 1, 2024).

Wheelchair Repair

A new law includes several provisions on wheelchairs, including specialized wheelchairs that are individually configured for each user. The new law (1) sets timeliness and reporting requirements related to wheelchair repair, (2) restricts prior authorization and new prescription requirements for certain wheelchair repairs under Medicaid and private health insurance, and (3) establishes a Complex Rehabilitation Technology and Wheelchair Repair Advisory Council to monitor wheelchair repair and make recommendations on improving repair times ([PA 24-58](#), effective July 1, 2024).

Emergency Medical Services (EMS)

EMS Administration of Epinephrine

Under existing law, starting July 1, 2024, EMS personnel must administer epinephrine using certain equipment (e.g., automatic prefilled cartridge injectors) under specified conditions. A new law specifies that this requirement applies only if the medication is available. (By law, ambulances are required to stock it.)

The act requires EMS personnel's training on administering epinephrine to be in line with national standards that the DPH commissioner recognizes, rather than from an organization she designates. Under the act, emergency medical responders need only be trained to use means of administering epinephrine that are within their scope of practice. Additionally, EMS personnel's administration of epinephrine must be under written protocols and standing orders of a physician serving as an EMS medical director, rather than an emergency department director as under prior law ([PA 24-68](#), § 15, effective July 1, 2024).

Regional EMS Coordinators

This session, the legislature moved certain EMS coordinator positions into the classified service. Specifically, a new law required the Department of Administrative Services to transition the regional EMS coordinator and assistant regional EMS coordinator positions into the classified service beginning June 30, 2024 ([PA 24-81](#), § 98, effective upon passage).

Environmental Health

Aquifer Protection Areas or Watersheds

Legislation enacted this session clarifies notice requirements for zoning-related applications that could impact an aquifer protection area or water company's watershed. The act specifies that this notice requirement applies when the application concerns land that (in whole or part) is within those areas or watersheds and makes conforming changes ([PA 24-68](#), § 3, effective July 1, 2024).

Sanitarians Renamed as Environmental Health Specialists

A new law replaces the term "sanitarian" with "environmental health specialist" throughout the statutes. Under existing law, these DPH-licensed professionals must be trained in environmental health and qualified to perform related duties such as investigating air, water, and food, and municipalities or district health departments must provide for the services of such a professional ([PA 24-68](#), §§ 18-29, effective July 1, 2024).

Suspect Asbestos-Containing Materials

Existing law sets requirements and standards related to asbestos abatement, generally defined as various actions involving asbestos-containing materials. A new law specifies that asbestos abatement includes these actions for "suspect asbestos-containing materials," defined as interior and exterior materials with a reasonable likelihood of containing asbestos due to their appearance, composition, and use ([PA 24-68](#), § 17, effective upon passage).

Water Operators-in-Training

This session, the legislature codified existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training. The certificate is valid for six years and is not renewable ([PA 24-68](#), § 9, effective upon passage).

Well Testing

A new law makes various changes to laws on private and semipublic well testing. It specifies that DPH or the local health authority (with DPH's approval) may share test results with certain people, such as the current or prospective property owner. Among other things, it (1) requires lead testing for newly constructed wells only if the well is built for an existing structure and (2) prohibits newly constructed wells from being used for domestic purposes until the local health authority determines that their test results are satisfactory ([PA 24-68](#), § 16, effective upon passage).

Health Care Facilities

Birth Centers

Under certain conditions, a new law allows birth centers to become licensed while in the process of applying for accreditation. It sets conditions for license renewal (e.g., DPH's approval of a report from the birth center on its operations). The act also makes a birth center's license subject to summary suspension and disciplinary action if the center fails to notify DPH and stop providing services following the loss or denial of its accreditation ([PA 24-68](#), § 31, effective upon passage).

DPH Civil Penalties Against Health Care Institutions

Legislation enacted this session generally authorizes the DPH commissioner, after a hearing, to impose a civil penalty of up to \$25,000 on a health care institution (e.g., a hospital or outpatient surgical center) when she finds that the institution substantially failed to comply with statutory requirements, the Public Health Code, or licensing regulations. But DPH cannot assess this penalty for violations arising from complaints filed with the department before July 1, 2024, except for violations of regulatory requirements relating to patient abuse or neglect as defined in specified federal regulations for long-term care facilities. Existing law authorizes DPH to impose civil penalties against health care institutions under certain circumstances ([PA 24-68](#), § 32, effective July 1, 2024).

Emergency Department Data Analysis

A new law generally requires each in-state hospital with an emergency department, starting by January 1, 2025, and until January 1, 2029, to annually analyze certain data from its emergency department (ED) on patient volumes, wait time until admission, and related matters. It also allows exclusively state-run hospitals to do this. Hospitals may analyze the data directly or in consultation with a Connecticut hospital association. Hospitals must use the analysis in line with certain goals, such as developing policies or procedures to reduce admission wait times after a patient presents to the ED. Each hospital conducting this analysis must annually report to the Public Health Committee, starting by March 1, 2025, and until March 1, 2029, on its findings and any recommendations to achieve these goals ([PA 24-4](#), effective upon passage).

Health Care Facility Worker Safety

This session, the legislature enacted a law requiring certain Medicaid-certified health care facilities to adopt and implement workplace violence prevention standards consistent with those set by the Joint Commission or other applicable certification or accreditation agencies. The DSS commissioner may require these facilities to provide evidence that they adopted and implemented the above standards to continue receiving Medicaid reimbursements. These provisions apply to hospitals,

chronic disease hospitals, nursing homes, behavioral health facilities, multicare institutions, and psychiatric residential treatment facilities ([PA 24-19](#), § 5, effective October 1, 2024).

Hospital Cybersecurity Disruption Audits

Legislation enacted this session requires hospitals (except for those exclusively state-operated), to take certain actions annually, starting by January 1, 2025, related to cybersecurity. Specifically, they must (1) have their cybersecurity plans and processes audited to determine if they are adequate or need improvements and (2) on a confidential basis, make the audit results available to DPH and certain other state agencies as well as any steps they are taking to implement recommended improvements ([PA 24-19](#), § 20, effective upon passage).

Hospital Financial Reporting to OHS

A new law requires hospitals to report semi-annually, starting by October 31, 2024, to the Office of Health Strategy (OHS) commissioner on certain financial information for the prior two calendar quarters. Specifically, hospitals must report the (1) number of days of cash on hand, or days cash and cash equivalents otherwise available to them and (2) dollar amounts of certain expenses that are at least 90 days past due in the reporting period (e.g., unpaid employee health insurance premiums, invoices, or utility bills).

Under the act, OHS may take certain actions for hospitals that meet specific thresholds. For example, if a hospital reports less than 45 days of cash on hand, OHS must reach out to the hospital and offer assistance. Conversely, if a hospital reports multiple consecutive quarters of 100 or more days of cash on hand, OHS may waive one of the two semi-annual reports ([PA 24-151](#), § 146, effective July 1, 2024).

Limitation on Maintenance of Certification for Hospital Credentialing

Existing law prohibits hospitals (including their medical review committees) from requiring board-certified physicians to provide credentials of board recertification to obtain or keep their practice privileges. Under a new law, this prohibition specifically includes the hospital requiring these physicians to participate in any maintenance of certification program required for board recertification ([PA 24-19](#), § 11, effective upon passage).

Penalties for Healthcare Institutions Failing to Comply With Corrective Action Plans

This year, the legislature passed a law that authorizes DPH, following a hearing, to impose disciplinary action on DPH-licensed health care institutions if they fail to comply with a correction plan. Existing law requires these institutions to submit a correction plan to DPH if the department issues a notice that the institution was out of compliance with applicable state law or regulations. Disciplinary actions include, among other things, (1) revocation or suspension of a license, (2) censure of a licensee, (3) placement of a licensee on probationary status, or (4) restricting the acquisition of other facilities for a period set by the DPH commissioner ([PA 24-141](#), § 6, effective upon passage).

Source Plasma Donation Centers and Blood Collection Facilities

By law, DPH must adopt regulations to implement new licensure categories, established by PA 23-31, for source plasma donation centers and blood collection facilities. This session, the legislature eliminated prior law's requirement that the regulations require a registered nurse (RN) or APRN to be on-site during these facilities' operating hours. It also requires the regulations to allow "responsible physicians" (e.g., Connecticut-licensed physicians adequately trained and qualified to direct staff and procedures) to be directors of these facilities. In doing so, it aligns with federal regulations.

The commissioner must update DPH policies and procedures by October 1, 2024, to include the new law's requirements. The policies and procedures are valid until final regulations are adopted. (DPH issued initial policies and procedures for these centers and facilities to implement PA 23-31's requirements in October 2023, and proposed regulations for public comment in January 2024.)

Additionally, the new law exempts someone who performs apheresis on a healthy donor to collect blood or its components from needing a nursing license. A person may do this regardless of existing health care institution and nursing laws, so long as they follow federal and state regulations ([PA 24-7](#), effective upon passage).

Health Professionals

APRNs and Fluoroscopy

This session, the legislature authorized APRNs to use fluoroscopy to guide diagnostic and treatment procedures if they (1) meet certain training, experience, and examination requirements; (2) only do so in collaboration with a physician who is trained in radiation protection; and (3) wear a radiation safety badge during the procedure ([PA 24-68](#), § 42, effective October 1, 2024).

Barber, Hairdresser, and Cosmetician Education on Textured Hair

A new law requires the DPH commissioner, in consultation with the state Examining Board for Barbers, Hairdressers and Cosmeticians, to amend the curriculum requirements for barber schools and hairdressing and cosmetology schools to include education and training in providing services to people with textured hair (i.e., coiled, curly, or wavy hair), including working with various curl and wave patterns, hair strand thicknesses, and hair volumes ([PA 24-53](#), effective July 1, 2024).

Covered Licenses for Military Servicemembers or Spouses

In 2023, Congress amended the Servicemembers Civil Relief Act (SCRA) to allow the portability of servicemembers' and their spouses' professional licenses ("covered licenses") for the duration of any military orders requiring them to relocate outside of the jurisdiction that issued their licenses.

A new law requires the DPH commissioner, by July 1, 2024, to publish an application for each DPH-issued credential that collects the applicant information necessary for the department to recognize a covered license (without an application fee). Under the act, after DPH determines that an applicant is eligible for license recognition under the SCRA, it must issue a specially designated credential for the applicable occupation or profession. Among other things, the credential is subject to laws on disciplinary action that apply to other DPH-issued credentials ([PA 24-68](#), §§ 34 & 35, generally effective upon passage).

DPH Civil Penalties Against Health Care Providers

This session, the legislature lowered, from \$25,000 to \$10,000, the maximum civil penalty that DPH or its licensing boards or commissions may impose, under existing procedures, against individual health care providers ([PA 24-68](#), § 33, effective July 1, 2024).

Expanding Fingerprinting Locations

A new law requires the Department of Emergency Services and Public Protection (DESPP) commissioner, in consultation with the DPH commissioner, to develop and implement a plan to expand fingerprinting locations in the state to facilitate more access for people required to complete state and national criminal history records checks for employment or licensing purposes. The commissioner must report to the Aging, Public Health, and Public Safety and Security committees on the plan by January 1, 2025 ([PA 24-39](#), § 6, effective upon passage).

FOIA Exemptions of Law Enforcement and Government Agency Records

This session, the legislature passed a law expanding exemptions of certain law enforcement and government agency records from disclosure under the Freedom of Information Act (FOIA). This includes, for certain investigatory records, exempting (1) the identity of “mandated reporters” (i.e., generally, people in more than 40 different professions and occupations that have contact with children or whose primary focus is children) not otherwise known and (2) sworn witness statements. The act also exempts, subject to specific conditions, certain photographs, films, videos, digital images, and other visual images depicting a minor, domestic or sexual abuse victim, homicide or suicide victim, or deceased victim of an accident ([PA 24-56](#), effective July 1, 2024).

Gun Safety Education Material During Primary Care Visits

Under a new law, primary care physicians, APRNs, and physician assistants (PAs) must make educational material on gun safety practices available to each of their patients annually at their appointments, or at each appointment if the patient visits the provider less frequently than once a year.

By January 1, 2025, DPH must develop or get this material in consultation with the Commission on Community Gun Violence Intervention and Prevention and, provided that these organizations agree to this consultation, the state chapters of national professional associations of physicians, pediatricians, APRNs, and PAs. By February 1, 2025, DPH must (1) make this material available, for free, to all in-state primary care providers and (2) recommend how they can effectively use it ([PA 24-19](#), § 7, effective July 1, 2024).

Hairdresser and Cosmetician Licensure Testing Accommodations

Under a new law, the DPH commissioner must notify hairdresser and cosmetician licensure applicants that they may be eligible for testing accommodations under the federal Americans with Disabilities Act or other accommodations determined by the state Examining Board for Barbers, Hairdressers and Cosmeticians. These accommodations may include (1) using a dictionary while taking the licensure examination or (2) additional time to complete it ([PA 24-68](#), § 41, effective October 1, 2024).

Kirklyn M. Kerr Program for State Residents Enrolled in a Veterinary Graduate School

This session, the legislature required UConn to (1) assess the feasibility of restarting the Kirklyn M. Kerr program with a veterinary school accredited by the American Veterinary Medical Association and (2) submit a related report to the Higher Education and Employment Advancement and Appropriations committees, which must include the cost of restarting the program.

The Kirklyn M. Kerr Program provides grants to Connecticut residents enrolled in an accredited veterinary graduate school who plan to practice veterinary medicine in Connecticut. UConn administers the program and awards up to five four-year grants per student class. In practice, the program has been dormant in recent years. While the program was active, Connecticut residents could attend Iowa State University's College of Veterinary Medicine and pay reduced tuition (there are no veterinary schools in Connecticut) ([SA 24-22](#), effective July 1, 2024).

Marital and Family Therapist Licensure

Legislation enacted this session increases, from 12 to 24 months, the duration of the postgraduate experience generally required for initial licensure as a marital and family therapist (MFT). This change generally corresponds to a recent change in federal law allowing MFTs who meet certain criteria to bill Medicare independently for their mental health services ([PA 24-68](#), § 38, effective July 1, 2024).

Master Social Worker Education

A new law allows a master social worker licensure candidate's degree to be from a program that is in the process of getting accredited and that was offered from the spring 2024 semester and before the spring 2028 semester ([PA 24-68](#), § 40, effective upon passage).

Medical Assistants

By law, clinical medical assistants meeting specified certification, education, training, and supervision requirements may administer vaccines in any setting other than a hospital. A new law adds the American Medical Certification Association to the list of organizations from whom a clinical medical assistant may be certified for this purpose ([PA 24-68](#), § 37, effective upon passage).

Nail Salon Worker Health Hazards Working Group

A new law requires the Public Health Committee chairpersons to create a working group to study health issues faced by nail salon workers due to their occupational exposure to health hazards. The

group must report to the Public Health Committee by January 1, 2025 ([PA 24-19](#), § 9, effective upon passage).

Naturopath Scope of Practice Committee

Legislation enacted this session requires the DPH commissioner to conduct a scope of practice review, under the existing process for scope of practice review committees, to determine whether (1) naturopathic physicians should be allowed to prescribe, dispense, and administer prescription medication, and if so, (2) DPH should establish educational, examination, or other qualifications for this or develop a naturopathic formulary. The commissioner must report the committee's findings and recommendations to the Public Health Committee by January 1, 2025 ([PA 24-68](#), § 61, effective upon passage).

Nurse Licensure Compact and Background Checks

This session, the legislature entered Connecticut into the Nurse Licensure Compact from October 1, 2025, until January 1, 2028. The compact creates a process for RNs or licensed practical/vocational nurses (LPNs/VNs) to get a multistate license, allowing them to practice in any compact party state (including by telehealth). The act does not prohibit a home state licensing board, upon a licensee's request, from converting a multistate license into a single-state license valid only in the home state.

Under the act, the DPH commissioner must require anyone applying for a multistate nursing license during this period to submit to a fingerprint-based criminal background check (corresponding to a compact requirement). It requires DPH, during the date range specified above, to transfer \$2 from each RN or LPN license renewal fee to the professional assistance program for health professions, in addition to the transfers already required. It also requires the creation of a working group to evaluate the compact's implementation ([PA 24-83](#), effective upon passage).

Online License Renewal

Existing law generally requires physicians, dentists, nurses, and nurse-midwives to renew their licenses through DPH's online renewal system and to pay professional service fees online using a credit card or electronic funds transfer. A new law extends these requirements to other DPH-licensed professions. As under existing law, the act provides an exception in extenuating circumstances, in which case DPH can allow the licensee to renew the license using a paper form and pay the fees by check or money order ([PA 24-68](#), § 6, effective July 1, 2024).

Paid Family and Medical Leave Poster

Under a new law, health care providers must display an informational poster about the state's paid family and medical leave insurance (PFMLI) program. The PFMLI Authority, which administers the program, must develop this poster by October 1, 2024, and health care providers must display it in a clear and conspicuous way accessible to patients and their caregivers. Providers subject to the requirement generally include physicians, podiatrists, dentists, psychologists, optometrists, chiropractors, APRNs, nurse midwives, and clinical social workers ([PA 24-5](#), § 3, effective October 1, 2024).

Physicians and PAs Under the State Labor Relations Act

A new law removes an exemption from the state Labor Relations Act for physicians and PAs who work at DPH-licensed institutions. The state Labor Relations Act, which sets rules on unionization and related matters, generally covers private-sector employers who are (1) not subject to the National Labor Relations Act or (2) are subject to it but the National Labor Relations Board has declined to assert jurisdiction ([PA 24-19](#), § 17, effective October 1, 2024).

Podiatrists' Scope of Practice

This session, the legislature expanded the scope of practice of podiatric medicine to allow podiatrists who meet certain education and training criteria to independently perform Chopart joint-level (i.e., forefoot and midfoot) amputations. Existing law already allows these podiatrists to independently perform certain ankle surgeries, such as fixing ankle fractures and ankle fusions, but prohibits them from performing total ankle replacements (and certain other surgeries).

However, the act requires the Public Health Committee co-chairpersons to convene a panel of two representatives each from an organization representing podiatrists and an organization representing orthopedic physicians in Connecticut. The panel must develop a protocol by August 1, 2024, for allowing podiatrists who meet certain criteria to perform total ankle replacement surgeries. The panel must report on the protocol to the Public Health Committee and DPH commissioner by September 1, 2024.

Starting October 1, 2024, the act allows podiatrists who provide DPH documentation that they meet the protocol's requirements to apply to a Connecticut hospital for privileges to perform total ankle replacement surgeries. Hospitals are not required to grant podiatrists privileges to perform the surgeries, but podiatrists who receive the privileges may do so ([PA 24-112](#), various effective dates).

Social Work Licensure Compact and Background Checks

This session, the legislature entered Connecticut into the Social Work Licensure Compact. The compact creates a process for social workers to obtain a multistate license, allowing them to practice in any member state (including by telehealth). Member states must grant a multistate license in one of three categories (clinical, master's, or bachelor's) to social workers who meet the compact's eligibility requirements. In practice, the compact is still in the implementation process, and license applications are currently anticipated to be open in late 2025.

Relatedly, under the act, the DPH commissioner must require anyone applying for social worker licensure to submit to a fingerprint-based criminal background check (corresponding to a compact requirement) ([PA 24-30](#), effective upon passage).

Statewide Health Information Exchange

Under existing law, by May 3, 2023, each licensed health care provider with an electronic health record system capable of connecting to and participating in the state's Health Information Exchange ("Connie") had to apply to begin the process to do so; providers without this system had to be capable of sending and receiving secure messages in line with specified federal standards. (Hospitals and clinical laboratories had an earlier deadline to begin the process to connect to the exchange.)

A new law generally requires health care providers, no later than 18 months after OHS implements policies and procedures related to exchange participation, to be connected to and actively participating in the exchange. But it exempts providers from the requirement to connect with the exchange if they (1) have no patient medical records or (2) are individuals and exclusively practice as employees of a covered entity under HIPAA, and the covered entity is legally responsible for decisions on the safeguarding, release, or exchange of health information and medical records.

The act also (1) specifies when providers are liable for certain actions related to data security and circumstances under which providers are not required to share information with the exchange (e.g., if doing so would violate another law); (2) specifies that the exchange's goals must be in line with federal regulations on information blocking; and (3) requires OHS to establish a working group to make recommendations on the office's regulations, policies, and procedures related to participation in the exchange ([PA 24-19](#), §§ 21-23, as amended by [PA 24-68](#), § 63, effective July 1, 2024, except the working group provisions are effective upon passage).

Veterinarians

A new law removes a requirement that the state veterinarian sign a health certificate that a state-licensed veterinarian issues for an equine (e.g., horse) being brought to public auction. It also specifies that dogs and cats generally must be vaccinated for rabies when they are between 12 and 14 weeks old, or at the age the vaccine manufacturer recommends ([PA 24-69](#), §§ 4 & 8, effective upon passage).

Home Health Care

Home Care Employee Photo Identification Badges

Legislation enacted this session requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments. The requirement takes effect July 1, 2025, for homemaker-companion agency employees and October 1, 2024, for all other agency employees. Under the act, violators may be subject to various disciplinary actions (e.g., license suspension or revocation or probation) by the (1) Department of Consumer Protection (DCP), for homemaker-companion agencies and (2) DPH, for all other agencies ([PA 24-39](#), §§ 7-9, effective October 1, 2024).

Home Care Provider Registry and Data Processing System

A new law requires the DSS commissioner, starting January 1, 2025, to maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services (HCBS). Among other things, the registry will help people (1) connect with qualified home care providers based on certain characteristics (e.g., language proficiency, prior experience, and special skills) and (2) navigate the state's HCBS system. The registry may also support state oversight of these HCBS providers by facilitating background checks, verifying their qualifications and special skills, and facilitating communication with providers during an emergency. Under the act, providers may exempt themselves from the registry under certain circumstances (e.g., if they are a victim of domestic violence or sexual assault).

The act authorizes the commissioner to seek enhanced federal financial participation from the Centers for Medicare and Medicaid Services to develop and operate the registry ([PA 24-39](#), §§ 1-3, effective October 1, 2024).

Home Health Worker Safety

This session, a new law includes various provisions to address the safety of home health care workers. The act generally requires home health care and home health aide agencies (other than

those licensed as hospice organizations) to collect certain information during client intake on the client and the service location and give it to the employees assigned to the client (but they cannot deny services solely based on this information or the client's inability or refusal to provide it).

The act requires these agencies to comply with applicable safety-related training requirements they must adopt and implement, and conditions their Medicaid reimbursement on meeting these training standards. It also requires these agencies to report on incidents of a client's verbal threats, abuse, or similar incidents, and allows DSS to give a Medicaid rate enhancement for agencies that timely report workplace violence incidents.

The act creates a grant program to help home health agencies provide safety escorts and purchase technology for staff safety checks. It also requires the Public Health Committee chairpersons to create a working group to study staff safety issues for home health care agencies, home health aide agencies, and hospice organizations ([PA 24-19](#), §§ 1-4 & 6, various effective dates).

Homemaker-Companion Agency Transition Plan Deadline Group

Existing law requires the Office of Policy and Management (OPM) secretary, in consultation with the DCP and DPH commissioners, to develop a plan to transfer homemaker-companion agency registration and oversight responsibilities from DCP to DPH. A new law extends from August 1, 2024, to December 1, 2024, the deadline for the secretary to report on the plan to the Aging, General Law, and Public Health committees ([PA 24-68](#), § 36, effective upon passage).

Insurance

Ambulance Services

A new law generally prohibits health carriers from (1) requiring an enrollee to get prior authorization for an ambulance transport to a hospital when medically necessary and (2) denying payment to an ambulance provider on the basis that the enrollee did not get a prior authorization ([PA 24-19](#), §§ 34 & 35, effective January 1, 2025).

Clinical Peers

The legislature passed a law generally requiring clinical peers doing adverse determination reviews to have a nonrestricted license in the same specialty as the treating physician or other health care professional who is managing the condition, procedure, or treatment under review. The new law also requires health carriers to authorize clinical peers to reverse initial adverse determinations that were based on medical necessity. This applies when the carrier, as required by law, offers a covered person's health care professional the opportunity to confer with a clinical peer of the

carrier following the adverse determination ([PA 24-19](#), §§ 32 & 33, effective January 1, 2025, except January 1, 2026, for a change to the clinical peer definition).

Coronary Calcium Scans

This session, the legislature passed a law requiring certain fully insured individual and group health insurance policies to cover coronary calcium scans. Under the act, these are CT scans of the heart looking for calcium deposits in arteries ([PA 24-19](#), §§ 18 & 19, effective January 1, 2025).

Data on Prior Authorizations and Precertifications

Starting January 1, 2025, a new law authorizes hospitals, outpatient surgical facilities, and physician group practices (i.e., two or more physicians) to record and keep data on the amount of time their employees spend when requesting prior authorizations or precertifications from health carriers (i.e., insurers and HMOs) for patient admissions, services, medication, procedures, or extended stays. Under the act, these entities may make the data available to the Public Health Committee, upon request ([PA 24-19](#), § 40, effective upon passage).

Limitation on Specialty Certification for Insurer Reimbursement, Provider Networks, and Liability Insurance

A new law generally prohibits certain health carriers from denying reimbursement to a health care provider, or excluding a provider from a network, only because the provider is not maintaining a specialty certification, including through a maintenance of certification (MOC) program. It also generally prohibits professional liability insurers from (1) denying coverage to a health care provider only because the provider is not maintaining a specialty certification, including through an MOC program, or (2) requiring a provider to maintain a specialty certification as a condition of getting professional liability insurance or other malpractice coverage. For either type of insurer, these provisions apply as long as the provider does not hold himself or herself out as a specialist under a specialty certification ([PA 24-19](#), §§ 12 & 13, effective January 1, 2025).

Long-Term Care and Older Adults

Appointment of Receivers of Nursing Homes or Residential Care Homes

Prior law required courts to grant an application for the appointment of a receiver for a nursing home or residential care home if they found, among other things, the facility had sustained a serious financial loss or failure that jeopardized the health, safety, and welfare of the patients. A new law eliminates the requirement that the serious financial loss or failure jeopardize the health, safety, and welfare of the patients, in order to require the court to grant the receiver application.

The act specifically allows entities, not just individuals, to serve as a receiver of these facilities. It also changes certain criteria for the receiver, such as prohibiting people employed by a private equity company or an entity owned or controlled by a private equity company from being appointed to serve in this role ([PA 24-141](#), §§ 10 & 11, effective upon passage).

Assisted Living Services Agency Fees

Existing law requires each assisted living services agency (ALSA) to ensure that all services provided individually to clients are fully understood by the client, or their representative, and that clients or their representatives are made aware of their cost. A new law requires ALSAs to also (1) disclose fee increases to the client or representative at least 60 days before they take effect, and (2) upon request, give the resident or representative the history of fee increases over the past three calendar years. The act does not prohibit ALSAs from immediately adjusting fees if they are directly related to a change in the level of care or services needed to meet individual resident safety needs at the time of a scheduled resident care meeting or the resident's condition changes which results in a required change in services ([PA 24-141](#), § 9, effective October 1, 2024).

Community Ombudsman Program

By law, the Community Ombudsman program, among other things, responds to complaints about long-term services and supports provided to adults in DSS-administered home- and community-based programs. The Community Ombudsman can only access data on long-term care services and supports given by a home care provider to a client if the client, or his or her authorized representative, consents to it. Prior law generally allowed consent to only be given in writing.

However, a new law allows clients with physical, cognitive, or mental health conditions or disabilities to instead give informed consent orally, visually, or using auxiliary aids and services. If the client is unable to do so and does not have an authorized representative, the Community Ombudsman must determine the data is necessary to investigate a complaint about the client's care ([PA 24-39](#), § 23, effective October 1, 2024).

Discontinuation of Rest Home With Nursing Supervision Licenses

A new law prohibits the DPH commissioner from granting new rest home with nursing supervision (RHNS) licenses. In practice, nursing homes generally have been phasing out these beds or converting them to chronic and convalescent nursing home (CCNH) beds. (CCNHs provide skilled nursing care, whereas RHNSs provide intermediate care.) However, the act authorizes the commissioner to approve a one-time license renewal for up to one year for RHNS licensees.

The act also exempts RHNSs from needing certificate of need approval from DSS when changing their licensure to a CCNH ([PA 24-141](#), §§ 3 & 4, effective upon passage).

Discrimination Against Nursing Home Applicants

A new law specifically prohibits nursing homes from refusing to admit applicants solely because they received mental health services at any time. It classifies this as a discriminatory practice under the Commission on Human Rights and Opportunities (CHRO) laws. By doing so, the act allows people aggrieved by these violations, or CHRO itself, to file a complaint with CHRO alleging discrimination.

Under the act, nursing homes are not required to admit applicants (1) who pose a direct threat to the health or safety of others, (2) who do not require a nursing home level of care according to state and federal requirements, or (3) whose admission would result in converting the nursing home into an institution for mental diseases ([PA 24-19](#), §§ 38 & 39, effective October 1, 2024).

Long-Term Care Ombudsman Notification of ALSA Licensure

A new law requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an ALSA that operates a managed residential community (MRC) or provides services at an MRC ([PA 24-39](#), § 18, effective October 1, 2024).

Managed Residential Community Consumer Guide

A new law requires the Long-Term Care Ombudsman to consult with the public health commissioner and develop an MRC consumer guide that includes information on (1) resident protections; (2) housing protections, including those related to evictions; (3) MRC fees; and (4) any other information the ombudsman deems relevant. The ombudsman and commissioner, by January 1, 2025, must post the consumer guide on their respective agency websites, and the DSS commissioner must post it on the MyPlaceCT website by that date ([PA 24-39](#), § 20, effective upon passage).

Managed Residential Community Residency Agreements and Fees

Existing law requires each MRC to give residents a written residency agreement that clearly sets out the residents' and the MRC's rights and responsibilities. A new law modifies the content of those agreements and establishes notification and reimbursement requirements for certain resident fees. With certain exceptions, MRCs generally must now (1) include information in written residency agreements on how they may adjust monthly or other recurring fees, (2) give residents or their representatives 90 days' notice of fee increases, and (3) give residents prorated or full refunds of

certain fees if the facility cannot meet the resident’s needs within the first 45 days of occupancy ([PA 24-141](#), §§ 7 & 8, various effective dates).

Managed Residential Community Resident Notification

Legislation enacted this session requires MRCs to give residents and their legal representatives at least 30 days’ notice before changing the facility’s operator or ALSA that provides services at the facility ([PA 24-39](#), § 19, effective October 1, 2024).

Minimum Nursing Home Staffing Levels

Existing law requires DPH to set minimum staffing levels in nursing homes of at least three hours of direct care per resident per day. New legislation specifies that “direct care” is hands-on care provided by RNs, LPNs, and nurse’s aides, including helping with feeding, bathing, toileting, dressing, lifting, and moving; administering medication; promoting socialization; and personal care services. It does not include food preparation, housekeeping, laundry services, maintaining the nursing home’s physical environment, or performing administrative tasks ([PA 24-19](#), § 31, effective upon passage).

Nursing Facility Management Services

A new law requires each entity seeking a nursing facility management services certificate to disclose additional information in its application (including certain disciplinary history of facilities associated with the applicant or beneficial owner, such as recent DPH-imposed civil penalties). Among other things, the act also expands the penalties and grounds upon which DPH can impose disciplinary action against these certificate holders ([PA 24-141](#), § 12, effective upon passage).

Nursing Home Center of Excellence Program

Legislation enacted this session requires DPH to design a Center of Excellence Program to provide incentives to qualifying nursing homes and help improve quality of care. DPH will give the designation to nursing homes that serve residents using evidence-based, person-centered care based on standards the department sets. When designing the program, the commissioner must study (1) how much the program could improve the quality of care at nursing homes and (2) what other states with similar programs consider to be best practices for nursing homes.

Under the act, the program is voluntary and nursing homes will not be penalized if they do not participate. It authorizes the DSS commissioner to seek a Medicaid waiver or state plan amendment to provide incentives for program participants, so long as the incentives do not duplicate other federal or state funding ([PA 24-39](#), § 25, July 1, 2024).

Nursing Home Room Limits

This session, a new law prohibits nursing homes from placing newly admitted residents in a room with more than two beds starting July 1, 2026. The act allows the DSS commissioner to recalculate a nursing home's Medicaid rate for FY 2026 and subsequent years, to reflect any bed reductions associated with the elimination of three- and four-bed rooms.

The act also creates a working group to study the impact of prohibiting nursing homes from placing newly admitted residents in rooms with more than two beds without consent of the resident ([PA 24-141](#), §§ 1 & 13, effective from passage).

Nursing Home Waiting Lists and Transfers

This session, the legislature enacted two new laws that make various changes to waiting list requirements for Medicaid-certified nursing homes. Existing law generally requires nursing homes to keep waiting lists and admit applicants in the order they are received, regardless of their source of payment. Under a new law, nursing homes must now take these actions after accepting a "substantially completed" admissions application. Nursing homes must develop policies and procedures that include, among other things, the information required to deem an application substantially completed. The legislature also took action to require nursing homes to disregard their waiting lists when admitting residents transferring from a nursing home that is closing, with certain exceptions, such as if the person transferring does not have a payor source because they have been denied Medicaid eligibility ([PA 24-17](#), effective from passage, and [PA 24-141](#), § 2, effective July 1, 2024).

Nursing Homes and State Enforcement Authority

Under a new law, if a Medicaid-participating nursing home is found to be noncompliant with applicable state statutes or regulations during a DPH survey, it is treated the same as being noncompliant with specified federal law under existing procedures (such as DPH stating the charges and requesting that DSS impose certain sanctions). Other existing laws, under specified procedures, authorize DPH to impose a range of sanctions on nursing homes that violate applicable state laws or regulations ([PA 24-141](#), § 5, effective upon passage).

Office of the Long-Term Care Ombudsman Client Records Disclosure

By law, the Office of the Long-Term Care Ombudsman cannot disclose files and records that identify nursing home residents or complainants without the person's consent (or the consent of their legal representative), unless a court orders the disclosure.

Previously, a resident or complainant, or their legal representative, could only give consent in writing or orally. A new law also allows them to give consent visually or by using auxiliary aids and services. By law, a representative of the office must document the consent in writing ([PA 24-39](#), § 22, effective October 1, 2024).

Online Nursing Home Consumer Dashboard

A new law requires DPH, in consultation with the Office of the Long-Term Care Ombudsman and the Long-Term Care Advisory Council, to establish an online nursing home consumer dashboard, within available appropriations, that includes (1) comprehensive information on the quality of care for people in need of nursing home care and their families and (2) industry leading practices. DPH must include a link to the dashboard in a prominent place on the department's website ([PA 24-39](#), § 26, effective July 1, 2024).

Regional Long-Term Care Ombudsmen Duties

This session, the legislature expanded the duties of regional long-term care ombudsmen to include activities related to the Community Ombudsman program, which supports adults receiving DSS-administered home- and community-based services.

By law, the Long-Term Care Ombudsman must appoint regional ombudsmen to help her perform certain duties, such as investigating and resolving nursing home resident complaints, representing residents' and applicants' interests before governmental agencies, and supporting the development of resident and family councils ([PA 24-39](#), § 21, effective October 1, 2024).

Maternal and Child Health

Educational Materials on Intimate Partner Violence Toward Expectant and Postpartum Mothers and People

A new law requires DPH, by January 1, 2025, to consult with domestic violence victim advocates and develop educational materials on intimate partner violence toward expectant and postpartum mothers and people. Under the act, DPH must distribute the educational materials (1) in print to birthing hospitals and birth centers and (2) electronically to health care providers who practice obstetrics. These providers and facilities must give the materials to their expectant and postpartum patients ([PA 24-81](#), §§ 45 & 46, as amended by [PA 24-151](#), §§ 141 & 142, various effective dates).

Mandated Reporter Requirements

The law designates certain professionals (including various health professionals) as mandated reporters of suspected child abuse and neglect. Generally, they must report to DCF or law enforcement within prescribed timeframes when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child (1) has been abused or neglected, (2) has an injury that is at variance with its given history, or (3) is at imminent risk of physical harm.

A new law specifies that the mandated reporter law does not prohibit mandated reporters from making a preliminary inquiry to determine if reasonable cause exists for a report. Additionally, existing law grants immunity from civil or criminal liability to persons, institutions, and agencies that, in good faith, report suspected child abuse or neglect or alleged sexual assault of a student to DCF or law enforcement as required or permitted by law. A new law extends this immunity to these entities that, in good faith, do not make such a report ([PA 24-41](#), §§ 40 & 41, effective July 1, 2024).

Nutrition Assistance Programs for Children and Families

This session, the legislature created new state agency responsibilities and reporting requirements to increase access to and enrollment in nutrition programs for children and families, including the (1) federal Supplemental Nutrition Assistance Program (SNAP); (2) federal Special Supplemental Food Program for Women, Infants and Children (WIC); and (3) Connecticut Farmers' Market nutrition program for women, infants and children (CT Farmers' Market WIC).

Among other things, the act requires (1) DPH to create a plan to streamline cross-enrollment of children receiving Medicaid in WIC, SNAP, and CT Farmers' Market WIC; (2) DPH to annually report to the legislature on how prior WIC funds were spent and its plan for future expenditures; (3) certain state agencies to jointly develop a plan to create a common application, share data, and increase automatic enrollment for nutrition programs they administer; and (4) DSS to start staggering benefits to SNAP beneficiaries by March 1, 2026 ([PA 24-82](#), most provisions effective upon passage).

Pediatric Hospice Care

A new law requires licensed hospices, by certain deadlines, to encourage their nursing staff to spend three weeks each in a pediatric intensive care unit, pediatric oncology unit, and pediatric hospice facility to enhance their pediatric skills and expertise and prepare them for future roles in pediatric hospice care ([PA 24-19](#), § 30, effective upon passage).

Pediatric Hospice Working Group

Under a new law, the Public Health Committee chairpersons must create a working group to examine hospice services for pediatric patients across the state. Specifically, the group must (1) review existing hospice services for these patients, (2) make recommendations for appropriate levels of hospice services for them, and (3) evaluate payment and funding options for this care. The group must report to the Public Health Committee by March 1, 2025 ([PA 24-19](#), § 29, effective upon passage).

Medicaid and Other Medical Assistance Programs

Katie Beckett Waitlist Working Group

The Katie Beckett waiver provides Medicaid coverage for children and young adults with disabilities. Under a new law, the Human Services Committee chairpersons must set up a working group to make recommendations on (1) reducing or eliminating the waitlist for the waiver and (2) establishing priority placements on the list based on illness and life expectancy. The working group, which includes parents and rare disease experts, among others, must report its findings to the Appropriations and Human Services committees by February 15, 2025 ([PA 24-130](#), § 2, effective July 1, 2024).

Medicaid Ambulance Rates

For FY 25, and within available appropriations, a new law requires DSS to increase emergency and nonemergency ambulance service rates, including specifically (1) increasing the Medicaid ambulance mileage rate for all emergency and nonemergency transports by \$1.18 and (2) providing mileage reimbursement for in-town trips ([PA 24-81](#), § 74, effective upon passage).

Medicaid Coverage Requirements for Biomarker Testing and Genome Sequencing

This year, the legislature required DSS to cover additional services under Medicaid. Specifically, a new law requires DSS, to the extent allowed by federal law, to provide coverage for biomarker testing to diagnose, treat, manage, or monitor a Medicaid enrollee's disease or condition. These tests typically analyze a blood or tissue sample for biomarkers, which can indicate normal or pathogenic processes or responses to a specific therapeutic intervention ([PA 24-50](#), effective July 1, 2024).

Another new law similarly requires DSS to cover, within available appropriations, rapid whole genome sequencing for certain critically ill infants enrolled in Medicaid. This test diagnoses genetic

disorders in time to inform or change the infant’s medical or surgical management ([PA 24-130](#), § 1, effective July 1, 2024).

Medicaid Income Limits

This year, the legislature lowered income limits for HUSKY A, which provides Medicaid coverage to parents and caretakers, and reduced a scheduled expansion in eligibility for HUSKY C, which provides Medicaid coverage for people who are at least age 65, blind, or living with a disability ([PA 24-81](#), §§ 38 & 39, effective October 1, 2024, except the repealed section is effective upon passage).

Medicaid Rates for Methadone Maintenance Treatment

Existing law sets a \$88.52 minimum weekly Medicaid reimbursement rate for methadone maintenance treatment provided by a chemical maintenance provider. A new law requires DSS to increase rates for FY 25, within available appropriations, for providers that receive the lowest weekly reimbursement rate for this treatment ([PA 24-81](#), § 73, effective upon passage).

Miscellaneous

Alkaline Hydrolysis

A new law defines cremation as including “alkaline hydrolysis” (a flameless cremation method). The act allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a funeral home, and otherwise subjects this practice to the same laws as standard cremation (e.g., the required cremation certificate and related recordkeeping) ([PA 24-68](#), §§ 10-14, effective upon passage).

Food Establishments

A new law requires DPH to notify, rather than consult with, DCP before granting a variance from food code requirements. The act also removes the requirement that food establishments register with DPH and provide proof of registration to the local health director before the local director issues a permit to the establishment ([PA 24-68](#), § 5, effective July 1, 2024).

Health Strategy Commissioner

This session, the legislature renamed the title of the OHS head as a “commissioner” rather than an “executive director.” The act also makes numerous conforming changes. Under existing law, this position is already classified as a statutory department head, subject to the same nomination and

appointment process, terms, and general qualifications, duties, and powers as other agency commissioners ([PA 24-81](#), effective upon passage).

Medical Debt Reporting

The session, the legislature passed a law prohibiting Connecticut health care providers and hospitals from reporting medical debt to credit rating agencies for use in a credit report. It also voids any medical debt that is reported to credit agencies. Under the act, medical debt is an obligation to pay for received health care goods (e.g., devices, durable medical equipment, and prescription drugs) or services (i.e., services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease). The act excludes debts charged to a credit card unless the card is issued under a plan offered specifically to pay for these goods and services ([PA 24-6](#), effective July 1, 2024).

Medical Orders for Life-Sustaining Treatment (MOLST) Program

By law, to agree to participate in the MOLST program, a patient or the patient's legally authorized representative must sign the MOLST form. A new law removes the requirement that a witness also sign it. A MOLST is a medical order by a physician, APRN, or PA to effectuate a patient's request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty ([PA 24-68](#), § 7, effective upon passage).

State Health IT Advisory Council

A new law adds the attorney general or his designee to the State Health Information Technology Advisory Council. The council advises the OHS commissioner and state's health information technology officer on, among other things, developing priorities and policy recommendations for advancing the state's health information technology and health information exchange efforts ([PA 24-19](#), § 24, effective July 1, 2024).

Tobacco and Health Trust Fund Transfer

This session, the legislature suspended the annual \$12 million disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund for FY 25, redirecting it to the General Fund ([PA 24-81](#), § 92, effective July 1, 2024).

Neurological Health

Healthy Brain Initiative

A new law requires DPH, within available appropriations and starting by January 1, 2025, to annually report to the Public Health Committee on the department's work on the Healthy Brain Initiative (i.e., the Centers for Disease Control and Prevention's collaborative approach to fully integrate cognitive health into public health practice and reduce the risk and impact of Alzheimer's disease and other dementias) ([PA 24-19](#), § 25, effective upon passage).

Migraine Treatment Study

Under a new law, UConn's Department of Neurology must study migraine treatment, specifically for women and veterans. The department chair must report on the study's results to the Appropriations and Public Health committees by July 1, 2026 ([SA 24-18](#), effective July 1, 2024).

Parkinson's Disease Registry

A new law requires DPH, within available appropriations and in collaboration with an in-state public college or university, to maintain and operate a statewide Parkinson's disease data registry. It requires hospitals and certain health care providers to submit data to the registry as DPH requires, subject to patients opting out. Among other things, it also establishes a data oversight committee to monitor the registry's activities ([PA 24-19](#), § 26, effective upon passage).

Opioids

Opioid Deactivation and Disposal Systems

A new law generally allows pharmacists, when dispensing opioids, to give the patient information on personal opioid drug deactivation and disposal systems, including a DMHAS website on this topic. But this does not apply to pharmacists dispensing opioids for patients who are in a facility or health care setting.

The act also requires the DMHAS commissioner, in collaboration with certain commissioners and the Governor's Prevention Partnership, to study long-term payment options for dispensing these systems to patients, including when they are dispensed an opioid. By January 1, 2025, the DMHAS commissioner must report on the study to the General Law and Public Health committees ([PA 24-19](#), §§ 14-16, various effective dates).

Toxicology Screenings for Nonfatal Opioid Drug Overdoses

A new law requires hospitals that treat a patient for a nonfatal opioid drug overdose to administer a toxicology screening if it is medically appropriate and the patient consents to it. Hospitals must do so for a three-and-a-half-year period, from January 1, 2025, to August 31, 2028, and report the screening results to DPH.

The act also requires the DPH commissioner, by January 1, 2026, and annually afterwards until January 1, 2029, to report to the Public Health Committee on the toxicology screening results they receive. The report must (1) identify and analyze any trends, (2) identify any benefits patients experienced when seeking emergency department care for their overdose as a result of the screening results, and (3) recommend whether hospitals should continue toxicology screening reporting after August 31, 2028 ([PA 24-120](#), effective October 1, 2024).

Pharmacy and Prescription Drugs

Advanced Pharmacy Technicians

A new law establishes the advanced pharmacy technician occupational category. It prohibits pharmacy technicians from performing the duties of this occupation without getting an advanced pharmacy technician designation from the DCP commissioner. An advanced pharmacy technician's duties may include, among other things, dispensing or redispensing to patients compatible drugs in compliance packaging.

The act allows pharmacists, under certain circumstances, to delegate responsibility for performing final verifications and administering vaccines and COVID-19, influenza, and HIV tests to advanced pharmacy technicians ([PA 24-73](#), §§ 1, 2, 7, 9 & 10, effective October 1, 2024).

Causes of Discipline for Pharmacy Professionals

A new law allows the state Pharmacy Commission to take disciplinary action against pharmacies or certain pharmacy personnel, if the person has accepted for return to the general inventory or regular stock any drug sold or delivered to a patient (unless otherwise permitted or required by law). Existing law allows the commission to take these actions if the person has accepted for return to regular stock any drug already (1) dispensed in good faith or delivered and (2) exposed to possible contamination or substitution ([PA 24-73](#), § 5, effective October 1, 2024).

Compliance Packaging

This session, the legislature explicitly authorized pharmacies to dispense to patients compatible drugs in compliance packaging at the request of the patient, their representative, or their

prescribing health care practitioner. Compliance packaging is generally packaging prepared at a pharmacy that separates drugs into individual compartments or containers according to their directions for use and when they are to be taken. The act also allows pharmacies that first dispensed the drugs to the patient in compliance packaging to reuse the packaging under certain conditions. Under the act, pharmacies are prohibited from returning to the general inventory or regular stock any returned drugs that were previously contained in compliance packaging returned to the pharmacy, unless otherwise permitted or required by law ([PA 24-73](#), § 4, effective October 1, 2024).

DSS Pharmacy Approvals

A new law increases the length of time, from two hours to 24 hours, during which DSS may approve or deny certain pharmacy requests before they are deemed approved. This applies to a (1) physician's or pharmacist's prior authorization request for prescription drugs and (2) pharmacist's request to dispense a name brand drug when an equivalent generic product is available ([PA 24-81](#), §§ 93 & 94, effective July 1, 2024).

Inspection of Medical Evaluation Records Associated With Controlled Substances

This session, the General Assembly passed a new law requiring a person licensed, registered, or otherwise permitted to distribute or dispense controlled substances in Connecticut to make medical evaluation records associated with the dispensing, administering, or prescribing of controlled substances available to DCP for inspection. These medical evaluation records are confidential and are not subject to disclosure under the Freedom of Information Act (FOIA). DCP is limited to inspecting these records only when they are investigating, or conducting an enforcement action, of a violation or suspected violation, relating to the registration of controlled substances ([PA 24-80](#), § 7, effective upon passage).

Pharmaceutical Marketing Firms

Under existing law, pharmaceutical marketing firms that employ pharmaceutical representatives must give DCP (1) an annual list of these representatives they employ and (2) certain information about these representatives' activities. A new law specifically requires the firms to do this for representatives that they compensate, not just employ.

The act eliminates the requirement that DCP analyze the information submitted to it while compiling an annual report on the activities of pharmaceutical marketing firms. It also requires each pharmaceutical marketing firm that employs or compensates pharmaceutical representatives to ensure that each representative discloses to prescribing practitioners and pharmacists certain

information each time they make contact about legend drugs. Previously, this requirement was the responsibility of the individual representatives ([PA 24-80](#), §§ 2-4 & 6, effective upon passage).

Pharmacists and Vaccines

A new law authorizes pharmacists to order and prescribe, not just administer, certain vaccines for administration to patients ages 12 to 17 with the legal guardian's consent and adult patients ([PA 24-73](#), § 9, effective October 1, 2024).

Pharmacy Clerks

A new law establishes the pharmacy clerk occupational category. It prohibits anyone from working in an area of a pharmacy where controlled substances or other legend drugs are dispensed by pharmacists (or others under their supervision) unless the person is a registered clerk or already registered with or licensed by DCP as another category of pharmacy professional. Under a pharmacist's direct supervision, pharmacy clerks may, among other responsibilities, handle dispensed drugs and deliver those drugs to patients and perform the duties of a cashier. Among other restrictions, pharmacy clerks may not review any drug to determine if it is an appropriate treatment or perform any task that requires professional pharmaceutical judgment ([PA 24-73](#), §§ 3 & 7, effective October 1, 2024).

Pharmacy Technicians

A new law authorizes individuals enrolled in accredited pharmacy technician education programs to engage in the duties of a pharmacy technician as part of the education program if they are under the direct supervision of a pharmacist who is an instructor in that program. Under the act, anyone seeking a pharmacy technician registration must present evidence to DCP that they are qualified to work under a pharmacist's general supervision, instead of direct (in-person) supervision as under prior law (although certain tasks still require direct supervision) ([PA 24-73](#), § 6, effective October 1, 2024).

Prescription Drug Shortage Study

New legislation requires the DCP commissioner, in collaboration with UConn's School of Pharmacy, to study incidences of prescription drug shortages in the state and whether the state has a role in alleviating them. By January 1, 2025, the commissioner must report to the General Law and Public Health committees on the study and related legislative recommendations ([PA 24-19](#), § 10, effective upon passage).

Unannounced Retail Pharmacy Closure Task Force

This session, the legislature established a task force to study the impact of unannounced retail pharmacy closures. The task force must (1) examine the available means to ensure patients are able to maintain access to their prescriptions and (2) issue a report on its findings and recommendations to the General Law Committee by January 1, 2025 ([PA 24-73](#), § 11, effective upon passage).

Wholesale Hypodermic Needles and Syringes

A new law authorizes licensed manufacturers and wholesalers to sell hypodermic needles and syringes directly to APRNs, optometrists, and PAs (in addition to physicians, dentists, veterinarians, embalmers, podiatrists, and scientific investigators, as under existing law) ([PA 24-80](#), § 1, effective upon passage).

School-Based Health

Certifying Student Non-Participation in Physical Education

Existing law requires students to complete one credit in physical education and wellness unless they present a certificate from a physician or APRN stating that, in the practitioner's opinion, participation is medically contraindicated by the student's physical condition. A new law additionally allows students to present this certificate from a PA ([PA 24-45](#), § 9, effective July 1, 2024).

Orientation for School Nurses

Beginning with the 2024-25 school year, existing law requires school boards to annually approve and provide professional development programs or activities for each school nurse or nurse practitioner appointed by, or under contract with, the board. Under newly enacted legislation, the programs or activities must include an orientation to school health services for new school nurses or nurse practitioners. The orientation must be (1) developed by an association representing school nurses in the state and (2) completed within six months after the nurse or nurse practitioner is appointed by, or enters a contract with, the board ([PA 24-93](#), § 15, effective July 1, 2024).

School-Based Health Services

This session, the legislature passed a law requiring DSS, subject to certain conditions, to amend the Medicaid state plan to expand Medicaid coverage for health services provided to any student enrolled in Medicaid (1) by or on behalf of a local educational agency or (2) in a school nurse's office. The act also establishes an interagency coalition to coordinate and make recommendations to maximize federal funding for Medicaid-eligible health services in Connecticut public schools ([PA](#)

[24-81](#), §§ 61-63, effective upon passage, except the provision on school nurse's offices is effective July 1, 2024).

Telehealth

Telehealth

A new law makes permanent certain temporary expanded requirements for telehealth service delivery and insurance coverage that were scheduled to sunset under prior law on June 30, 2024. For example, the act (1) allows authorized telehealth providers to use audio-only telephone to provide services; (2) allows authorized providers to provide telehealth services from any location to patients at any location, subject to applicable state and federal requirements; and (3) prohibits health carriers from reducing the amount they reimburse telehealth providers for covered services appropriately provided through telehealth.

Among other changes, the act expands the list of authorized telehealth providers to include all Connecticut-licensed health care providers and pharmacists. It also repeals a provision in prior law that permanently allowed out-of-state mental or behavioral health services providers to practice telehealth in Connecticut under certain conditions. It instead temporarily allows them to do so, until June 30, 2025, if they meet certain requirements, such as registering with DPH and obtaining a Connecticut license within a specified timeframe ([PA 24-110](#), various effective dates).

Vital Records

Access to Certain Vital Records

Existing law gives various parties the right to access a person's certified birth and fetal death records and certificates, such as the person's child, grandchild, spouse, parent, grandparent, or guardian. A new law extends this right to a person's legal custodian. The act also specifies that for guardians, this right applies to someone's legal guardian ([PA 24-68](#), § 2, effective October 1, 2024).

Birth Certificates

A new law creates a process for a parent of a child born outside of a hospital or other institution, if the birth certificate has not been created and the parent is unable to provide certain information, to seek a probate court order before the child's first birthday to require the town registrar of vital statistics to prepare and file the certificate. The process is similar to the existing process for delayed birth registration for children one year old or older ([PA 24-68](#), § 1, effective October 1, 2024).

Tribal Access to State's Electronic Vital Records Systems

A new law requires DPH, upon the request of the Mashantucket Pequot or Mohegan tribe, to grant the tribe access to the state's birth and death registries in DPH's electronic vital records system. This access must allow the tribe, instead of a municipality, to register births and deaths that occur on tribal land. These tribe-issued birth or death certificates must be recognized as valid in the state, as long as they meet specified requirements in state law and regulations.

Among other things, the act (1) requires anyone responsible for filing birth or death certificates with a municipality to cooperate and fulfill its filing obligations with a requesting tribe in the same way as it would with a municipality and (2) provides a process for DPH to terminate a tribe's access to the registries for failure to comply with specified requirements ([PA 24-68](#), § 39, effective upon passage).

Workforce Development and Retention

Athletic Trainer Shortage Task Force

This session, the legislature created a task force to study the shortage of athletic trainers in the state. The study must examine, among other things, (1) ways to recruit and retain them, (2) licensure fees, (3) athletic training undergraduate courses and programs in the state, (4) student loan forgiveness opportunities, and (5) equity in career opportunities and salaries for these professionals.

The task force must report its findings and recommendations to the Public Health Committee by January 1, 2025 ([SA 24-17](#), effective upon passage).

Human Services Career Pipeline Program

By law, the Chief Workforce Officer (CWO) must establish a Human Services Career Pipeline program to ensure there are enough trained providers in the state to serve seniors and people with intellectual, developmental, and other disabilities. A new law (1) makes this requirement subject to available appropriations and (2) removes the July 1, 2024, deadline to establish this pipeline program and instead requires CWO to report on its plan for the program by this date. The plan must include CWO's recommendations and funding estimates to implement the program ([PA 24-81](#), § 36, effective upon passage).

Medical Imaging and Respiratory Care Practitioner Task Force

A new law extends by one year, until January 1, 2025, the reporting deadline for an existing task force that must study ways to address the state's shortage of radiologic technologists, nuclear

medicine technologists, and respiratory care practitioners ([PA 24-68](#), § 62, effective upon passage).

Physician Recruitment Working Group

A new law extends by two years, until January 1, 2026, the reporting deadline for an existing working group that must advise the DPH commissioner on ways to enhance physician recruitment in the state. The act also requires the group to examine issues related to in-state primary care residency positions and ways to keep these physicians in Connecticut ([PA 24-19](#), § 37, effective upon passage).

Working Groups and Community Outreach

Loneliness and Isolation Working Group

Under a new law, the Public Health Committee chairpersons must create a working group to study and make recommendations on ways to address loneliness and isolation experienced by people in the state and to improve their social connection, including through the creation of a pilot program that uses technology to combat loneliness and foster social engagement. The group must report to the Public Health Committee by January 1, 2025 ([PA 24-19](#), § 28, effective upon passage).

Men's Health Public Awareness and Education Campaign

Under a new law, the DPH commissioner must create a public awareness and educational campaign promoting community-based screening and education for common diseases affecting high-risk male populations, such as colorectal or prostate cancer, hypertension, diabetes, and depression. She must annually report on the campaign to the Public Health Committee, starting by January 1, 2025 ([PA 24-81](#), § 106, effective July 1, 2024).

Nonalcoholic Fatty Liver Disease Working Group

A new law requires the Public Health Committee chairpersons to create a working group to study various issues related to nonalcoholic fatty liver disease (including nonalcoholic fatty liver and nonalcoholic steatohepatitis), such as its incidence in the state compared to the country as a whole, the groups most affected by it, and strategies to prevent the disease in high-risk populations. The group must report to the Public Health Committee by January 1, 2025 ([PA 24-19](#), § 8, effective upon passage).

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