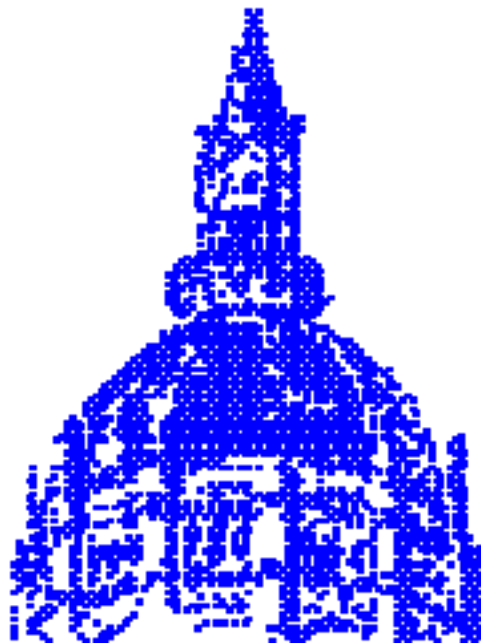


Office of Legislative Research  
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**HEALTH PROFESSIONS**



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## **ACUPUNCTURE**

### ***New Definition and Scope of Practice***

#### **PA 11-242 §§ 53 & 54**

expands the scope of practice of licensed acupuncturists. It defines the “practice of acupuncture” as the system of restoring and maintaining health by classical and modern Oriental medicine principles and methods of assessing, treating, and preventing (1) diseases, disorders, and dysfunctions of the body; (2) injury; (3) pain; and (4) other conditions.

The act expands the statutory definition of the practice of acupuncture to include the (1) assessment of body function, development of a comprehensive treatment plan, and evaluation of outcomes; (2) modulation, restoration, promotion, and maintenance of normal function in and between the energetic and organ systems and bodily functions; (3) recommendation of oriental dietary principles; and (4) other practices consistent with recognized standards of the acupuncture and Oriental medicine profession accepted by the National Certification Commission for Acupuncture and Oriental Medicine.

This takes effect October 1, 2011.

### ***Licensure Exception***

Notwithstanding licensure requirements, **PA 11-242 §42**

allows the Department of Public Health (DPH), by August 12, 2011, to issue an acupuncture license to an applicant who presents satisfactory evidence that he or she (1) passed the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) written exam by test or credentials review before April 28, 2010 and (2) successfully completed the (a) NCCAOM practical exam of point location skills and (b) Council of Colleges of Acupuncture and Oriental Medicine clean needle technique course on March 13, 2010.

This takes effect upon passage.

## **ALCOHOL AND DRUG ADDICTION TREATMENT PROGRAM**

By law, certain people whose license is suspended for driving under the influence must take part in an alcohol and drug addiction treatment program. Under prior law, such an individual could ask the commissioner to waive this requirement if he or she (1) is already participating in, or has completed such a program, and (2) a licensed physician states, based on a personal exam, that the individual does not have a current addiction problem that affects his or her ability to drive safely and is not a significant risk of having such a problem in the foreseeable future.

Under **PA 11-213**, a physician no longer needs to find that an individual is not a significant risk of having an addiction problem in the foreseeable future. The act also allows licensed Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs) to determine, based on a personal exam, that an individual does not have a current addiction problem affecting his or her ability to drive safely. As with licensed physicians, PAs and APRNs are not required to also find that an individual does not pose a significant risk of having an addiction problem in the foreseeable future.

This takes effect July 1, 2011.

### **BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT REFERRAL PROGRAM**

**PA 11-242 §29** makes changes to the Breast and Cervical Cancer Early Detection and Treatment Referral Program. Under prior law, DPH had to provide unserved or underserved populations, within existing appropriations and through contracts with health care providers, with (1) clinical breast examinations, (2) screening mammograms and pap tests, (3) a 60-day follow-up pap test for victims of sexual assault, and (4) a pap test every six months for women who have tested HIV positive. “Unserved or underserved populations” are women (1) at or below 200% of

the federal poverty level, (2) without health insurance that covers breast cancer screening mammography or cervical cancer screening services, and (3) 19 to 64 years of age.

The act changes the definition of “unserved or underserved populations” by raising the minimum age from 19 to 21. It also eliminates the 60-day follow-up pap test for victims of sexual assault.

This takes effect October 1, 2011.

### **BOARD CERTIFIED BEHAVIOR ANALYSTS**

**PA 11-228** makes it a crime to represent oneself as a “board certified behavior analyst” or a “board certified assistant behavior analyst” unless certified by the Behavior Analyst Certification Board. A person violating these provisions is guilty of an unclassified felony punishable by a fine of up to a \$500, imprisonment for up to five years, or both. Each illegal contact or consultation constitutes a separate offense.

This takes effect October 1, 2011.

### **CERTIFICATE OF NEED**

#### ***Exemptions***

Generally, a certificate of need (CON) authorization is required when a health care facility proposes to (1) establish new facilities or services, (2) change ownership, (3) purchase or acquire certain equipment, or (4) terminate certain services. **PA**

**11-10** exempts from CON review acquisition of any equipment used exclusively for scientific research on non-humans. The Office of Health Care Access (OHCA) division of DPH administers the CON program. This provision takes effect upon passage.

**PA 11-242 § 32** exempts podiatrists owning and controlling an outpatient surgical facility from CON review when seeking to transfer or change ownership or control. The law already exempts outpatient surgical facilities if (1) before the ownership or control changes the facility was (a) owned and controlled exclusively by physicians either directly or through a limited liability company (LLC), corporation, or limited liability partnership (LLP) exclusively owned by physicians or (b) under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a physician and (2) after the ownership or control changes, physicians or physician-owned LLCs, corporations, or LLPs own and control at least a 60% interest in the facility. This provision takes effect October 1, 2011.

### ***Termination of Inpatient or Outpatient Hospital Services***

**PA 11-183** requires any hospital seeking to terminate current inpatient or outpatient services to file a CON application with OHCA. It also requires, under certain conditions, a CON

for termination of surgical services by an outpatient surgical facility or a facility providing such services as part of the outpatient surgery department of a short-term acute care general hospital. This takes effect upon passage.

**PA 11-242 § 80** requires state hospitals and institutions to get a CON before terminating inpatient or outpatient services eligible for reimbursement under Medicare or Medicaid. This takes effect upon passage.

### ***Filing Deadlines***

By law, a CON applicant must publish notice in a newspaper at least 20 days before filing the CON application that it plans to submit to OHCA. **PA 11-242 § 25** sets a deadline for actually filing the CON application of within 90 days after publishing the notice of the application.

This takes effect October 1, 2011.

## **CHILDHOOD VACCINES**

### ***Certification of Student Immunization Requirements***

**PA 11-242 § 13** allows PAs and APRNs to provide certification that a student has met immunization requirements. Previously, only a physician could do this.

It allows the DPH commissioner to issue a temporary waiver to the schedule for active immunization for any vaccine for which the federal Centers for Disease Control and

Prevention recognizes a nationwide supply shortage.

This takes effect October 1, 2011.

### ***Expanded Vaccine Choices***

#### **PA 11-242 §§ 81 & 82**

expands childhood vaccine choices by allowing one group health care provider in Bridgeport and one in New Haven (identified by the DPH commissioner), and any health care provider in Hartford who administers vaccines to children under the federal Vaccines For Children (VFC) program to choose under the federal program any vaccine the federal Food and Drug Administration (FDA) licenses. DPH must provide the vaccine.

By June 1, 2012, the DPH commissioner must evaluate the vaccine program. If it doesn't show a significant reduction in child immunization rates or an increased risk to the health and safety of children, then starting July 1, 2012, any VFC program health care provider may select, and DPH must provide, any vaccine licensed by the FDA.

This takes effect July 1, 2011.

## **CHIROPRACTORS**

### ***Continuing Education Requirements***

By law, chiropractors applying for license renewal must participate in continuing education programs. **PA 11-242 § 12** specifies that, for registration periods beginning on and after October 1, 2012, DPH,

in consultation with the Board of Chiropractic Examiners, must issue a list of up to five mandatory continuing education topics that are required for the two subsequent registration periods following their issuance. This list must be issued by October 1, 2011 and biennially thereafter.

This takes effect October 1, 2011.

### ***Selecting Business Names***

**PA 11-242 § 96** removes the requirement that a licensed chiropractor practice only under the name of the chiropractor owning the practice or a corporate name containing the chiropractor's name, thereby allowing the chiropractor greater flexibility in selecting a business name. It retains the existing requirement that a licensed chiropractor display his or her name on the entrance of the business or on his or her office door.

It prohibits DPH from taking disciplinary action against a licensed chiropractor, who before July 1, 2011, is alleged to have practiced as a chiropractor under any name other than the name of the chiropractor actually owning the practice or a corporate name containing the chiropractor's name.

This takes effect July 1, 2011.

## **COLONOSCOPY AND ENDOSCOPIC SERVICES**

**PA 11-225 § 3**, requires insurers that contract with a



physician or a physician's group to provide services under a health insurance policy to establish a payment amount for the physician's services component of covered colonoscopy or endoscopic services that is the same, regardless of where the services are performed.

This takes effect October 1, 2011.

### **CONNECTICUT UMBILICAL CORD BLOOD COLLECTION BOARD**

**PA 11-160** creates the Connecticut Umbilical Cord Blood Collection Board to establish a state umbilical cord blood collection program. The program must promote the collection of umbilical cord blood units from genetically diverse donors for public use. The board may raise funds and apply for and accept public or private grant money. It must, based on the funding available, (1) contract with experts in collecting and transporting umbilical cord blood units to establish or designate at least two collection centers in the state and (2) engage in public education and marketing activities concerning cord blood.

This takes effect upon passage.

### **CRIMINAL BACKGROUND CHECKS**

#### ***Criminal History and Patient Abuse Background Search Program***

By July 1, 2012 **PA 11-242 § 90** requires DPH, within available appropriations, to create and implement a criminal history and patient abuse background search program to facilitate the performance, processing, and analysis of background searches on people who have direct access to patients or residents of long-term care facilities.

With one exception, before offering a paid or volunteer job to, or contracting for, long-term care services with anyone who will have direct access to a patient or resident of the facility, a long-term care facility must require the person to submit to a background search.

This takes effect January 1, 2012.

#### ***Criminal Background Checks for Homemaker Companion and Home Health Agencies***

Starting January 1, 2012 **PA 11-242 §§ 91-95** requires any person applying to the Department of Consumer Protection (DCP) for a homemaker-companion agency registration certificate to submit to state and national criminal history record checks.

The act also requires, starting this date, homemaker-companion agencies and home health agencies to require employment

applicants, before offering a job or entering into a contract.

This takes effect January 1, 2012.

## **DENTISTS**

By law, DPH can issue a dental license to an applicant who is a graduate of a foreign dental school if he or she meets certain requirements. One of these is successful completion, at a level greater than the second postgraduate year, of at least two years of an accredited residency or fellowship training program in a community- or school-based health center affiliated with and under the supervision of a dental school in this state. **PA 11-242 § 75** increases this to three years of a residency or fellowship training program in a dental school in the state but no longer requires it to be served in a community- or school-based health center.

This takes effect July 1, 2011.

## **EMERGENCY ILLNESSES AND HEALTH CONDITIONS**

**PA 11-242 §§ 20-23** adds emergency illnesses and health conditions to the required listing of reportable diseases and reportable laboratory findings DPH must annually issue to the state's licensed physicians and clinical laboratories. The act requires a health care provider to report each case of an emergency illness and health condition in his or her practice to the local health director where the case occurs and to DPH within 12

hours of recognizing it. They must already do this in cases of reportable diseases.

The act requires a clinical laboratory to report each finding of any disease identified on DPH's list of reportable laboratory findings to the department within 48 hours of its discovery. It also authorizes a local health director, or DPH, when receiving a report of an emergency illness and health condition, to contact the reporting health care provider and then the person with the reportable finding to get the information necessary to effectively control further spread of the disease. They may already do this in cases of reportable diseases.

This takes effect October 1, 2011.

## **EMERGENCY MEDICAL SERVICES**

**PA 11-242 §§ 30 & 34** requires the DPH commissioner to annually report to the Emergency Medical Services Advisory Board instead of the Public Health Committee on the number of emergency medical services (EMS) calls received during the year; response times; level of EMS required; names of EMS providers responding; and the number of passed, cancelled, and mutual aid calls. It also specifies that emergency air transport services are not considered ambulance services for purposes of rate-setting by DPH.

This takes effect upon passage.

The act also removes the regional medical services coordinators from the EMS Advisory Board's membership. **PA 10-117** repealed the requirement that regional EMS councils, or the DPH commissioner in regions without a council, appoint a regional EMS coordinator.

This takes effect October 1, 2011.

### **EXPEDITED PARTNER THERAPY**

**PA 11-242 §§ 9 & 10** allows a prescribing practitioner who diagnoses a patient as having a sexually transmitted chlamydia or gonorrhea infection to prescribe and dispense oral antibiotics to the (1) patient and (2) patient's partner or partners. It allows the practitioner to do so without physically examining the patient's partner or partners. A practitioner who prescribes or dispenses antibiotics in this manner does not violate the practitioner's standard of care. The law defines a "prescribing practitioner" as a physician, dentist, podiatrist, optometrist, PA, APRN, nurse-midwife, or veterinarian licensed in Connecticut to prescribe medicine within his or her scope of practice.

This takes effect October 1, 2011.

### **FIRST RESPONDERS**

**PA 11-47** establishes criminal penalties for certain first responders who, when responding to a request to provide someone with medical or other assistance, knowingly (1) take that person's photograph or digital image or (2) make the image available to a third person. The penalties apply to peace officers, firefighters, ambulance drivers, emergency medical responders, emergency medical technicians, and paramedics. The penalties do not apply if these actions are done in the performance of their duties or with the consent of the assisted person or someone in that person's immediate family. The penalty is up to one year in prison, up to a \$2,000 fine, or both.

This takes effect October 1, 2011.

### **FOUNDLINGS**

**PA 11-242 §§ 4 & 5** requires a hospital to prepare a foundling report for any infant voluntarily surrendered in the facility. If a birth certificate has already been filed in the state birth registry, the report must substitute for the original birth certificate, which must be sealed and confidentially filed with DPH. The original birth certificate cannot be released except on a court order.

The act defines "foundling" as (1) a child of unknown parents or (2) an infant voluntarily surrendered in a hospital. Under

prior law, if the foundling is later identified and a birth certificate is obtained, the birth certificate is substituted for the report of foundling. The act exempts infants voluntarily surrendered at hospitals from this requirement. This takes effect October 1, 2011.

### **FREEDOM OF INFORMATION ACT (FOIA)**

**PA 11-242 §§ 37 & 38** adds already confidential communications to the Freedom of Information Act's (FOIA) list of communication and records exempt from disclosure. The communications designated by the act are those privileged by the marital, clergy-penitent, doctor-patient, or therapist-patient relationship, or any other privilege established by the common law or the general statutes. It also exempts from disclosure under FOIA all records obtained during an inspection, investigation, examination, and audit of a health care institution that are confidential according to a contract between DPH and the federal Department of Health and Human Services relating to Medicare and Medicaid.

This takes effect October 1, 2011.

### **FUNERAL SERVICE BUSINESS**

**PA 11-242 §§ 47-49 & 73** allows a funeral services business that has an inspection certificate to operate a single satellite office solely to meet clients to make arrangements for

cremation services. But, **Special Act 11-17** repeals this provision and instead requires DPH to establish a pilot program that allows one funeral service business that has an inspection certificate to operate a single satellite office solely to meet with clients to make arrangements for cremation services. No other funeral service business activities may be conducted at the satellite office.

This takes effect July 1, 2011.

### **HEALTH CARE PROVIDER CONTRACTS WITH INSURERS**

**PA 11-58 §§ 15-19**, makes a variety of changes in the laws relating to contracts between health care providers and insurers. It requires insurers to pay claims submitted (1) on paper within 60 days and (2) electronically within 20 days. It requires insurers to (1) maintain provider networks in accordance with national adequacy requirements and (2) under certain circumstances, pay for services that the insurer previously authorized. The act also prohibits a provider contract from requiring a dentist to accept as payment an amount the insurer sets for services that are not covered benefits under the dental plan.

This takes effect January 1, 2012.

### **HEALTH INFORMATION TECHNOLOGY**

**PA 11-242 § 74** requires the Health Information Technology

Exchange of Connecticut's board of directors to establish an advisory committee on patient privacy and security. The committee must monitor developments in federal law concerning patient privacy and security relating to health information technology and report to the board on national and regional trends and federal policies and guidance. The board must include information supplied by the advisory committee in the annual report it makes to the legislature and the governor.

This takes effect July 1, 2011.

#### **HEALTH PRACTITIONER DISCIPLINE**

**PA 11-242 § 1** allows a health practitioner licensing board or commission or DPH to take disciplinary action against a practitioner's license or permit if the individual was subject to disciplinary action, similar to action that can be taken in Connecticut, by an authorized professional disciplinary agency of any state, the District of Columbia, a U. S. possession or territory, or a foreign country. The board, commission, or DPH can rely on the findings and conclusions made by that other jurisdiction's agency in taking the disciplinary action.

This takes effect July 1, 2011.

#### **HEALTH PRACTITIONER LICENSURE**

**PA 11-242 § 3** allows DPH to restrict, suspend, or otherwise

limit the license or permit of a health practitioner according to an interim consent order entered during the individual's investigation.

This takes effect July 1, 2011.

#### **MEDICAL FOUNDATIONS**

**PA 11-151** allows certain medical schools to organize and join a medical foundation to practice medicine and provide health care services. Eligible schools include those that are (1) schools of allopathic (conventional) medicine, (2) accredited by the Liaison Committee on Medical Education, and (3) affiliated with or part of a Connecticut university that is accredited by the New England Association of Schools and Colleges Commission on Institutions of Higher Education.

This takes effect October 1, 2011.

#### **MEDICAL TEST RESULTS**

**PA 11-76** (1) requires clinical laboratories to provide patient test results to additional health care providers if a patient or a provider who orders the patient's medical tests requests it and (2) allows a patient to directly receive test results when the patient is undergoing repeated testing. (**PA 11-242 § 79** contains the same provision.)

This takes effect October 1, 2011.

## **MOST FAVORED NATION CLAUSES**

**PA 11-132** prohibits a contracting health organization (i.e., MCO or preferred provider network (PPN)) from including a “most favored nation” clause in a contract with a health care provider, dentist, or hospital on or after October 1, 2011. A most favored nation clause is a provision in a contract between a health care provider and an insurer prohibiting the provider from charging the insurer a rate higher than the lowest reimbursement rate the provider accepts from any other insurer.

This takes effect October 1, 2011.

## **NURSES**

### ***Advanced Practice Registered Nurses (APRNs) As Primary Care Providers***

**PA 11-199** requires a managed care organization’s (MCO) annual list of health care providers to include participating APRNs under a separate category or heading. It also allows an enrollee in a managed care plan that requires selection of a primary care provider to instead choose a participating, in-network APRN.

This takes effect October 1, 2011.

### ***APRN Licensure***

**PA 11-242 § 77** modifies one of the criteria for licensure as an APRN by substituting a “graduate” degree for a “master's

degree.” Previously, if an APRN license applicant was first certified by one of the statutorily listed national bodies after December 31, 1994, he or she was required to hold a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist.

This takes effect October 1, 2011.

### ***Licensed Practical Nurses***

**PA 11-242 § 33** allows a licensed practical nurse to carry out the orders of a physician assistant, podiatrist, or optometrist as well as a physician or dentist, under the direction of a registered nurse or APRN.

This takes effect upon passage.

## **OPIATE-DEPENDENCY TREATMENT**

**PA 11-242 § 27** authorizes the DPH commissioner, in consultation with the Department of Mental Health and Addiction Services (DMHAS) commissioner, to implement policies and procedures allowing licensed health care providers with prescriptive authority to prescribe medications to treat opiate-dependent individuals in licensed free standing substance abuse facilities. This must be done in compliance with federal law and takes effect upon passage.

## **OPHTHALMOLOGISTS AND OPTOMETRISTS**

**PA 11-38** requires an HMO or PPN that provides benefits for ophthalmologic and optometric services to provide ophthalmologists and optometrists equal access to all health plans and policies it offers.

This takes effect January 1, 2012.

## **PERIPHERALLY INSERTED CENTRAL CATHETERS**

**PA 11-40** allows an intravenous (IV) therapy nurse employed or contracted by a nursing home that operates an IV therapy program to administer a peripherally inserted central catheter (PICC) as part of the home's IV therapy program. DPH regulations allow only a physician to administer a PICC. A PICC is a tube that is inserted into a peripheral vein, typically in the upper arm, and advanced until the catheter tip ends in a large vein in the chest near the heart to obtain intravenous access. DPH must adopt new regulations to implement the act.

This takes effect October 1, 2011.

## **PHARMACY**

### ***Pharmacist Licensure***

**PA 11-121** makes several changes in the licensing requirements for pharmacists. It (1) allows the DCP commissioner to determine the exams a pharmacist must pass to be

licensed instead of the Pharmacy Commission exam and (2) makes the pharmacy license expire biennially rather than annually and increases the renewal fee from \$60 to \$120.

The act also changes some of the certification requirements for individuals and institutions to dispense controlled substances. It (1) expands the circumstances when an applicant must verify his or her license, (2) adds a factor the DCP commissioner must consider before issuing a certificate, and (3) adds that factor to the list of reasons for taking disciplinary action against a certificate.

This takes effect January 1, 2012.

### ***Telepharmacy Pilot Program***

**PA 11-242 § 50** authorizes the DCP commissioner, in consultation with DPH, to establish a pilot program allowing a hospital that operates a hospital pharmacy to use electronic technology or telepharmacy at the hospital's satellite or remote locations to allow a clinical pharmacist to supervise pharmacy technicians in preparing IV admixtures. Participating hospitals must ensure that licensed health care personnel administer medications at the hospital's satellite or remote locations. The program's operation falls under the purview of the hospital's pharmacy director. The pilot program may begin as of July 1, 2011 and must end by December

31, 2012. But the DCP commissioner may terminate it earlier for good cause.

This takes effect upon passage.

### **PHOTOGRAPHIC IDENTIFICATION BADGES**

**PA 11-32** requires a health care provider who provides direct patient care as an employee of or on behalf of a healthcare facility or institution to wear an employer-issued photo-identification badge during working hours. It requires these facilities or institutions, in consultation with DPH, to develop policies and procedures concerning (1) the badge size, content, and format and (2) any necessary exemptions to ensure patient and health care provider safety.

The act applies to (1) hospitals; (2) nursing homes; (3) rest homes; (4) home health care and homemaker-home health aide agencies; (5) emergency medical services organizations; (6) assisted living services agencies; (7) outpatient surgical facilities; and (8) infirmaries operated by an educational institution for the care of its students, faculty, and employees.

This takes effect October 1, 2011.

### **PHYSICIAN ASSISTANTS AND FLUOROSCOPY**

**PA 11-242 § 45** changes the training criteria that a PA must meet in order to use fluoroscopy to guide diagnostic and

treatment procedures and a mini C-arm in conjunction with it. It requires successful completion of 40 hours of didactic instruction relevant to fluoroscopy, which includes radiation biology and physics, exposure reduction, equipment operation, image evaluation, quality control, and patient consideration. It also adds a minimum of 40 hours of supervised clinical experience that includes a demonstration of patient dose reduction, occupational dose reduction, image recording, and quality control of equipment. As under prior law, PAs must also pass a DPH-prescribed test.

The act also extends, from October 1, 2011 to July 1, 2012, the date by which a PA may perform fluoroscopy and use a mini C-arm without the training by passing the DPH exam.

This takes effect October 1, 2011.

### **PODIATRY SERVICES UNDER MEDICAID**

**PA 11-44 §85** restores Medicaid coverage for podiatry services as a state plan service. It directs the Department of Social Services (DSS) commissioner to amend the Medicaid state plan by October 1, 2011 to effect the change. Since 2003, DSS had not paid for podiatry services performed by independent practitioners. It paid for them when provided by physicians (orthopedists) and clinics.

This takes effect July 1, 2011.



## **PORTABLE OXYGEN SOURCES**

**PA 11-242 § 2** allows a hospital to designate any licensed health care provider and any certified ultrasound or nuclear medicine technologist to perform certain oxygen-related patient care activities in a hospital. The act specifies that this does not prohibit a hospital from designating individuals who are authorized to transport a patient with a portable oxygen source.

This takes effect July 1, 2011.

## **PROPHYLACTIC AND EMERGENCY CARE TO HOSPITAL PATIENTS**

**PA 11-2** allows hospitals to use protocols and policies (i.e. “standing orders”) to treat patients under certain conditions. It allows a hospital to provide care to a patient, without a physician's order, after assessing for contraindications and according to a physician-approved hospital policy. This can be done only if the care (1) is emergent, timely, and necessary or (2) advances care as permitted under the Centers for Medicare and Medicaid Services' (CMS) regulations on “Conditions of Participation for Hospitals” (42 CFR Part 482).

The act also allows a hospital to provide any prophylactic care or treatment to healthy newborns born at the hospital or admitted to the hospital nursery, without a physician's order, after assessing for contraindications and

according to a physician-approved hospital policy. This care or treatment must be allowed under the above CMS regulations.

This takes effect July 1, 2011. (**PA 11-242 § 78** changed the effective date from October 1, 2011 to July 1, 2011.)

## **RADIOGRAPHERS**

Beginning October 1, 2012, **PA 11-242 § 40** specifies that a radiographer license is not required for, nor are the activities limited of, a technologist certified by the International Society of Clinical Densitometry or the American Registry of Radiologic Technologists if the individual is operating a bone densitometry system under the supervision, control, and responsibility of a licensed physician. Under prior law, this applied to a nuclear medicine technologist certified by the Nuclear Medicine Technology Certification Board or American Registry of Radiologic Technologists.

This takes effect October 1, 2011.

## **SCHOOL HEALTH ASSESSMENTS AT MILITARY BASES**

**PA 11-179** allows APRNs and PAs stationed on military bases to perform required health assessments for students attending public schools. Under prior law, only Connecticut-licensed APRNs and PAs could perform student assessments. The act does not change existing

law that allows any legally qualified medical practitioner but only Connecticut-licensed registered nurses to perform student health assessments.

This takes effect upon passage.

### **SCHOOL BULLYING**

**PA 11-232** includes school nurses and school physicians among the school employees (1) to whom students and parents may report instances of school bullying and cyberbullying, (2) who must comply with new deadlines to file oral and written reports of bullying incidents they see or that are reported to them, and (3) who must be annually trained in identifying, preventing, and responding to school bullying and preventing and responding to youth suicide.

This takes effect July 1, 2011.

### **SCOPE OF PRACTICE DETERMINATIONS**

**PA 11-209** establishes a process for submitting and reviewing requests from health care professions seeking to revise or establish a scope of practice before consideration by the legislature. Under the act, scope of practice review committees may review and evaluate these requests and provide findings to the Public Health Committee. DPH is responsible for receiving requests and for establishing and providing support to the review committees.

This takes effect July 1, 2011.

### **STUDENT LOANS**

Certain Connecticut residents graduating from public colleges and universities are eligible for student loan reimbursements and training grants based on their education backgrounds, subsequent occupations, and incomes. **PA 11-140** expands the backgrounds and occupations that qualify residents for these loan reimbursements and changes the income criterion used for determining eligibility.

Under prior law, residents qualified for reimbursements if they graduated on or after May 1, 2010 with a degree related to life science and green and health information technology. The act expands the life science field to include biomedical engineering and medical devices manufacturing. Graduates also had to be employed in jobs related to these fields for at least two years after graduation. Under the act, they qualify for reimbursement if they are employed in a business related to these fields regardless of their jobs.

This takes effect upon passage.

### **UCONN HEALTH CENTER**

**PA 11-75** increases previously authorized funding to construct a new bed tower and renovate academic, clinical, and research space at UConn's John Dempsey Hospital. It increases existing bond authorizations by \$254.9 million by (1) authorizing \$262.9

million in new bonding under the UConn 2000 infrastructure program and (2) reducing, by \$8 million, existing general obligation bond authorizations for UConn health network initiatives. It also eliminates a requirement that UConn obtain \$100 million in federal, private, or other nonstate money before the bonds are issued and construction commences. Additionally, the new law requires the UConn Health Center to (1) contribute at least \$69 million from operations, special eligible gifts, or other sources toward the new construction and renovation project and (2) provide for the construction of a new ambulatory care center through private financing.

This takes effect upon passage.

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## **WORKPLACE VIOLENCE PREVENTION IN HEALTH CARE SETTINGS**

**PA 11-175** requires (1) certain health care employers to develop and implement workplace violence prevention and response plans and (2) health care employers to report incidents of workplace violence to local law enforcement. It also makes assault of a health care employee a class C felony. It also specifies that it is a defense that the defendant has a mental, physical, or intellectual disability.

This takes effect July 1, 2011 for provisions on workplace safety committees, risk assessment, violence prevention plans, patient care assignment, and regulations; October 1, 2011 for the remaining provisions.