



2023 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 2023 regular session and September 26 Special Session. OLR's other Acts Affecting reports, including Acts Affecting Insurance, are, or will soon be, available on OLR's website: <https://www.cga.ct.gov/olr/actsaffecting.asp>.

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: <https://www.cga.ct.gov/olr/olrpasums.asp>.

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: <http://www.cga.ct.gov>.

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Behavioral Health

Advisory Boards for State-Operated Mental Health Treatment Facilities

New legislation requires, rather than allows, all Department of Mental Health and Addiction Services (DMHAS)-operated facilities that provide treatment for people with psychiatric disabilities, substance use disorders, or both to have an advisory board. The act also requires the superintendent or director of each facility to appoint at least two members with lived experience with behavioral health disorders to their respective boards ([PA 23-121](#), § 1, effective October 1, 2023).

DMHAS Grant Program for Mental Health Services

By law, DMHAS, in collaboration with regional behavioral health action organizations, administers a grant program for hospitals, municipalities, and nonprofit organizations to expand or maintain their psychiatric or mental health services. A new law allows grant funds to be used for building construction or renovation, which prior law prohibited ([PA 23-204](#), § 289, effective upon passage).

Office of the Behavioral Health Advocate and Advisory Committee

New legislation establishes the Office of the Behavioral Health Advocate to generally (1) assist state-licensed, -certified, or -registered mental and behavioral health care providers with receiving payments for claims submitted to health carriers for services provided to covered patients and (2) provide information to the public, agencies, legislators, and others on mental and behavioral health care providers' and patients' problems and concerns and make recommendations to resolve them.

Under the act, the advocate must (1) be a Connecticut elector who is appointed by the governor and approved by the General Assembly and (2) have expertise and experience in mental or behavioral health care, health insurance, and advocacy for parity in mental and behavioral health access and outcomes.

The act also establishes the Behavioral Health Advocate Advisory Committee and requires it to meet four times per year with the Office of the Behavioral Health Advocate to review and assess the office's performance ([PA 23-101](#), §§ 10-11 & 21, effective July 1, 2023).

Psychosis Task Force

A new law creates a 10-member task force to study various issues relating to the treatment of childhood and adult psychosis. The task force must report its findings and recommendations to the Public Health Committee by January 1, 2024 ([PA 23-97](#), § 28, effective upon passage).

Disabilities

Accessible Parking Advisory Council

New legislation creates an Accessible Parking Advisory Council within the Department of Motor Vehicles (DMV) to (1) develop a strategy to deter, detect, and prevent fraud and misuse related to placard issuance and (2) make educational materials available to medical professionals on placards' proper issuance and use. The council includes the DMV and aging and disability services commissioners; two DMV commissioner-appointed licensed physicians, physician assistants, or advanced practice registered nurses who certify placard applications in the course of their employment; and other stakeholders. The council must report to the legislature annually by January 1, starting in 2025 ([PA 23-40](#), § 36, effective upon passage).

Dementia and IDD Study

A new law requires the Department of Aging and Disability Services (ADS) commissioner to study the higher prevalence of Alzheimer's disease, dementia, and other related disorders in people with intellectual and developmental disabilities (IDD) and determine whether public or private programs adequately address this higher prevalence. ADS must report its findings to the Aging, Appropriations, and Human Services committees by June 1, 2024 ([PA 23-137](#), § 19, effective upon passage).

Health Care Provider Communication Access Study

Legislation enacted this session requires the ADS commissioner, in consultation with the Advisory Board for Persons Who are Deaf, Hard of Hearing, or Deafblind, to (1) conduct a study evaluating gaps in these individuals' access to communication with medical providers and (2) develop recommendations to improve this access, including interpreting through American Sign Language or Spanish Sign Language as applicable. The commissioner must report on the study to the Aging, Human Services, and Public Health committees by October 1, 2023 ([PA 23-97](#), § 39, effective upon passage).

OPM as the Lead Autism Agency

This session, the legislature made the Office of Policy and Management (OPM), rather than the Department of Social Services (DSS), the lead agency to coordinate functions of several state agencies responsible for providing services to people diagnosed with Autism Spectrum Disorder (ASD). The new law also requires OPM to serve as the lead state agency for (1) the federal Combating Autism Act and (2) applying for funds and performing related responsibilities concerning ASD as state or federal law authorizes. DSS remains the state agency that administers Medicaid

state plan services and the Medicaid waiver program for people with ASD ([PA 23-204](#), §§ 261-263, 278-281 & 443, most sections effective July 1, 2023).

Wage Increases for State-Contracted IDD Service Providers

This session, the legislature authorized state-contracted providers who received rate increases in FYs 22-23 for wage and benefit increases for employees providing services to people with IDD to use these funds in FY 23 for wage increases for certain intermediate care facility employees ([PA 23-198](#) and [PA 23-204](#), § 288, both effective upon passage).

Emergency Medical Services (EMS)

Ambulance Rates

A new law requires the Department of Public Health (DPH) commissioner to increase the maximum allowable rates by 10% for FY 24 for licensed and certified ambulance services, invalid coaches, and paramedic intercept services ([PA 23-204](#), § 53, effective upon passage).

Emergency Services Awareness Programs

Under a new law, the departments of developmental services (DDS), emergency services and public protection (DESPP), and children and families (DCF) must jointly develop guidelines and best practices for municipalities to create and implement emergency services awareness programs for children and adults with ASD, cognitive impairments, nonverbal learning disorders, and IDD. The departments must do this by December 31, 2023, and publish the guidelines and best practices on their respective websites by January 1, 2024.

At a minimum, these programs must give these children and adults an opportunity to observe and interact with (1) uniformed emergency services personnel, (2) their vehicles and their associated flashing lights and sirens, and (3) mock traffic stops. They must be held in a setting suited to the children's and adults' developmental and sensory needs ([PA 23-137](#), § 9, effective upon passage).

EMS Data Collection and Reporting

Legislation enacted this session requires EMS organizations, in their quarterly data reporting to DPH, to include the reasons for 9-1-1 calls. It adds data on any EMS personnel shortages in the state to an existing report that DPH must provide annually to the EMS Advisory Board. Starting by June 1, 2024, it also requires the commissioner to annually submit the report to the Public Health Committee ([PA 23-97](#), § 36, effective October 1, 2023).

EMS Vehicle Design and Equipment Standards

A new law generally codifies minimum vehicle design and equipment standards for authorized EMS vehicles (i.e., invalid coaches and intercept vehicles staffed by emergency technicians or paramedics) that are currently in regulation. By law, DPH must at least biennially inspect the vehicles to ensure they meet these standards, which require, among other things, that (1) ambulances meet or exceed the design criteria of the U.S. General Services Administration's federal specification for the star-of-life ambulance (i.e., KKK-A-1822, as amended), with an exemption for the ambulance's color scheme and decals and (2) authorized EMS vehicles have equipment required for their particular vehicle classification specified in the 2022 Connecticut EMS Minimum Equipment Checklist ([PA 23-31](#), § 8, effective July 1, 2023).

Epinephrine Administration by EMS Personnel

Legislation enacted this session requires EMS personnel, starting July 1, 2024, to administer epinephrine using automatic prefilled cartridge injectors, similar automatic injectable equipment, or prefilled vials and syringes under specified conditions (including that the professional is trained to do so and determines that administering epinephrine is necessary to treat the person). It allows EMS personnel to administer epinephrine before then in the same manner. Prior law allowed, but did not require, emergency medical technicians (EMTs) and paramedics to do this using automatic prefilled cartridge injectors or similar equipment.

The act makes corresponding changes by requiring (1) all EMS personnel, not just EMTs and paramedics, to receive training on administering epinephrine and (2) licensed and certified ambulances to have this medication in injectors, similar equipment, or prefilled vials and syringes (rather than just in injectors or similar equipment as under prior law) ([PA 23-97](#), § 42, as amended by [PA 23-1](#), September 26 Special Session, § 6, both effective October 1, 2023).

Lights for Volunteer Ambulance Association Members

A new law allows vehicles operated by volunteer ambulance associations' or companies' active members to use flashing green or flashing blue lights while on the way to or at the scene of an emergency. Under prior law, they were only allowed to use steady green or flashing green lights ([PA 23-135](#), § 40, effective October 1, 2023).

Sensory Kits for Emergency Services Personnel

New legislation requires the Department of Administrative Services to develop and acquire sensory kits for DESPP to distribute to emergency services personnel who interact with children and adults with ASD, cognitive impairments, or nonverbal learning disorders. The kits must (1) help these

children and adults manage emotions and anxiety while interacting with EMS personnel and during emergencies to which they respond and (2) include noise-canceling headphones, dark tinted glasses, and anxiety-reducing tactile objects or toys. Municipalities may apply to DESPP for these sensory kits by September 1, 2025 ([PA 23-137](#), § 10, effective upon passage).

Environmental Health

Asbestos and Lead Abatement Professionals

By law, the DPH commissioner must adopt regulations on the licensure and certification standards for asbestos and lead abatement health professionals (e.g., contractors, supervisors, consultants, inspectors, and site-workers). A new law allows the commissioner to implement policies and procedures while in the process of adopting them in regulations, so long as she posts her intention to adopt regulations on the eRegulations System not later than 20 days after they are implemented. The policies and procedures are valid until the final regulations are adopted ([PA 23-31](#), §§ 15 & 16, effective upon passage).

Enforcing Asbestos Regulations

A new law requires the DPH commissioner to prescribe electronic reporting requirements and develop a data collection system to monitor compliance with state regulations on asbestos abatement.

By law, the DPH commissioner developed the regulations, in consultation with the labor commissioner, that include standards for proper abatement, enforcement procedures, DPH inspection procedures, and minimum standards for completing abatement projects ([PA 23-31](#), § 14, effective October 1, 2023).

Lead Poisoning Prevention and Treatment

This session, the legislature made various changes related to lead poisoning prevention and treatment, such as (1) reducing the timeframe within which a health care provider must notify the parent of a child under age three with an elevated blood lead level; (2) modifying the blood lead level thresholds at which local health department programs must provide children case management services; and (3) requiring pediatricians to complete annual lead risk assessments for all children from birth to age six and annually screen those with elevated risk ([PA 23-31](#), §§ 28-42 & 52, various effective dates).

Local Health Department Reporting System for Sodium Chloride Damage

A new law extends by one year, from January 1, 2023, to January 1, 2024, the deadline for local health departments to establish an electronic reporting system for owners of homes or wells directly damaged by sodium chloride run-off to report the damage to the local health department. It correspondingly extends, from January 1, 2024, to January 1, 2025, the deadline for these health departments to start annually submitting the reports recorded during the prior year to OPM.

Additionally, the act makes certain information related to the reporting system confidential, such as the testing results originating due to a sodium chloride run-off report provided to DPH, OPM, or local health departments and information obtained from DPH or local health department investigations on the results ([PA 23-31](#), § 19, effective upon passage).

Mold Standards and Working Group

New legislation requires DPH, by January 1, 2024, to take various actions related to mold, such as developing uniform standards for (1) identifying and assessing mold in residential housing, (2) assessing the health threat from mold exposure in the home, and (3) remediating mold. It also requires the department to create a public awareness campaign on in-home mold.

Additionally, the act creates a working group to evaluate the connection between polybutylene pipes and indoor mold in residential and commercial buildings (these pipes, no longer sold in the United States, may eventually break down after exposure to certain substances) ([PA 23-42](#), effective July 1, 2023, except that the working group provisions are effective upon passage).

Sewer System Regulatory Oversight

This session, the legislature passed a law transferring regulatory authority from the Department of Energy and Environmental Protection (DEEP) to DPH over (1) small community sewerage systems with daily capacities of up to 10,000 gallons and (2) household and small commercial subsurface sewage disposal systems with daily capacities up to 10,000 gallons (prior law gave DPH authority over those with capacities up to 7,500 gallons). The act requires DEEP, by July 1, 2025, to amend its regulations to establish and define categories of discharges that constitute these systems ([PA 23-207](#), § 27, effective upon passage).

Source-Separated Organic Materials

A new law requires hospitals and facilities providing rehabilitation and health care services that annually generate at least 26 tons of source-separated organic materials to either (1) have the

materials separated from other solid waste and recycled at an authorized composting facility or (2) compost the materials on site. This requirement begins January 1, 2025, and the facilities must also report to DEEP on the amount of (1) edible food donated and (2) food scraps recycled and the recyclers and collectors they used ([PA 23-170](#), § 5, effective upon passage).

Food Safety

Certified Food Inspectors

New legislation eliminates the requirement that certified food inspector applicants be employed by a local health department before they can receive their certification.

The act also prohibits a certified food inspector, the inspector's immediate family, or a business the inspector associates with from (1) having a financial or ownership interest in a food establishment in their jurisdiction; (2) engaging in any business, employment, or management of such a food establishment; or (3) owning the property where the food establishment is located ([PA 23-31](#), § 26, effective January 1, 2024).

Local Food Protection Program Audits

The session, the legislature authorized the DPH commissioner to conduct audits of local health department food protection programs that may include (1) interviews with local health department staff and (2) joint inspections of local food establishments with local health department staff. After completing an audit, the commissioner must give the local health director a report detailing the audit's findings and any recommended or necessary corrective actions the director must take ([PA 23-31](#), § 27, effective upon passage).

Gun Violence

Commission on Community Gun Violence Intervention and Prevention

A new law specifically allows the Commission on Community Gun Violence Intervention and Prevention to establish a subcommission, advisory group, or other entity to evaluate the (1) challenges of providing home health care to victims of gun violence and (2) ways to foster a system uniting community service providers with adults and juveniles needing supports and services to address trauma due to gun violence ([PA 23-97](#), § 24, effective July 1, 2023).

Firearm Credentials and Possession Following Commitment Under a Physician's Emergency Certificate

Legislation enacted this session bars people from obtaining a handgun carry permit, handgun eligibility certificate, or long gun eligibility certificate if, on or after October 1, 2023, they were committed to a psychiatric hospital under a physician's emergency certificate (PEC) within the prior six months for psychiatric treatment and not just for alcohol or drug abuse. It also extends existing criminal penalties for unlawful possession of handguns or other firearms, electronic defense weapons, or ammunition to people possessing these items if they were committed to a hospital within the prior six months under a PEC as specified above ([PA 23-89](#), §§ 4-11, effective October 1, 2023).

Firearm Risk Warrants for Children

Existing law allows certain medical professionals (among others) to apply to court for a risk protection order investigation if they have a good faith belief that someone poses a risk of imminently injuring themselves or someone else, to try to prevent the person from acquiring or possessing firearms or other deadly weapons. A new law limits the existing process to adults and creates a separate, generally similar risk warrant process for children. Under the new process, these same people may apply to court if they have a good faith belief that a child poses a risk of imminently injuring someone else and possesses firearms or deadly weapons. If the court finds there is a good faith belief that this is the case, it must order a police investigation ([PA 23-89](#), §§ 1-3, various effective dates).

Health Care Facilities

Blood Collection Facilities and Source Plasma Donation Centers

This session, the legislature created new DPH licensure categories for blood collection facilities and source plasma donation centers. Starting October 1, 2023, it prohibits a person or business from establishing, conducting, operating, or maintaining a facility or center unless it obtains the license. Previously, these facilities and centers were required to register with DPH and comply with regulations for clinical laboratories. The act sets \$200 initial and renewal license fees for these facilities and centers and requires them to renew their license every two years ([PA 23-31](#), §§ 1 & 9, effective October 1, 2023).

Certificate of Need

A new law makes various changes to the Office of Health Strategy's (OHS) certificate of need (CON) program for health care facilities, such as (1) setting a 30-day deadline for OHS to issue its decision when receiving a CON determination request; (2) requiring CON applicants to provide additional

public notice about CON applications and public hearings; (3) allowing OHS to retain independent expert consultants when necessary in the CON review process, at the applicant's expense; and (4) providing civil penalties for negligent, not just willful, failure to seek CON approval when required or to file within set deadlines, and extending civil penalties to negligent failure to comply with a settlement agreement ([PA 23-171](#), §§ 10-14, effective October 1, 2023).

DPH Quality of Care Program

This session, the legislature passed a law allowing DPH to revise its quality of care program's (1) standardized data sets used to measure health care facilities' clinical performance that must be collected and periodically reported to the department and (2) methods to provide public accountability for facilities' health care delivery systems.

The act also requires DPH to consult with the Connecticut Hospital Association on the scope and timing of the program's data reporting requirements to reduce the burden on hospitals when producing and disclosing the data. Any data collected cannot include patients' personally identifiable information ([PA 23-31](#), § 12, effective July 1, 2023).

Facility Fees

Existing law limits when hospitals, health systems, and hospital-based facilities may charge facility fees for outpatient services provided off-site from a hospital campus. Starting July 1, 2024, a new law also prohibits hospitals and health systems from charging facility fees for certain on-campus outpatient procedures that are not provided in the emergency department. It repeals a prior provision that made it an unfair trade practice to violate facility fee limits, and instead allows OHS to impose civil penalties of up to \$1,000 and cease and desist orders for certain violations of these limits. The act also modifies certain facility fee-related reporting requirements ([PA 23-171](#), § 9, effective July 1, 2023).

Facility Ownership Changes

New legislation generally expands the circumstances under which DPH-licensed health care facility or institution ("facility") ownership changes need prior approval from the department. It does so by eliminating exemptions in prior law for (1) changes in ownership or beneficial ownership of under 10% of the stock of a corporation that owns or operates the facility or (2) certain transfers to relatives.

Among other related changes, the act (1) requires proposed new owners to submit several documents and other information to DPH as part of its review of the transfer; (2) establishes the criteria that the commissioner must consider when evaluating an application; (3) creates an

exemption from prior approval requirements for certain transfers involving outpatient surgical facilities or nonprofit hospitals; and (4) prohibits someone from applying to acquire ownership in a facility if DPH denied a prior application by the person's relative ([PA 23-122](#), § 1, effective October 1, 2023).

Hospital Medical Staff Appointments

A new law authorizes hospitals to appoint their medical staff and individual medical staff members every two or three years. Appointments must be consistent with the (1) conditions and standards for participating in Medicare and (2) requirements of federally-approved national accreditation organizations ([PA 23-195](#), § 14, effective upon passage).

Hospital Privileges

Legislation enacted this session prohibits hospitals, for purposes of granting practice privileges, from requiring (1) board eligible physicians to become board certified until five years after becoming board eligible or (2) board certified physicians to provide credentials of board recertification ([PA 23-97](#), § 12, effective October 1, 2023).

Medical Records Transfer Deadlines

A new law sets deadlines for licensed health care institutions to transfer an electronic copy of a patient's medical records to another institution after receiving a medical records request directed by the patient or patient's representative. Under the act, the transfer must occur (1) as soon as feasible, but no later than six days, for urgent requests, or (2) within seven business days, for non-urgent requests.

The act exempts from these requirements DMHAS-operated facilities and the hospital and psychiatric residential treatment facility units of the Albert J. Solnit Children's Center. Among other things, it also specifies that these provisions do not require institutions to transfer records (1) in violation of HIPAA or (2) in response to a third-party request ([PA 23-97](#), § 43, effective January 1, 2024).

Reducing Duplicative Health Inspections

New legislation requires the DPH commissioner to study the requirements for each inspection the department must conduct under state law or regulation to determine whether the inspection is duplicative of any conducted by municipal or district health departments. The commissioner must report to the Public Health Committee by January 1, 2024, on the study and any recommendations for reducing duplicative inspections ([SA 23-12](#), effective upon passage).

Health Professionals

Background Checks for Physician and Psychologist Licensure Applicants

A new law requires applicants for licensure as a (1) psychologist, or (2) physician who intends to apply for a license in another state within one year after applying for licensure, to submit to a state and national fingerprint-based criminal history records check. In doing this, the act allows physicians and psychologists to participate in the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact, respectively, which Connecticut joined last year (these compacts require providers to complete an FBI fingerprint background check as a condition of participation) ([PA 23-97](#), §§ 45 & 46, effective July 1, 2023).

Chief Medical Examiner

This session, the legislature expanded the job requirements for the Chief Medical Examiner to include that he or she maintain board certification in forensic pathology from the American Board of Pathology.

Conforming to current practice, the act also eliminates a requirement that the Office of the Chief Medical Examiner send fingerprints and a photograph of a decedent's body it investigates and cannot identify to the local vital statistics registrar and DPH. It keeps the requirement that the office send the decedent's fingerprints to the State Police ([PA 23-31](#), §§ 22-25, effective October 1, 2023).

Counseling Compact and Background Checks

This session, a new law enters Connecticut into the Counseling Compact, which provides a process authorizing professional counselors licensed in one member state to practice across state boundaries, without requiring licensure in each state. Member states must grant the "privilege to practice" (i.e., the authority to practice in the state) to professional counselors holding a valid, unencumbered license who otherwise meet the compact's eligibility requirements.

Relatedly, the act requires professional counselor licensure applicants to complete a fingerprint-based criminal background check (as is required under the compact) ([PA 23-195](#), §§ 12 & 13, effective July 1, 2023).

Dental Assistants Taking X-Rays

A new law provides an alternate way for dental assistants to qualify to take dental x-rays. Specifically, it allows them to do so by passing a competency assessment, rather than a national

exam, and requires UConn’s School of Dental Medicine to develop and report on the assessment by January 1, 2025 ([PA 23-97](#), §§ 40 & 41, effective upon passage, except October 1, 2023, for the provision on dental assistants’ eligibility to take dental x-rays after passing the assessment).

Esthetician and Nail Technician Licensure

New legislation extends the time period in which certain applicants may be grandfathered in to licensure as an esthetician or nail technician to those who apply for licensure before January 1, 2025, instead of January 1, 2022. As under prior law, applicants must provide evidence that they practiced as one of these professionals continuously in the state for at least two years before a specified date and comply with specified infection prevention and control guidelines.

Additionally, the act allows an applicant to qualify for the grandfathering if he or she completed a course of study and received a certificate of completion from an approved school in place of the practice requirement ([PA 23-31](#), §§ 5 & 6, effective upon passage).

Eyebrow Threading

This session, the legislature exempted eyebrow threading from the statutory definition of “esthetics,” thereby exempting individuals who do this from needing a state esthetician license. It defines “eyebrow threading” as a means of shaping and removing unwanted hair on the face and around the eyebrows ([PA 23-31](#), § 20, effective upon passage).

Funeral Directors

Legislation enacted this session requires the DPH commissioner to give access to the state’s electronic death registry system to state-licensed funeral directors who operate or are affiliated with out-of-state funeral homes or funeral businesses that have reciprocal agreements filed with DPH ([PA 23-31](#), § 49, effective January 1, 2024).

Health Professional Safety

A new law requires DPH, by January 1, 2024, to develop a marketing campaign and make monthly public service announcements on its website and social media accounts for at least two years that (1) discourage aggressive or violent behavior towards health care providers in any health care setting and (2) provide information on grant opportunities for building security infrastructure through DESPP’s nonprofit organization security infrastructure competitive grant program and any other programs that offer nonprofit hospitals the opportunity to enhance patient and employee safety ([SA 23-29](#), effective October 1, 2023).

Hepatitis C Screening

Legislation enacted this session generally requires licensed primary care physicians, advanced practice registered nurses, and physician assistants to offer to provide or order a hepatitis C screening or diagnostic test for patients ages 18 and older and pregnant women. In doing so, it conforms to 2020 federal Centers for Disease Control and Prevention recommendations for hepatitis C screening. Previously, providers were only required to do this for patients born between 1945 and 1965.

By law, providers are not required to offer the screening or test when they reasonably believe that the patient (1) is being treated for a life-threatening emergency; (2) has been previously offered or received a hepatitis C screening test; or (3) lacks the capacity to consent ([PA 23-31](#), § 11, effective October 1, 2023).

Licensure of Social Workers and Other Professionals

This session, the legislature passed a new law that generally reduces initial license fees for social workers, marital and family therapists, and professional counselors. It also changes the (1) renewal fees for clinical social workers, professional counselors, master social workers, and professional counselor associates, and (2) renewal frequency of licenses issued to marital and family therapist associates. It also requires DPH to hire a full-time employee, by January 1, 2024, to assist in licensing social workers ([PA 23-101](#), §§ 1 & 12-14, effective July 1, 2023).

A second, related law requires the DPH commissioner to temporarily waive the examination requirement for master social worker license applicants until January 1, 2026, and then reinstate it. It maintains the examination requirement for licensure by endorsement applicants (i.e., those licensed or certified in another state). Additionally, the act allows licensed clinical and master social workers to complete all 15 hours of their continuing education (CE) online instead of only up to 10 hours, as under prior law, so long as at least five hours of it is in-person or via live online education ([PA 23-31](#), §§ 3 & 4, effective upon passage, except that the CE requirement takes effect October 1, 2023).

Marital and Family Therapist (MFT) Associates

By law, people that meet certain educational and clinical training requirements can apply to DPH for an MFT associate license that allows them to practice under professional supervision while pursuing full MFT licensure.

New legislation eliminates the requirement that applicants for initial associate licensure provide DPH verification from a supervising licensed MFT that the applicant is working toward completing

the postgraduate experience requirements for full licensure as an MFT. Additionally, the act allows associate MFTs to renew their licenses multiple times, instead of only once as under prior law.

For associate renewal applicants, it no longer requires them to give DPH satisfactory evidence (1) that they are working toward completing the postgraduate experience required for full licensure and (2) of the potential for them to do so before their license renewal expires. It instead requires applicants to give DPH evidence that they completed the CE requirements for full licensure ([PA 23-195](#), § 17, effective July 1, 2023).

Massage Therapist Continuing Education

Under existing law, licensed massage therapists generally must complete at least 24 hours of CE every four years. A new law increases, from six to 18, the number of CE units (i.e., one unit is 50-60 minutes of participation) that may be completed via the internet or distance learning ([PA 23-31](#), § 48, effective July 1, 2023).

Music Therapist Licensure

This session, the legislature created a new DPH licensure category for music therapists and generally prohibits anyone without a license from using the title “music therapist,” “licensed music therapist,” or any title, words, letters, abbreviations, or insignia that may reasonably be confused with this credential. The act also (1) establishes related licensure requirements and exemptions, (2) creates nonrenewable temporary permits for certain licensure applicants that allows them to work for up to one year under a licensee’s supervision, and (3) sets grounds for denying licenses and taking disciplinary action against licensees ([PA 23-31](#), §§ 43-47, effective October 1, 2023).

New Graduates of MFT and Professional Counselor Programs

A new law allows new graduates of professional counseling and marital and family therapy programs to practice without a license for up to 120 days after they complete their program if they do so under clinical supervision by specified licensed health professionals ([PA 23-31](#), §§ 50 & 51, effective July 1, 2023).

Nonprofit Provider Contract Savings

New legislation requires state agencies that contract with nonprofit, private health and human services providers to allow the providers to keep any savings from their contracts with the agencies once the provider has met their contractual obligations. It applies to DDS, DMHAS, DSS, and DCF and generally prohibits these state agencies from attempting to recover or otherwise offset these retained amounts ([PA 23-186](#), §§ 2 & 3, effective July 1, 2023).

Physical Therapy Licensure Compact and Background Checks

This session, the legislature entered Connecticut into the Physical Therapy Licensure Compact, which provides a process authorizing physical therapists and physical therapy assistants properly credentialed in one member state to practice across state boundaries, without requiring licensure in each state. Member states must grant the “compact privilege” (i.e., the authority to practice in the state) to people holding a valid, unencumbered license who otherwise meet the compact’s eligibility requirements.

Relatedly, the act requires physical therapist and physical therapist assistant licensure applicants to complete a fingerprint-based criminal background check (as is required under the compact) ([PA 23-97](#), §§ 16 & 17, effective July 1, 2023).

Physician, APRN, and PA Non-Compete Clause Limitations

A new law places additional limitations on physician non-compete clauses when the physician does not agree to a material change to the employment contract’s compensation terms, except for contracts between physicians and certain group practices. It also generally extends the law on physician non-compete clauses, including most of the act’s changes, to advanced practice registered nurse (APRN) and physician assistant (PA) non-compete agreements. For example, as under existing law for physicians, it prohibits APRN or PA non-compete clauses from restricting the provider’s competitive activities for longer than one year and beyond 15 miles from the primary site where the provider practices.

The act applies to non-compete clauses entered into, amended, extended, or renewed on or after October 1, 2023 ([PA 23-97](#), §§ 13-15, effective July 1, 2023).

Podiatric Scope of Practice Working Group

Under new legislation, the DPH commissioner must establish a working group to advise DPH and any relevant scope of practice review committee on podiatrists’ scope of practice relating to surgical procedures. By January 1, 2024, the working group must report its findings and recommendations to the commissioner and any such scope of practice review committee. By February 1, 2024, the commissioner must then report to the Public Health Committee on (1) the group’s findings and recommendations and (2) whether DPH and any relevant scope of practice review committee agrees with them ([PA 23-97](#), § 18, effective July 1, 2023).

Psychologist Temporary Permits

A new law authorizes DPH, starting February 1, 2024, to issue a temporary permit to an applicant for licensure as a doctoral-level psychologist if the applicant (1) has a doctoral degree in psychology or its equivalent from a program approved by the Board of Examiners of Psychologists and (2) has not yet completed the supervised work experience or examination required for licensure. The permit authorizes the person to practice under the supervision of a licensed psychologist.

The act sets a \$100 fee for the temporary permits, which are nonrenewable and valid for one year after the date applicants completed their doctoral degree, or its equivalent. The permit is void and cannot be reissued if an applicant fails the licensure examination ([PA 23-195](#), § 18, effective October 1, 2023).

Surgical Technologists

A new law generally prohibits outpatient surgical facilities and hospitals (excluding chronic disease hospitals) from employing someone to perform surgical technology services, unless the person meets specified training or experience requirements, such as (1) successfully completing a nationally accredited surgical technology program and having a surgical technologist certification, or obtaining it within 18 months after completing the program; (2) working as a surgical technologist in a hospital or outpatient surgical facility on or before October 1, 2023; or (3) successfully completing a surgical technology training program in the U.S. armed forces, National Guard, or U.S. Public Health Services ([PA 23-195](#), § 1, effective October 1, 2023).

Hospice and Palliative Care

Home Hospice Care Agencies and IV Medications

New legislation allows an APRN who provides hospice care through a DPH-licensed hospice home care agency to administer fluids or medications intravenously (IV), including by infusion or IV push. It also allows a registered nurse to do so under physician supervision ([PA 23-174](#), § 2, effective October 1, 2023).

Hospice Hospital at Home Pilot Program

Legislation enacted this session requires DPH, by January 1, 2024, to establish a Hospice Hospital at Home pilot program to provide in-home hospice care to patients through a combination of in-person visits and telehealth. The program must provide patients (1) a daily telehealth visit by a physician or APRN; (2) in-person visits by a registered nurse (RN) at least twice daily; (3) remote patient monitoring by the program's physicians, APRNs, and RNs, if the patient consents to it; and (4) telephone access to an on-call physician or APRN.

The act also allows the social services commissioner to apply for a Medicaid Section 1115 waiver to provide Medicaid reimbursement for hospice services delivered under the pilot program, to the same extent DSS reimburses for Medicaid hospital-based hospice services ([PA 23-174](#), §§ 1 & 5, effective July 1, 2023, except the Medicaid Section 1115 waiver provision takes effect upon passage).

Insurance Coverage for In-Home Hospice Services

Under a new law, certain individual and group health insurance policies must cover in-home hospice services provided by a DPH-licensed hospice home care agency to the same extent they cover hospital in-patient hospice services. This coverage is subject to the same terms and conditions that apply to all other benefits under the policy.

It also prohibits policies from excluding coverage for a hospice service solely because it is provided in the home and not at a hospital, as long as the home service is appropriate for the insured. Under the act, health insurers, HMOs, and other entities may still conduct utilization review for in-home hospice services, as long as it is done in the same manner, and uses the same clinical criteria as those for the same hospice services provided in a hospital ([PA 23-174](#), §§ 3 & 4, effective January 1, 2024).

Insurance

Electronic Program for Utilization Reviews

Legislation enacted this session requires health care providers participating in a health carrier's (e.g., insurer or HMO) network to use a carrier's secure electronic program to process utilization reviews. However, a participating provider's failure to use the program cannot contribute to an adverse determination (e.g., a benefit denial) ([PA 23-204](#), § 230, effective January 1, 2024).

Health Care Tiered Network Practices

The legislature enacted new transparency rules around health care tiered network practices. The new law broadly requires health carriers to disclose how they (1) select providers for different tiers and (2) evaluate providers within each tier. Among other things, the law requires health carriers to give health care providers, upon request, their score and data used for selecting tiers and a summary of any grievance process ([PA 23-171](#), § 20, effective July 1, 2024).

Medicare Advantage Plans Report

New legislation requires the Insurance Department, by January 1, 2025, and in consultation with OHS, to report to the Insurance and Real Estate Committee on (1) an analysis of Medicare

Advantage plans' utilization management and provider payment practices and (2) related recommendations. Medicare Advantage Plans are managed care plans administered by federally approved private insurers. These plans must cover all services covered by traditional Medicare and some offer additional benefits ([PA 23-171](#), § 18, effective upon passage).

Mental Health Wellness Examinations

A new law eliminates the requirement that commercial health insurance policies cover mental health wellness examinations by a primary care provider, but continues to require coverage when they are performed by a licensed mental health professional ([PA 23-148](#), effective upon passage).

Prohibited Health Care Contracting Practices

New legislation prohibits health care providers, health carriers (i.e., insurers and HMOs), and health plan administrators, from entering into a health care contract on or after July 1, 2024, that includes an all-or-nothing clause, anti-steering clause, anti-tiering clause, or gag clause. If any of these clauses are in a health care contract (i.e., an oral or written agreement to provide services under a health benefit plan), written policy or procedure, or agreement on or after that date, the act makes them null and void.

However, the act specifies that (1) all remaining clauses remain in effect for the contract's duration and (2) it does not modify, reduce, or eliminate any existing privacy protections and standards under the federal Health Insurance Portability and Accountability, Genetic Information Nondiscrimination, or Americans with Disabilities acts ([PA 23-171](#), § 19, effective July 1, 2024).

Terminating Health Care Contracts

Legislation enacted this session requires a health carrier and each provider participating in its network (i.e., participating provider) to give each other at least 90 days' written notice of an intent to terminate the contract before the proposed termination date or, if a nonrenewal, the end of the contract period. The carrier must make a good faith effort to notify all insureds who are regular patients of the participating provider at least 30 days before the proposed termination date or, if a nonrenewal, end of the contract period. This patient notification is not required if the carrier and participating provider agree in writing to extend the contract up to one year. The new law also eliminates a requirement that a provider leaving or removed from a network give the carrier a list of its covered patients.

By law, when a contract between a health carrier and a participating hospital or its parent corporation is terminated or not renewed, the carrier and hospital must continue to abide by the contract for an additional 60 days. For contracts entered into, renewed, amended, or continued on or after July 1, 2023, the new law (1) also applies this requirement to hospital intermediaries and

(2) specifically requires that the contract terms the parties must continue abiding by for 60 days include the reimbursement terms for all health care services ([PA 23-171](#), § 22, effective upon passage).

Worker’s Compensation Working Groups and Related Matters

Under a new law, the Workers’ Compensation Commission chairperson, in setting standards for approving employer and insurer medical plans, must include whether the plan has an administrative process allowing employees to seek certain information about the medical and health care services recommended by the plan’s providers (e.g., their appropriateness and payment).

The act also requires the Judiciary Committee chairpersons or their designees to convene a working group to develop legislative recommendations on (1) streamlining third-party medical record requests to health care providers and (2) setting reasonable fees for expenses when responding to these requests, including requests for electronic records. The group must report to specified committees by February 1, 2024 ([PA 23-32](#), effective October 1, 2023, except the working group provisions are effective upon passage).

Long-Term Care and Older Adults

Assisted Living Services Agencies

A new law allows assisted living services agencies (ALSAs) to provide nursing services and assistance with activities of daily living to people who are not chronic and stable, which prior law prohibited. Under the act, ALSAs may do this only if the (1) person is under the care of a licensed home health care agency or hospice agency or (2) ALSA is arranging, in conjunction with a managed residential community, the delivery of ancillary medical services on the person’s behalf (e.g., physician, hospice, dental, or pharmacy services) ([PA 23-31](#), §§ 1 & 2, effective upon passage, except a conforming change is effective October 1, 2023).

Complex Care At-Home Nursing Services

Starting January 1, 2024, a new law requires the DSS commissioner to increase rates for certain complex care nursing services provided by home health care agencies and home health aide agencies by raising the rate for adult services to equal the rate for pediatric services. The act prohibits age-based differentials for these services ([PA 23-204](#), § 282, effective January 1, 2024).

Dementia Services Coordinator

New legislation establishes a dementia services coordinator within ADS. Among other things, the coordinator will coordinate dementia services across state agencies, evaluate state-funded dementia services, develop dementia-specific training programs, and analyze dementia-related data collected by the state ([PA 23-48](#), § 6, effective October 1, 2023).

Excess Licensed Bed Capacity Working Group

A new law requires DSS to (1) convene a 10-member working group to review and evaluate excess licensed bed capacity at skilled nursing facilities; (2) report to each individual nursing home the implications of the working group's findings and recommendations on the nursing home's Medicaid rate; and (3) recommend Medicaid rate adjustments to address excess licensed bed capacity ([PA 23-204](#), § 298, effective upon passage).

Homemaker-Companion Agency Oversight

New legislation requires OPM to develop a plan and proposed timeline to transfer homemaker-companion agency oversight from the Department of Consumer Protection (DCP) to DPH. The plan must also include recommendations on training standards and appropriate use of the term "care" to describe homemaker-companion services ([PA 23-48](#), § 11, effective upon passage).

Hospital and Nursing Home Discharge Standards

Under a new law, DPH regulations setting minimum standards for hospital and nursing home discharge planning services must require written discharge plans to include (1) the date and location of each follow-up medical appointment scheduled before the patient's discharge and (2) to the extent known to the facility, a list of all medications the patient is currently taking and will take after discharge.

The act also requires a hospital or nursing home, when discharging a patient to his or her home, to electronically send the patient's pharmacy each prescription it ordered for the patient before discharge that he or she will need after discharge ([PA 23-39](#), effective October 1, 2023).

Long-Term Care Facility Rates

Legislation implementing the budget made changes to various facilities' rate setting, including the following:

1. establishing a methodology to determine inflationary adjustments and limiting these adjustments in FYs 23 and 24;

2. for residential care homes, requiring DSS to determine rates based on 2022 cost report filings, allowing rate increases for certain costs, and requiring DSS to determine when a change in ownership requires a rebasing of rates;
3. for intermediate care facilities for people with intellectual disabilities (ICF-ID), generally requiring rates for FYs 23 to 26 to be based on corresponding cost reports, keeping the existing minimum per diem, per bed rate for FYs 24 and 25, and allowing DSS to provide discretionary fair rent increases and determine when to rebase rates based on change in ownership; and
4. for non ICF-ID boarding homes, generally capping FY 24 rates at FY 23 levels and allowing DSS to provide fair rent increases at the department’s discretion for FY 24 and subsequent fiscal years.

For nursing homes, existing law required DSS to implement an acuity-based Medicaid reimbursement rate program effective July 1, 2022. As part of this change, the act requires DSS to issue individualized quality metrics reports to nursing homes to show the program’s impact on the home’s Medicaid rate ([PA 23-204](#), §§ 273-275, 277 & 291, most provisions effective July 1, 2023).

Managed Residential Communities Family Councils

A new law requires managed residential communities that offer assisted living services to encourage and help establish “family councils” by January 1, 2024. “Family councils” are independent groups of residents’ family members and friends who (1) advocate for residents’ needs and (2) facilitate communication between residents, facility administration, and residents’ family and friends ([PA 23-48](#), §§ 4 & 5, effective October 1, 2023).

New Mandated Elder Abuse Reporters

This session, the legislature added several professions to the list of mandated elder abuse reporters, including licensed professional counselors, physician assistants, and dental hygienists.

By law, mandated reporters must report to DSS within 24 hours when they have reasonable cause to suspect that an elderly person needs protective services or has been abused, neglected, exploited, or abandoned. They must also take a training program developed or approved by DSS within 90 days of becoming a mandated reporter ([PA 23-168](#), effective July 1, 2023).

Nursing Home Involuntary Transfer or Discharge Notification

A new law requires nursing homes to notify the Long-Term Care Ombudsman about a resident’s involuntary transfer or discharge on the same day the nursing home notifies the resident. By law,

nursing homes must give residents written notification about a discharge or transfer at least 30 days in advance. Under the act, if the nursing home fails to notify the ombudsman on the same day, the resident's written notification is invalidated ([PA 23-48](#), §§ 1-3, effective upon passage).

Nursing Home Ownership-Related Notification Requirements

New legislation lowers the ownership threshold, from 10% to 5%, for certain notification requirements concerning nursing home licensing and ownership transfers. This includes (1) for licensure applicants, being listed on the application and (2) for ownership transfers, receiving a DPH notification on the application that state law may subject them to liability or sanctions for an employee's abuse or neglect of a resident ([PA 23-122](#), §§ 2 & 3, effective October 1, 2023).

Nursing Home Transparency

This session, the legislature enacted provisions to improve nursing home transparency that require (1) nursing home licensure applicants to give the state the owner's audited and certified financial statements and disclose certain information if any private equity company or real estate investment trust owns any part of the home; (2) all chronic and convalescent nursing homes that receive Medicaid to annually report a profit and loss statement from each related party that receives at least \$30,000 of income from the home; and (3) nursing homes to submit to DSS annual narrative expenditure summaries along with their required cost reports and DSS to post the cost reports and summaries online ([PA 23-48](#), §§ 7-9, effective July 1, 2023).

Nursing Home Waiting List Working Group

A new law requires the state Long-term Care Ombudsman and the DPH and DSS commissioners to convene a working group of state officials and nursing home industry representatives to address any needed revisions to existing law's nursing home waitlist requirements. The working group must report to the Human Services and Public Health committees by January 1, 2024 ([PA 23-186](#), § 6, effective upon passage).

Transportation for Nursing Home Residents

This session, the legislature authorized nursing homes, under certain conditions, to transport non-ambulatory residents to their family members' homes if the nursing home has available vehicles. The transportation must be approved by a physician, PA, or APRN, and the family member must live within 15 miles of the nursing home. The act also requires DSS to evaluate whether this transportation qualifies for federal funding as a health-related social need and report to the Council on Medical Assistance Program Oversight on its evaluation by October 1, 2023 ([PA 23-186](#), § 5, effective July 1, 2023).

Maternal and Child Health

Fetal Death Certificates

A new law establishes a statutory definition of “fetal death” for purposes of issuing fetal death certificates. By law, a fetal death certificate must be completed for each fetal death that occurs after at least 20 weeks of pregnancy (i.e., stillbirth). The certificate must be signed by specified health professionals and filed with the vital records registrar in the municipality where the death occurred. The act exempts a father or mother from the filing requirement when the birth occurs outside of an institution (e.g., a home birth) and a physician or midwife does not attend ([PA 23-31](#), § 21, effective October 1, 2023).

Freestanding Birth Centers

This session, the legislature created a new DPH-administered license category for freestanding birth centers. Starting January 1, 2024, the act prohibits anyone from establishing or operating a birth center unless it gets this license. It sets related licensure requirements and requires birth centers to renew their licenses every two years and pay an initial and renewal license fee of \$940 per site and \$7.50 per bed.

This new license replaces the prior maternity hospital licensure program, which the act repeals on July 1, 2025 ([PA 23-147](#), §§ 1-9 & 17, various effective dates).

Infant Mortality

A new law establishes an Infant Mortality Review Program within DPH to review medical records and other data on infant deaths (i.e., those occurring between birth and one year of age) and sets related requirements on record access, information sharing, and confidentiality.

It also tasks a DPH Infant Mortality Review Committee that the act creates to conduct a comprehensive, multidisciplinary review of infant deaths to reduce health care disparities, identify associated factors, and make recommendations to reduce the deaths ([PA 23-147](#), §§ 10-12, effective October 1, 2023).

Maternal Mental Health Toolkit

New legislation requires DPH, in consultation with DMHAS and certain other organizations, to develop a maternal mental health toolkit for providers and patients, including on perinatal mood and anxiety disorders. By October 1, 2023, DPH must make the toolkit available on its website ([PA 23-97](#), § 25, effective upon passage).

Medicaid Payments for Maternity Services

A new law authorizes the DSS commissioner, within available appropriations and to the extent federal law allows, to implement a bundled payment for maternity services and associated alternative payment methods she determines will improve health quality, equity, member experience, cost containment, and care coordination.

The bundled payment may include payments to physicians and other qualified licensed practitioners for services provided by doulas and other non-licensed practitioners. When designing the bundled payments and before implementing them, the commissioner must consult with health care providers, consumer health advocates, and other stakeholders ([PA 23-204](#), § 296, effective July 1, 2023).

Midwifery Working Group

New legislation requires the DPH commissioner to create a midwifery working group to study and make recommendations on (1) advancing choices in care for community birth (i.e., planned home birth or birth at a birth center) and (2) direct entry midwives' role in addressing maternal and infant health disparities. Starting by February 1, 2024, the working group must annually report its findings and recommendations to the DPH commissioner and the Public Health Committee ([PA 23-147](#), § 15, effective July 1, 2023).

Newborn Screening for Cytomegalovirus

Prior law required all health care institutions caring for newborn infants to test each newborn who failed a newborn hearing screening for cytomegalovirus (CMV). Starting July 1, 2025, a new law instead requires CMV testing as part of the existing newborn screening program, thereby requiring all newborns to be tested for the condition.

The act also requires the DPH commissioner to convene a CMV working group to study the condition, such as (1) best practices for universal screening and (2) education for health care providers and vulnerable populations. The commissioner must report the working group's findings to the Public Health Committee by January 1, 2025 ([PA 23-204](#), §§ 191 & 192, effective upon passage).

Perinatal Mood and Anxiety Disorder Training

New legislation requires hospitals to include training in perinatal mood and anxiety disorders as part of their regular training to staff members who directly care for women who are pregnant or in the postpartum period ([PA 23-97](#), § 26, effective October 1, 2023).

Stillbirths

A new law requires hospitals to give the mother of a stillborn child written notification about the child's burial and cremation arrangement options. Hospitals must do this (1) if practicable, when the mother is admitted to the hospital and expects to deliver a stillborn child or (2) if it is not practicable, or the mother did not expect to deliver a stillborn child, within 24 hours after the stillbirth, so long as the health care provider responsible for the mother's care agrees it is appropriate to do so.

Mothers who receive the notification, and any other known parent, must inform the hospital in writing about their decision on the stillborn child's disposition. They may do so at any time during their hospitalization but before they are discharged, as long as the mother and other parent have at least 24 hours after receiving the hospital's written notification to do so ([PA 23-195](#), § 15, effective July 1, 2023).

Universal Nurse Home Visiting Program

New legislation requires the Office of Early Childhood commissioner, within available appropriations, to develop and implement a statewide universal nurse home visiting services program for all families with newborns living in the state to support parental health, healthy child development, and strengthen families. Under the act, universal nurse home visiting services are provided by licensed registered nurses with specialized training and families are not required to participate ([PA 23-147](#), § 16, effective July 1, 2023).

Voluntary Doula Certification Program

This session, the legislature established a voluntary doula certification program administered by DPH and, starting October 1, 2023, prohibits someone from using the title "certified doula" unless they are certified.

To assist with the certification program, the act requires DPH, within available resources, to establish an 18-member Doula Advisory Committee to develop recommendations on doula certification requirements and standards for recognizing training programs that satisfy the requirements. The advisory committee must also create a Doula Training Program Review Committee to (1) continuously review doula training programs and (2) provide DPH a list of approved doula training programs ([PA 23-147](#), §§ 13 & 14, effective July 1, 2023).

Medicaid and Other Medical Assistance Programs

Community Health Worker Medicaid Reimbursement

A new law requires the DSS commissioner to design and implement a program to provide Medicaid reimbursement to certified community health workers (CHWs). The act requires the DSS commissioner to consult with CHWs, among others, when developing the plan and annually report to the Human Services Committee and the Council on Medical Assistance Program Oversight until the program is fully implemented ([PA 23-186](#), § 4, effective upon passage).

Family Caregivers Under DDS Medicaid Waivers

New legislation requires the DSS commissioner, in consultation with the DDS commissioner, to amend DDS-administered Medicaid waivers to authorize compensation for family caregivers who provide care to waiver participants. This requirement applies to the three home- and community-based Medicaid waiver programs administered by DDS that serve people with intellectual disabilities: the Comprehensive Supports Waiver, the Individual and Family Support Waiver, and the Employment and Day Supports Waiver ([PA 23-137](#), § 60, as amended by [PA 23-204](#), § 171, effective upon passage).

HUSKY C Eligibility

Starting October 1, 2024, the legislature expands eligibility for HUSKY C, which provides Medicaid coverage to people who are age 65 or older, blind, or living with a disability. The act sets eligibility at 105% of the federal poverty level (\$1,276 per month for an individual in 2023) instead of 143% of the Temporary Family Assistance cash benefit amount (currently, \$700 per month for an individual) ([PA 23-204](#), § 302, effective October 1, 2024).

HUSKY Health Improvement Strategy

A new law requires the DSS commissioner, in consultation with certain agencies, to develop a strategy to improve health care outcomes, community health, and health equity to support HUSKY Health members. In addition, DSS must consult with various stakeholders to inform community-based prevention policies and wellness, care delivery, and financing strategies. By January 1, 2025, the DSS commissioner must submit recommendations for reform to the Medical Assistance Program Oversight Council ([PA 23-171](#), § 17, effective upon passage).

Medicaid Coverage for Obesity Treatment

New legislation requires DSS to cover bariatric surgery and specified medical services for Medicaid and HUSKY B beneficiaries with obesity under certain circumstances. Services include federal Food

and Drug Administration (FDA)-approved prescription drugs for outpatient treatment of obesity and nutritional counseling from a registered dietician. The coverage requirement applies based on a patient's body mass index and comorbid diseases or conditions ([PA 23-94](#), effective July 1, 2023).

Medicaid Provider Rate Study

The legislature is requiring DSS, within available appropriations, to conduct a two-part study of Medicaid reimbursement rates. DSS must first examine physician specialist, dentist, and behavioral health provider rates and report to the Appropriations and Human Services committees by February 1, 2024. For the second part of the study, DSS must review the reimbursement system for all other aspects of the Medicaid program, including ambulance services, federally qualified health centers, specialty hospitals, complex nursing care, and methadone maintenance. That report is due to the same committees by January 1, 2025 ([PA 23-186](#), § 1, effective upon passage).

Repealed Requirements and Programs

The budget and implementer act repealed a requirement that DSS establish a child health quality improvement program to improve HUSKY Health service delivery and access. It also eliminated the Connecticut Medicare Assignment Program (ConnMAP), an effectively obsolete state program that limited the amount participating providers could bill Medicare Part B enrollees ([PA 23-204](#), § 443, effective upon passage).

Miscellaneous

Commission on Racial Equity in Public Health

Prior law established a 28-member Commission on Racial Equity in Public Health to document and make recommendations to decrease racism's effect on public health. A new law redesignates the commission's membership as an advisory body to the commission and reduces its membership from 28 to 15, primarily by removing as members the Public Health Committee chairpersons and various state officials. The advisory body's chairpersons must schedule the group's first meeting, to be held within 60 days after the act's passage ([PA 23-204](#), §§ 188-190, effective upon passage).

Consumer Health Data Privacy

New legislation sets standards on accessing and sharing consumer health data by certain private entities that do business in Connecticut. Among other things, it generally prohibits them from (1) selling this data without the consumer's consent or (2) using a geofence to create a virtual boundary near mental health or reproductive or sexual health facilities to collect consumer health data. It also places various specific limitations on "consumer health data controllers" (i.e., people or entities that determine the purposes and means of processing consumer health data) by

incorporating various provisions on consumer health data controllers into the existing law on consumer data privacy and online monitoring ([PA 23-56](#), §§ 1-6, as amended by [PA 23-204](#), §§ 207-208 & 450, most provisions effective October 1, 2023).

Declaring Homelessness a Public Health Crisis

A new law declares homelessness a public health crisis in Connecticut that will continue until the right of homeless individuals to receive emergency medical care, as guaranteed by the homeless person's bill of rights, is adequately safeguarded and protected ([PA 23-195](#), § 16, effective upon passage).

DPH Pandemic Preparedness Report

New legislation requires the public health commissioner, by January 1, 2024, and annually after that, to report to the Appropriations Committee on the state's pandemic preparedness ([PA 23-204](#), § 62, effective July 1, 2023).

Mental Health Wellness Day Through Sick Leave

Existing law allows service workers to use paid sick leave for their, or their spouse's or child's (1) illness, injury, or health condition; (2) medical diagnosis, care, or treatment of a physical or mental illness, injury, or health condition; or (3) preventative care. A new law requires employers to allow service workers to use accrued paid sick leave to take a mental health wellness day to attend to their emotional or psychological well-being. It applies to specified service worker occupations covered by existing law (e.g., certain food, health care, hospitality, retail, and sanitation industry workers) ([PA 23-101](#), §§ 7 & 8, effective October 1, 2023).

Nursing

APRN Licensure by Endorsement and Independent Practice

New legislation allows for licensure by endorsement for APRNs who have (1) practiced for at least three years in another state with practice requirements that are substantially similar to, or higher than, Connecticut's and (2) no disciplinary history or unresolved complaints pending.

Under certain conditions, it correspondingly allows these APRNs to count their prior out-of-state practice toward the existing requirement of three years' practice in collaboration with a physician before practicing independently ([PA 23-97](#), §§ 19 & 20, effective October 1, 2023).

Hospital Nurse Staffing Plans and DPH Enforcement

By law, hospitals must report on their prospective nurse staffing plans to DPH along with a written certification that the plan is sufficient to provide adequate and appropriate patient health care services in the ensuing hospital licensure period. A new law modifies requirements for these plans by (1) requiring hospitals to report to DPH biannually, instead of annually; (2) requiring hospitals to post their plans on each patient care unit; and (3) expanding their required contents to include, among other things, the number of times the hospital was non-compliant since the last plan was submitted and direct care RN staff retention, recruitment, and turnover metrics.

This new law also requires each hospital, by October 1, 2024, and biannually after that, to report to DPH on whether it has complied in the past six months with at least 80% of the nurse staffing assignments in its staffing plan. The act requires DPH, when appropriate, to issue orders of noncompliance that require hospitals to implement corrective action plans and pay civil penalties. It also allows DPH to order an audit of a hospital's nurse staffing assignments for each unit set in its nurse staffing plan, which the hospital must pay for ([PA 23-204](#), § 54, effective October 1, 2023).

Hospital Staffing Committees

Existing law requires hospitals to establish a hospital staffing committee to help prepare its annual nurse staffing plan, and whose membership must comprise at least 50% direct care RNs the hospital employs. New legislation modifies the composition and selection of the committee by requiring:

1. direct care RNs to be an odd number and one more than the total number of non-direct care RNs on the committee membership;
2. each committee to include broad representation across hospital services;
3. collective bargaining units to select its direct care RNs members who will account for at least 50% of the committee membership; and
4. the hospital's direct care RNs to choose the process to select committee members who are not part of a collective bargaining unit.

The act also establishes criteria the committees must consider when developing hospital nurse staffing plans and sets related notification, recordkeeping, and compensation requirements ([PA 23-204](#), § 54, effective October 1, 2023).

LPN Education Pilot Program

A new law allows public and independent higher education institutions, by January 30, 2024, to apply to the State Board of Examiners for Nursing to create a pilot program offering licensed practical nursing (LPN) education and training, as long as the institutions meet specified eligibility requirements. If the program is approved and meets certain requirements for at least two years, it is deemed fully approved ([PA 23-97](#), § 22, effective upon passage).

Mandatory Nurse Overtime in Hospitals

Similar to prior law, new legislation prohibits hospitals from requiring nurses to work overtime and from discriminating or retaliating against them for refusing to do so. The prohibition does not apply in limited situations (e.g., during a public health emergency or when a nurse is participating in an ongoing surgical procedure) when patient safety requires it and there is no reasonable alternative. In these situations, hospitals must make a good faith effort to cover overtime hours voluntarily before mandating nurses to work them. It also prohibits them, as a regular practice, from mandating overtime in order to provide necessary staffing levels for patient care or address situations resulting from routine staffing needs (e.g., vacation or sick leave).

Under the act, these provisions cannot (1) be construed to alter or impair a collective bargaining agreement's terms that place additional mandatory overtime restrictions or limitations or (2) prohibit mandatory overtime for nurses covered by collective bargaining agreements that address mandatory overtime that are in effect prior to October 1, 2023, or for state employees, in effect prior to June 1, 2027 ([PA 23-204](#), § 55, effective October 1, 2023).

Nurse Participation in Hospital Activities

A new law prohibits hospitals from requiring RNs to perform patient care tasks beyond the scope of their license. With limited exceptions, it allows an RN to object to performing any task if they lack the education, training, or experience to participate without compromising patient safety.

The act prohibits a hospital from taking any adverse action (e.g., discharge or retaliation) against an RN or any aspect of the RN's employment for (1) objecting or refusing to participate; (2) participating in a hospital staffing committee; or (3) raising concerns about unsafe staffing or workplace violence, racism, or bullying. It also creates a process for RNs to notify the hospital of their objection or refusal to participate or file a related complaint with the hospital's nurse staffing committee ([PA 23-204](#), § 54, effective October 1, 2023).

Nursing Student Clinical Placement Task Force

New legislation creates an 11-member task force to develop a plan to establish clinical placements at state facilities for nursing students at public and private higher education institutions. In developing the plan, the task force must examine, among other things, (1) the types of state facilities that can accommodate these clinical placements, including state correctional facilities and facilities operated by DMHAS, DCF, and DDS and (2) the number and type of clinical placements that may be established at each state facility.

The task force must report its findings and recommendations to the Higher Education and Employment Advancement Committee by January 1, 2024 ([PA 23-70](#), § 1, effective upon passage).

School Nurses and Nurse Practitioners

A new law exempts nurses and nurse practitioners who are appointed or contracted by boards of education from having at least one year of full-time work experience in the five years immediately before assuming their school position. By law, this exemption supersedes state regulations that currently require this work experience. The act further requires employing boards of education to give at least 15 hours of professional development biennially to school nurses and nurse practitioners beginning in the 2024-25 school year ([PA 23-167](#), §§ 34 & 35, effective July 1, 2023).

Opioid and Other Substance Use Disorders

Drug Use Harm Reduction Centers

A new law requires DMHAS, by July 1, 2027, to create a pilot program consisting of harm reduction centers where people with substance use disorder can access counseling, fentanyl and xylazine test strips, and various other services. These centers must be established in three municipalities the DMHAS commissioner chooses, subject to their chief elected officials' approval, and in consultation with DPH. The centers are not subject to DPH regulation until after the pilot program ends and are exempt from the requirement to obtain CON approval from OHS. The centers must employ licensed providers with experience treating people with substance use disorders ([PA 23-97](#), §§ 3 & 4, effective upon passage).

EMS Provision of Opioid Antagonist Kits

Under new legislation, EMS personnel must give kits with opioid antagonists and a related one-page fact sheet to certain patients (such as those showing symptoms of opioid use disorder) or their family members, caregivers, or friends. The act (1) allows EMS organizations to obtain opioid antagonists from pharmacists to distribute through the program; (2) creates a related account to

provide this medication to eligible entities, including EMS organizations; and (3) requires EMS personnel to document certain information about the kits they distribute ([PA 23-97](#), § 5, effective October 1, 2023).

Encouragement to Obtain Opioid Antagonists

A new law requires prescribing practitioners, when prescribing an opioid, to encourage the patient to obtain an opioid antagonist. If the patient is a minor, the prescriber must also encourage the patient's custodial parent, guardian, or other person with legal custody to obtain an opioid antagonist, if they are present when the prescription is being issued ([PA 23-97](#), § 6, effective October 1, 2023).

Evaluations and Reports Related to Parenting and Substance Use Disorder

New legislation requires DCF, DMHAS, and DSS to evaluate or report on various supports, programs, and related issues for parents, other child caregivers, and pregnant people with substance use disorder. For example, it requires them to (1) evaluate substance use disorder programs for people who are child caregivers and related treatment barriers, and make a plan to establish and implement treatment programs with specified components; and (2) report on access for parents involved with DCF, when applicable, to appropriate substance use disorder treatment in the state to prevent children's removal from their parents when possible and support reunification when removal is necessary ([PA 23-97](#), §§ 29-34, effective upon passage).

Expanding Opioid Antagonist Access Through New Means of Distribution

A new law allows prescribing practitioners and pharmacists to enter into agreements with community health organizations, emergency medical service providers, government agencies, law enforcement agencies, local and regional boards of education, and syringe services programs to distribute opioid antagonists through secured boxes or machines or vending machines. The new law specifies how these boxes and machines must be operated and maintained and provides liability protection to prescribing practitioners and pharmacists who enter into agreements to supply opioid antagonists through these means ([PA 23-52](#), § 12, effective upon passage).

Municipal Opioid Settlement Funds

Legislation enacted this session requires municipalities that receive opioid settlement funds directly from a settlement administrator to report to the state's Opioid Settlement Advisory Committee on their expenditures for the prior year on a form the committee prescribes. Under the

act, municipalities must report by October 1, 2023, and annually afterwards, until they spend all their settlement funds. Additionally, the committee must publish the reports it receives on its website ([PA 23-92](#), §§ 2 & 3, effective July 1, 2023).

Opioid Antagonist Bulk Purchase Fund

A new law creates an Opioid Antagonist Bulk Purchase Fund as a separate, nonlapsing General Fund account. Starting by January 1, 2024, DMHAS, in collaboration with DPH, must use the account's funds to provide opioid antagonists to municipalities, EMS organizations, and other eligible entities and for EMS personnel to provide this medication to certain members of the public. The DMHAS commissioner, within available appropriations, may contract with a drug wholesaler or distributor to purchase and distribute opioid antagonists in bulk to eligible entities through the program ([PA 23-97](#), § 5, effective October 1, 2023).

Opioid Settlement Fund Advisory Committee Membership

New legislation increases, from 37 to 45, the membership of the Opioid Settlement Fund Advisory Committee. It does so by (1) increasing the number of governor-appointed municipal representatives from 17 to 21; (2) adding two members with experience supporting infants and children affected by the opioid crisis, appointed by the DMHAS commissioner; and (3) adding the Public Health Committee chairpersons or their designees (the designees must have experience living with a substance use disorder or have a family member with such a disorder) ([PA 23-97](#), § 35, effective July 1, 2023).

Sales and Use Tax Exemption for Nonprescription Opioid Antagonists

This session, the legislature added nonprescription opioid antagonists to the list of nonprescription drugs that are exempt from the state sales and use tax. The FDA recently approved a four-milligram naloxone hydrochloride nasal spray for over-the-counter, nonprescription use ([PA 23-204](#), § 380, effective July 1, 2023, and applicable to sales made on or after that date).

Pharmacy and Prescription Drugs

340B Drug Pricing Program

The federal 340B Drug Pricing Program requires drug manufacturers participating in Medicaid to sell certain outpatient prescription drugs at discounted prices to health care organizations that care for uninsured and low-income patients. Starting January 1, 2024, a new law prohibits certain provisions in contracts between 340B covered entities (including pharmacies under contract with them) and pharmacy benefit managers (PBMs) (including PBM subsidiaries). For example, it prohibits these contracts from providing lower reimbursement rates for prescription drugs than the

rate paid to pharmacies that are not 340B covered entities. The act also prohibits PBMs from (1) considering whether an entity is a 340B covered entity when determining reimbursement rates, except to the extent allowed by law; and (2) retaliating against a 340B covered entity because it exercises a right or remedy under these provisions.

Additionally, the act requires the DSS commissioner to convene a working group to evaluate various issues related to the 340B program. By January 1, 2024, the commissioner must report on the group's findings and recommendations to the Human Services, Insurance and Real Estate, and Public Health committees ([PA 23-171](#), §§ 15 & 16, effective October 1, 2023, except upon passage for the working group provisions).

Controlled Substance Labeling Requirement

Beginning January 1, 2024, new legislation requires pharmacies to affix a fluorescent orange sticker or label with black ink that says "DANGER TO CHILDREN KEEP OUT OF REACH" on any container or packaging in which an opioid drug or schedule II, III, IV, or V controlled substance is sold or dispensed. It also requires the DCP commissioner to adopt regulations and implement policies and procedures to provide guidance to pharmacies in implementing the new law ([PA 23-100](#), § 1, effective upon passage).

Drug Discount Card Program and Centralized Drug Purchase Feasibility Study

A new law requires the state comptroller to establish a Drug Discount Card Program for state residents. As part of the program, he may join with other states or a regional consortium to pool prescription drug purchasing power to, among other things, lower prescription drug costs.

The act also requires the comptroller to study the feasibility of centralizing statewide contracts to consolidate drug purchasing by state agencies, state hospitals, state-operated local mental health authorities, and other public entities, as necessary. By November 1, 2023, these entities that procure the drugs must provide the comptroller with information on the drug types, amount, and cost. By February 1, 2024, the comptroller must submit the study's findings to the governor and legislature ([PA 23-171](#), § 1, effective October 1, 2023).

Drugs With Substantial Costs to the State

Existing law requires OHS, in consultation with the comptroller and the DPH and DSS commissioners, to annually identify up to 10 outpatient prescription drugs that are provided at substantial state cost (considering their net cost) or critical to public health. Manufacturers of identified drugs must then give certain cost-related information to OHS.

A new law allows a wider range of drugs to be included on this list by lowering the minimum required cost increase and total cost that qualifies them for inclusion. It also (1) requires the OHS executive director, before publishing the annual list, to prepare a preliminary list and (2) gives manufacturers the opportunity, following a public comment period, to show that a drug does not meet inclusion criteria ([PA 23-171](#), § 8, effective October 1, 2023).

Expanded Scope of Practice for Pharmacists and Technicians

New legislation expands pharmacists' scope of practice by authorizing them, under certain conditions, to (1) administer additional vaccines and epinephrine cartridge injectors; (2) order and administer COVID-19, HIV, and influenza related tests; and (3) prescribe HIV-related prophylaxis if an HIV test they ordered and administered comes back negative. It also allows pharmacy technicians meeting certain criteria to administer the same vaccines as pharmacists ([PA 23-19](#), §§ 2 & 5, July 1, 2023).

Generic Drug Outreach Program Report

A new law requires the DCP commissioner to report to the Public Health Committee on recommendations for a framework to establish an outreach and education program to inform physicians when drug patents will expire and whether generic alternatives exist for drugs with recently expired patents. The commissioner must report by January 1, 2025, and in consultation with UConn's School of Pharmacy ([PA 23-171](#), § 2, effective upon passage).

Health Care Institutional Pharmacies' Sterile Compounding

New legislation establishes a process to allow institutional pharmacies located in licensed health care facilities ("health care institutional pharmacies") to compound sterile pharmaceuticals for retail sale and subjects them to the same requirements that apply to other retail pharmacies compounding sterile pharmaceuticals. Previously, these health care institutional pharmacies (1) were generally not licensed as pharmacies and (2) did not compound sterile pharmaceuticals for retail sale ([PA 23-19](#), §§ 1 & 6-16, effective July 1, 2023).

HIV Prophylaxis Drug Assistance Program

A new law requires DPH to establish and contract for a statewide program providing HIV pre- and post-exposure prophylaxis (PrEP and PEP) drug assistance, as long as there is at least \$25,000 of annual AIDS service funding for it. The new program must give financial assistance to people at risk of acquiring HIV to help pay for these medications. This program replaces a current, narrower program providing \$25,000 in annual PEP funding for certain under- or uninsured sexual assault victims ([PA 23-19](#), § 17, effective upon passage).

Medical Marijuana Certification Via Telehealth

New legislation indefinitely allows physicians, APRNs, and physician assistants to certify a qualifying patient's use of medical marijuana and provide follow-up care using telehealth if they comply with other statutory certification and recordkeeping requirements. Existing law only allowed these providers to do this through June 30, 2024 ([PA 23-52](#), § 13, effective upon passage).

Medication Sales Via Vending Machines

A new law allows businesses to operate vending machines selling over-the-counter medications like acetaminophen and ibuprofen and certain drug testing strips if they get a DCP-nonlegend drug permit. The act establishes requirements related to operating these vending machines, including that products be properly packaged and stored in conditions meeting the manufacturers' specifications ([PA 23-52](#), § 6, effective upon passage).

Mobile Pharmacies

New legislation allows retail pharmacies to apply to DCP for permission to operate a mobile pharmacy that (1) conducts temporary pharmacy operations, vaccination events, or opioid antagonist training and prescribing events or (2) offers pharmacy services to an underserved community. It requires pharmacies to obtain prior approval from DCP in order for their mobile pharmacies to (1) operate in one place for more than seven consecutive days; (2) operate for more than 14 days within a five-mile radius of the prior mobile pharmacy location; or (3) serve as an overnight storage space for drugs ([PA 23-19](#), § 3, effective July 1, 2023).

Participation by Pharmacists and Interns in HAVEN's Assistance Program

A new law makes pharmacists and pharmacy interns eligible for the professional assistance program for health professionals (the Health Assistance InterVention Education Network (HAVEN)). By law, the program is an alternative, voluntary, and confidential rehabilitation program that provides various services to health professionals with a chemical dependency, emotional or behavioral disorder, or physical or mental illness ([PA 23-204](#), §§ 251-259, most provisions effective October 1, 2023).

Pharmaceutical Representatives and Manufacturers

Under new legislation, pharmaceutical manufacturers that employ pharmaceutical sales representatives must annually (1) register with DCP as "pharmaceutical marketing firms" and (2) give DCP a list of their sales representatives (in addition to more frequent updates for changes to the list). Under the act, anyone not on a firm's list is prohibited from acting as a pharmaceutical

sales representative on the firm's behalf for any prescriber. The firms also must report specified information regarding their sales representatives for DCP to analyze and compile into annual public reports.

Additionally, pharmaceutical representatives who are marketing legend drugs in Connecticut must disclose certain written information to prescribers and pharmacists at the time of each contact with them. The DCP commissioner may take specified disciplinary actions against firms for violations of the act's provisions ([PA 23-171](#), §§ 3-6, effective October 1, 2023).

Pharmacists' Authority to Dispense Legend Devices

A new law authorizes pharmacists to refill a prescription for a legend device if the device is approved by the FDA for combined use with a drug that a prescribing practitioner prescribes to a patient. A pharmacist who does so must identify the prescribing practitioner who prescribed the drug associated with the legend device and notify that practitioner in writing, within 72 hours of the dispensing, disclosing that the pharmacist dispensed the legend device to the patient ([PA 23-52](#), § 2, effective upon passage).

Pharmacy Benefit Managers Study

New legislation requires OHS, in consultation with the Insurance Department, to report on PBMs' prescription drug distribution practices in Connecticut and other states and make recommendations to (1) reduce consumers' prescription drug costs and (2) regulate in-state PBMs. OHS must report to the Insurance and Real Estate Committee by January 1, 2025 ([PA 23-171](#), § 7, effective upon passage).

Prescription Pickup Lockers

A new law requires DCP to adopt regulations on placing a "secured container" at a pharmacy that allows patients to collect dispensed prescriptions. Before adopting the regulations, DCP may temporarily allow the use of prescription pickup lockers meeting the new law's requirements, which include requirements that they are affixed to a building and under constant video surveillance ([PA 23-19](#), § 4, effective July 1, 2023).

Registration for Dispensing Group Practices and Assistants

New legislation establishes a new DCP registration for dispensing group practices and dispensing assistants that dispense prescriptions directly to patients instead of through pharmacies. Among other things, the act requires dispensing group practices that dispense, or propose to dispense, more than a 72-hour supply of a legend drug or device to (1) register for access to the state's

electronic prescription drug monitoring program and (2) comply with the program's reporting and usage requirements ([PA 23-52](#), § 1, effective January 1, 2024).

Unscheduled Pharmacy Closures

A new law creates rules for pharmacies when they face an unscheduled closure, including those on customer and prescriber notification and planning requirements. Under the new law, if a pharmacy verifies that another pharmacy is experiencing an unscheduled closing, it may, on a patient's request, dispense a prescription that is dispensed and waiting for pickup at the closed pharmacy ([PA 23-19](#), § 4, effective July 1, 2023).

Reproductive Health

Assisted Reproductive Technology and Assisted Reproduction

New legislation provides various protections for assisted reproductive technology and assisted reproduction. For example, it prohibits anyone from barring or unreasonably limiting (1) anyone from accessing this technology or assisted reproduction or (2) authorized providers from performing these procedures ([PA 23-97](#), § 1, effective upon passage).

Endometriosis Research

A new law requires UConn Health Center (UCHC), by January 1, 2024, to develop an endometriosis data and biorepository program to enable and promote research on (1) early detection of endometriosis in adolescents and adults and (2) the development of therapeutic strategies to improve clinical management of the condition. It must do this in collaboration with an independent, nonprofit biomedical research institution in Connecticut that is engaged in endometriosis research with UCHC.

Under the act, UCHC must annually report on the program's implementation to the Public Health Committee, starting by January 1, 2025 ([PA 23-67](#) and [PA 23-204](#), § 137, both effective July 1, 2023).

Medicaid Coverage for Long-Acting Reversible Contraceptives

New legislation requires the DSS commissioner to adjust Medicaid reimbursement criteria to cover same-day access to long-acting reversible contraceptives (i.e., those that do not have to be used more than once per menstrual cycle or per month) at federally qualified health centers. In doing so, the act conforms to current DSS policy ([PA 23-97](#), § 2, effective July 1, 2023).

Pharmacies Not Stocking Abortion Medications

A new law requires a pharmacist employed by a pharmacy approved to dispense medication to terminate a pregnancy, to provide a patient seeking the medication a list of the nearest pharmacies that dispense the medication if the pharmacy does not have a supply of it ([PA 23-52](#), § 4, effective upon passage).

Pharmacists' Authority to Prescribe Emergency and Hormonal Contraception

New legislation authorizes pharmacists to prescribe, in good faith, emergency or hormonal contraception to a patient, if the pharmacist has completed a training that addresses specified topics and complies with other requirements related to screening the patient and counseling them on side effects ([PA 23-52](#), § 3, effective upon passage).

Protections From Discipline for Participation in Reproductive Health Care Services

A new law generally prevents health care providers from being disciplined or adversely affected by Connecticut licensing agencies, institutional employers, and professional liability insurers due to other states' disciplinary actions for the provider's participation (or alleged participation) in reproductive health care services. It similarly limits when these employers or insurers can take adverse actions not involving other states' discipline based on these services. Specifically, this applies to the providing or receiving of reproductive health care services; assistance in doing so; material support for these services; or any theory of vicarious, joint, several, or conspiracy liability arising from them, that (1) are allowed under Connecticut law and (2) were provided under the applicable standard of care ([PA 23-128](#), effective upon passage).

Another new law specifies that a pharmacist currently or previously licensed in another state or jurisdiction cannot be subject to automatic reciprocal discipline in Connecticut for any disciplinary action taken in another state or jurisdiction if it was based solely on terminating a pregnancy under conditions that do not violate Connecticut law ([PA 23-52](#), § 4, effective upon passage).

Additional legislation enacted this session also automatically rescinds an automatic reciprocal discipline against a pharmacist or health care professional currently or previously licensed in another state or jurisdiction if the discipline in that location was based solely on terminating a pregnancy under conditions that would not violate Connecticut law or regulation ([PA 23-31](#), § 18, effective July 1, 2023).

Tobacco and E-Cigarettes

Lung Cancer Early Detection and Treatment Referral Program

A new law establishes, within available appropriations, a DPH Lung Cancer Early Detection and Treatment Referral Program to (1) promote lung cancer screening, detection, and treatment to people ages 50 to 80, prioritizing high-risk populations and (2) provide public education, counseling, and treatment referrals.

It also requires DPH, within existing appropriations and through contracts with health care providers, to provide lung cancer screening and referral services to people ages 50 to 80, giving priority to populations who exhibit higher lung cancer rates than the general population ([PA 23-204](#), § 164, effective October 1, 2023).

Tobacco and Health Trust Fund

New legislation makes various changes affecting the Tobacco and Health Trust Fund, such as (1) updating its statutory purposes for fund disbursements; (2) requiring that funding be directed to programs that use evidence-based best practices for various objectives; and (3) requiring the fund's board, in recommending annual fund disbursements, to give priority to comprehensive tobacco and nicotine control programs for specified purposes ([PA 23-92](#), § 4, effective July 1, 2023).

Tobacco Product Manufacturers

A new law makes several changes to the state's tobacco settlement law requirements for tobacco product manufacturers, such as (1) allowing nonparticipating manufacturers or their transferees to irrevocably assign their interest in qualified escrow funds to the state; (2) requiring these assigned funds to be deposited into the Tobacco and Health Trust Fund; and (3) requiring nonparticipating manufacturers that maintain a qualified escrow fund to designate an agent for service of process ([PA 23-92](#), §§ 5 & 6, effective October 1, 2023).

Tobacco Settlement Fund Disbursements

Starting in FY 24, new legislation changes annual disbursements from the Tobacco Settlement Fund by requiring the amount of JUUL settlement funds the state received the prior fiscal year to be disbursed to DMHAS to distribute to the state's five regional behavioral health action organizations (RBHAOs) for programs that support the abatement, mitigation, cessation, reduction, or prevention of nicotine or nicotine-synthetic product use by residents under age 21.

Starting by September 1, 2024, the DMHAS commissioner must annually report to the Tobacco and Health Trust Fund board on how the settlement funds disbursed the prior fiscal year were distributed and how each RBHAO spent the funds for the purposes described above ([PA 23-92](#), § 1, effective July 1, 2023).

Veterinary Medicine and Animal Control

Animal Population Control Program

A new law requires the Department of Agriculture (DoAg) commissioner to update the reimbursement rate paid to veterinarians participating in the Animal Population Control Program on a biennial basis. By law, the rate must be up to 75% of the market rate or fee charged by veterinarians in Connecticut at the time of the update. Prior law required him to update the rate as of October 31, 2021 ([PA 23-17](#), § 11, effective upon passage).

Imported Cats and Dogs

New legislation requires veterinarians who issue health certificates for imported cats and dogs to be accredited by the U.S. Department of Agriculture (USDA). By law, cats and dogs imported into the state must come with a health certificate stating that they are free of any infectious, contagious, or communicable disease and, for any over three months old, vaccinated for rabies ([PA 23-17](#), § 7, effective July 1, 2023).

Rabies

Under a new law, animal control officers, diagnostic labs, local health directors, and veterinarians must report suspected or confirmed rabies cases to the state veterinarian, rather than the agriculture commissioner as under prior law, within 24 hours.

Additionally, under prior law, any quarantined animal that was clinically diagnosed as rabid by two veterinarians, including one in private practice, had to be humanely euthanized. The new law instead requires one veterinarian, or the state veterinarian, to make the diagnosis before euthanizing the animal. It also requires the DPH laboratory, or a DPH-authorized lab, to examine the euthanized animal for rabies. The veterinarian performing the euthanasia must make sure that the animal's head is brought to the appropriate lab for examination within 48 hours after the animal is euthanized ([PA 23-17](#), § 8, effective upon passage).

Regulating Livestock

New legislation revises the state's livestock statutes to reflect changes over time from the USDA. It updates compensation and quarantine requirements for condemned livestock and public health

responsibilities regarding reportable diseases. The act also has various provisions impacting veterinarians, including generally requiring those involved with livestock to be licensed and accredited. An “accredited veterinarian” is a veterinarian approved under category II of the USDA’s National Veterinary Accreditation Program and by the state animal health official of the state that licenses the veterinarian to practice.

Among other things, the act allows the DoAg commissioner to require and provide for the testing and control of tuberculosis and brucellosis in any livestock. Testing is generally restricted to the state veterinarian, veterinarians the federal government employs, and Connecticut-licensed accredited veterinarians. The act also requires all livestock brought into the state to be accompanied by a livestock importation permit obtained from the DoAg commissioner as well as a certificate of veterinary inspection signed by an accredited veterinarian.

Additionally, the act requires laboratories and veterinarians that do testing on livestock or poultry to notify the state veterinarian of any positive test results for notifiable or reportable diseases within 24 hours after getting the test results. Anyone who violates this requirement is subject to an administrative civil penalty of up to \$500 for a first violation and up to \$1,000 for a second or subsequent violation ([PA 23-187](#), effective upon passage).

Veterinarians’ Mandatory Reporting

A new law requires a licensed veterinarian, who in the course of his or her employment has reasonable cause to suspect that an animal is being or has been harmed, neglected, or treated cruelly due to participating in an animal fighting exhibition for amusement or gain, to report it to the local law enforcement agency or animal control officer. The new law also gives the veterinarian immunity from civil liability for making the report ([PA 23-149](#), § 6, effective October 1, 2023).

Workforce Development and Retention

CHESLA Loan Subsidy Program for Specified Health Care Professionals

This session, the legislature passed a law requiring the Connecticut Higher Education Supplemental Loan Authority (CHESLA) to establish a Nursing, Mental Health Care and EMS Professionals Loan Subsidy Program to subsidize interest rates on CHESLA refinancing loans to certain DPH-licensed or -certified nurses, nurse’s aides, psychologists, marital and family therapists, clinical and master social workers, professional counselors, and EMS professionals ([PA 23-60](#), as amended by [PA 23-70](#), §§ 7 & 8, both effective July 1, 2023).

Clinical Rotation Credit Reciprocity Agreements

A new law allows the Office of Higher Education (OHE) to enter into a reciprocity agreement with one or more neighboring states regarding clinical training credit at higher education institutions. Under the agreement, the other state could allow students attending a higher education institution in that state to train in a clinical rotation for credit in Connecticut, as long as that state also allows a student attending a Connecticut higher education institution to train in a clinical rotation for credit in the other state ([PA 23-97](#), § 23, effective upon passage).

Emergency Department Crowding Working Group

Under new legislation, the DPH commissioner must convene a working group to advise her on how to alleviate emergency department crowding and the lack of available emergency department beds in the state. The group must report its findings and recommendations by January 1, 2024, and by January 1, 2025, to the DPH commissioner and Public Health Committee ([PA 23-97](#), § 27, effective upon passage).

Health Care Career Promotion

Existing law required the state's chief workforce officer, in consultation with various stakeholders, to develop a plan to work with high schools in the state to encourage students to pursue high demand health care professions. A new law requires the education commissioner, in collaboration with the chief workforce officer, to use this plan in (1) promoting health care professions as career options to middle and high school students (e.g., through career day presentations and counseling programs) and (2) health care job shadowing and internship experiences for high school students. By September 1, 2023, the education commissioner must (1) provide the plan to each local and regional school board and (2) through the governor's Workforce Council Education Committee, support the plan's implementation ([PA 23-97](#), § 7, effective July 1, 2023).

Health Care Magnet School Program Study

Under new legislation, the education commissioner, in consultation with the labor and public health commissioners, must study the feasibility of creating an interdistrict magnet school program to educate and train students interested in health care professions. This must include pathways for students to (1) graduate with a certification, license, or registration allowing them to practice in a health care field and (2) complete a curriculum designed to prepare them for pre-medicine or nursing higher education programs. The education commissioner must report on the study to the Public Health Committee by February 1, 2024 ([PA 23-97](#), § 38, effective upon passage).

Health Care Provider Adjunct Faculty and Incentive Grants

Starting January 1, 2024, new laws require public higher education institutions to consider any licensed health care provider with at least 10 years of clinical experience to be qualified for an adjunct faculty position and give them the same consideration as other qualified applicants. Correspondingly, OHE, by January 1, 2024, and within available appropriations, must establish a program providing incentive grants to these providers who become adjunct professors under these provisions. Providers are eligible for a \$20,000 grant after one academic year and a second \$20,000 grant after two academic years ([PA 23-97](#), §§ 9 & 10 and [PA 23-204](#), §§ 132 & 133, both effective July 1, 2023).

Health Care Workforce Working Group

Under new legislation, the Office of Workforce Strategy (OWS) must convene a working group to develop recommendations for expanding the health care workforce in the state. By January 1, 2024, the group must submit a report to the Public Health and Higher Education and Employment Advancement committees, which must include a five- and 10-year plan to increase this workforce ([PA 23-97](#), § 8, effective upon passage).

Human Services Career Pipeline Program

A new law requires OWS, in consultation with various officials and entities, to establish a Human Services Career Pipeline Program to ensure there is a sufficient human services workforce to serve the needs of residents who are elderly or have intellectual or developmental disabilities, physical disabilities, cognitive impairment, or mental illness. The program must include (1) training and certification for CPR, first aid, and medication administration and (2) job placement and retention incentives in the human services job sector after completing the program.

Additionally, the law requires OWS to consult with the labor commissioner and develop a plan for the program that includes (1) a strategy to increase the number of people pursuing human services careers; (2) recommended salary and working conditions needed to retain enough human services providers to serve state residents; and (3) the program's estimated funding needs ([PA 23-137](#), § 11, effective July 1, 2023).

Personal Care Attendant Career Pathways Program

New legislation requires DSS, by January 1, 2024, to establish a personal care attendant (PCA) career pathways program, including both basic skills and specialized skills pathways, to improve PCAs' quality of care and incentivize their recruitment and retention in the state. The commissioner must (1) develop or identify the training curriculum for each pathway in consultation with a

hospital's or health care organization's labor management committee and (2) report on the program by January 1, 2025, to the Human Services and Public Health committees ([PA 23-97](#), § 11, effective July 1, 2023).

Provider Shortage Task Force

A new law creates a six-member task force to create a plan addressing the state's shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners. The task force must report its findings and recommendations to the Public Health Committee by January 1, 2024 ([PA 23-97](#), § 44, effective upon passage).

Rural Health Task Force

New legislation creates a 13-member task force to study rural health, including (1) resources and services available to promote rural health and support health care providers in rural areas in the state and (2) ways to coordinate and streamline these resources and services. The task force must report its findings and recommendations to the Public Health Committee by January 1, 2024 ([PA 23-97](#), § 37, effective upon passage).

Student Loan Reimbursement and State Income Tax Deduction

A new law requires the OHE executive director, by January 1, 2025, to establish a program within available appropriations to annually reimburse eligible residents for up to \$5,000 of their student loan payments per year, for up to four years. Health professionals, among others, are eligible. For each year they participate in the program, individuals must volunteer at a nonprofit for at least 50 unpaid hours (military service or serving on a nonprofit's board of directors may fulfill this requirement) ([PA 23-204](#), § 174, effective July 1, 2024).

The act also authorizes a personal income tax deduction for any student loan reimbursement payment received under the program ([PA 23-204](#), § 175, effective January 1, 2024 and applicable to tax years starting on or after that date).

Task Force on Shortage of Firefighters and EMS Personnel

New legislation creates a 13-member task force charged with studying the shortage of firefighters and EMS personnel in Connecticut. The task force must report its findings and recommendations to the Public Safety and Security Committee by January 1, 2024 ([SA 23-1](#), effective upon passage).

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