



End-of-Session Report for CT Nurses' Association

Prepared by Lori Samele-Bates

The 2022 session of the Connecticut General Assembly concluded on Wednesday, May 4, 2022 with its traditional midnight sine die. This was the first “in-person” session since the pandemic began. The session was a hybrid in terms of meetings and access to the building. All public hearings remained virtual through ZOOM and legislative committee YouTube channels. Committee meetings were a mix of in person and virtual with committee clerks going above and beyond to ensure seamless meetings. The House of Representatives was open to the public while the Senate chamber, which is located on the third floor remained closed.

The overarching focus of the session was making adjustments to the state budget and zeroing in on issues brought to the forefront by the pandemic, including children’s mental health and juvenile justice and services. The legislature was able to pass Emergency Certified HB 5506 - An Act Adjusting the State Budget for the Biennium Ending June 30, 2023, Concerning Provisions Related to Revenue, School Construction and Other Items to Implement the State Budget and Authorizing and Adjusting Bonds of the State during the final week of the session.

The adjustments to the \$24 billion mid-term budget, which is fueled by a record \$4.8 billion surplus, include \$600 million in tax cuts comprised of: (1) a per-child tax credit of \$250 per child for up to 3 children in households with individuals earning up to \$100,000 or couples earning up to \$200,000. Families who qualify for the credit based on 2021 earnings will receive a payment this summer/fall; (2) a property tax credit of \$300 has been extended to all property owners, including those without children or seniors who lost the tax credit four years ago; (3) a reduction in the mill rate assessed on motor vehicles (from the state cap of 45 to 32.46 mills) will provide tax relief to 75 municipalities; (4); an additional \$42 million in savings will be realized for households earning less than \$58,000 by increasing the Earned Income Tax Credit from 30% to 41.5%; (5) exempting pension and annuity earnings from the income tax; and (6) an extension of the 25-cent gas tax holiday through December 1, 2022. The remaining balance of the surplus, approximately \$3.3 billion, will be used to make a supplemental payment against the State’s long term pension debt obligations.

In addition to tax relief, the budget includes a spending increase of 6.5% above the current spending amounts. The budget will provide \$223 million in funding toward children’s mental health services (in the form of additional childcare workers and social service resources); provide \$30 million in “hero pay” for essential workers (private sector employees) who worked throughout the

pandemic; and pay \$40 million toward the state's Unemployment Insurance Trust Fund. The Governor signed the budget document on May 9th.

While these issues generally dominated the conversation during the 2022 regular session, there were numerous bills of specific interest to the CT Nurses' Association. The summary that follows this page are the proposed bills that we have been tracking and working on your behalf. We have enjoyed working together with you to achieve the results that you expect from us. As always, if you have any questions or would like additional information, please do not hesitate to reach out.

BILLS PASSED DURING THE 2022 SESSION:

*Substitute House Bill No. 5001

Public Act No. 22-47

AN ACT CONCERNING CHILDREN'S MENTAL HEALTH

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00047-R00HB-05001-PA.PDF>

Children's mental health was a priority for the 2022 Legislature. The Public Health and Children's Committee held a joint public hearing on HB 5001 and SB 2. CNA testified in support of these important mental health bills with modifications and additions. CNA recommended increasing the knowledge and skills of the existing nursing workforce in schools and early childhood environments, increasing access to Psychiatric-Mental Health APRNs, as a strategy to address and facilitate the immediate and long-term mental and behavioral health needs of children.

See sections of interest below:

§ 1 — DPH PLAN FOR WAIVER OF LICENSURE REQUIREMENTS FOR CERTAIN PROVIDERS - Requires DPH, in consultation with DCF, to develop and implement a plan to waive licensure requirements for mental or behavioral health care providers licensed in other states (with priority given to children's providers).

Comment: It is important to note this does not circumvent nursing licensure requirements or in any way be considered a compact.

§ 2 — EXPEDITED LICENSURE FOR HEALTH CARE PROVIDERS - Expands an existing law on expedited licensure for health care providers licensed in other states by eliminating current provisions limiting it only to state residents or spouses of active-duty military members stationed in Connecticut.

Comment: This builds upon legislation from the 2021 legislative session to expedite the licensure of our state health professionals meeting current licensing requirements and in good standing.

§ 5 — TELEHEALTH SERVICES BY OUT-OF-STATE SOCIAL WORKERS - Allows out-of-state social workers, under certain conditions, to provide telehealth services to residents of other states while the residents are in Connecticut, until July 1, 2024.

§ 6 — NEED-BASED ASSISTANCE FOR MENTAL AND BEHAVIORAL HEALTH CARE LICENSURE APPLICANTS - Requires DPH, within available appropriations, to establish a need-based program that waives application and licensure fees for certain applicants who will provide children's mental or behavioral health services.

§ 8 — MOBILE PSYCHIATRIC SERVICES DATA REPOSITORY - Requires DCF to establish and administer a mobile psychiatric services data repository for personnel to share best practices and experiences and collect data on patient outcomes.

§ 25 — 9-8-8 SUICIDE PREVENTION AND MENTAL HEALTH CRISIS LIFELINE FUND - Establishes a 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund as a separate, non-lapsing General Fund account.

§ 33 — PEDIATRIC MENTAL HEALTH SCREENING TOOL - By January 1, 2023, requires DPH to develop or procure a screening tool to help pediatricians and emergency room physicians diagnose mental health, behavioral health, or substance use disorders in children. Tool is intended to be used annually.

§ 38 — CHILD AND ADOLESCENT PSYCHIATRIST GRANT PROGRAM - Requires DPH to establish a child and adolescent psychiatrist grant program, providing incentive grants to employers for recruiting, hiring, and retaining these psychiatrists.

§§ 41 & 42 — MENTAL HEALTH WELLNESS EXAMS - Requires certain health insurance policies to cover two mental health wellness examinations per year with no patient cost sharing or prior authorization requirements.

§§ 62-64 — INFORMATION ON CHILDREN'S MENTAL HEALTH AND DOMESTIC VIOLENCE - Sets new distribution requirements for the (1) DCF children's behavioral and mental health resources document and (2) judicial branch's Office of Victim Services (OVS) domestic violence victim resources document.

§ 70 — BEHAVIORAL AND MENTAL HEALTH POLICY AND OVERSIGHT COMMITTEE - Establishes a Behavioral and Mental Health Policy and Oversight Committee;

requires the committee to evaluate and report on various matters related to the mental health system for children and develop a related strategic plan

Summary:

Due to its volume, a link to the bill summary can be found at:

<https://cga.ct.gov/2022/BA/PDF/2022HB-05001-R01-BA.PDF>

***House Bill No. 5045**

Public Act No. 22-49

AN ACT REDUCING LEAD POISONING

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00049-R00HB-05045-PA.PDF>

CNA testified in support of this proposal before the Public Health Committee. The sources of lead poisoning (water pipes, old housing, and contaminated soil) are environmental/housing social determinants of health. The bill focuses on early identification of lead exposure and requires the DPH Commissioner to convene a working group on lead poisoning prevention and treatment.

Summary:

This bill brings the threshold for blood lead levels in individuals at which the Department of Public Health (DPH) and local health departments must take certain actions to align with new CDC guidance. Principally, it:

1. lowers, from 10 to 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$), the threshold at which licensed health care institutions and clinical laboratories must report lead poisoning cases to DPH and local health departments;
2. lowers, from 5 to 3.5 $\mu\text{g}/\text{dL}$, the threshold at which local health directors must inform parents or guardians about (a) a child's potential eligibility for the state's Birth-to-Three program and (b) lead poisoning dangers, ways to reduce risk, and lead abatement laws;
3. incrementally lowers, from 20 to 5 $\mu\text{g}/\text{dL}$, the threshold for local health departments to conduct epidemiological investigations of the source of a person's lead poisoning; and

4. incrementally lowers, from 20 to 5 µg/dL, the threshold at which local health directors must conduct on-site inspections and remediation for children with lead poisoning until December 31, 2024.

Additionally, the bill requires primary care providers to conduct annual lead testing for children ages 36 to 72 months whom DPH determines to be at higher risk of lead exposure based on certain factors.

It also requires the Department of Social Services (DSS) commissioner to seek federal approval to amend the state Medicaid plan to add services she deems necessary to address the health impacts of high childhood blood lead levels in Medicaid-eligible children.

Lastly, the bill requires the DPH commissioner to convene a working group to recommend necessary legislative changes on various lead poisoning prevention and treatment issues. The commissioner must report the working group's recommendations to the Appropriations, Education, and Public Health committees by December 1, 2022.

The bill also makes technical and conforming changes.

*House Amendment "A" adds the provision requiring the DPH commissioner to convene a working group on lead poisoning prevention and treatment.

EFFECTIVE DATE: January 1, 2023, except the lead poisoning prevention and treatment working group provision is effective upon passage.

*Substitute House Bill No. 5301

Public Act No. 22-101

AN ACT CONCERNING IN-STATE STUDENT STATUS OF VETERANS, A POSTSECONDARY PRISON EDUCATION PROGRAM OFFICE, THE ROBERTA B. WILLIS SCHOLARSHIP PROGRAM, FOOD INSECURE STUDENTS AND CHILD CARE CENTERS ON OR NEAR COLLEGE CAMPUSES

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00101-R00HB-05301-PA.PDF>

Summary:

This bill makes various changes in the laws governing workforce development and postsecondary education. Principally, it does the following:

1. entitles veterans living in Connecticut to in-state college tuition rates regardless of their state of residence (§ 1);
2. reduces the membership of the task force studying the costs and benefits of establishing a postsecondary prison education office (§ 2);
3. establishes a 10-member task force to recommend proposed changes to the Roberta B. Willis Scholarship program (§ 3);
4. establishes various requirements to assess and address student food insecurity at the state's public colleges and universities (§§ 4-7); and
5. requires the Office of Early Childhood (OEC) and the Board of Regents for Higher Education (BOR) to jointly develop a plan to increase the number of childcare facilities on or near each regional community technical college and state university campus (§ 8).

The bill also makes several technical changes.

EFFECTIVE DATE: July 1, 2022, except the provisions about the two task forces are effective upon passage.

*House Amendment "A" replaces the underlying bill language requiring BOR to study workforce development and postsecondary education issues in the state with the provisions summarized above.

*Substitute House Bill No. 5313

Public Act No. 22-57

AN ACT CONCERNING TEMPORARY NURSING SERVICES AGENCIES, REPORTING OF INVOLUNTARY TRANSFERS AND DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES, ELDER ABUSE TRAINING, LEGAL RIGHTS OF LONG-TERM CARE APPLICANTS AND A STUDY OF MANAGED RESIDENTIAL COMMUNITY ISSUES

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00057-R00HB-05313-PA.PDF>

CNA submitted a letter to the Aging Committee leadership in opposition to section 4 of the original bill which states the Commissioner of Social Services, and the Commissioner of Public Health shall “establish maximum rates a temporary nursing service agency may charge a nursing home facility in the state by type of nursing personnel provided by such agency.” CNA worked with 1199 to ensure that the nursing salary caps were removed from the bill. The final version eliminates the requirement that DSS set maximum rates for these agencies, instead requiring the department to study rates these agencies charge nursing homes.

Summary:

This bill makes various unrelated changes affecting long-term care facilities and services. Principally, it:

1. repeals current statutes on nursing pools and replaces them with provisions for “temporary nursing services agencies” with the same requirements (§§ 1-8 & 15);
2. requires the Department of Public Health (DPH) commissioner, by October 1, 2022, to establish an annual registration system for these agencies and authorizes her to charge an annual registration fee of up to \$750 (§ 1);
3. requires the Department of Social Services (DSS) commissioner to evaluate rates these agencies charge nursing homes and report her recommendations to the Aging, Human Services, and Public Health committees by October 1, 2023 (§ 4);
4. requires nursing homes and residential care homes (RCHs) to electronically report each involuntary discharge or transfer to the Long-Term Care Ombudsman and on a website, she maintains (§§ 9 & 10);

5. requires the Long-Term Care ombudsman to convene a working group to study specified issues involving managed residential communities (MRCs) that are not affiliated with continuing care retirement communities (§ 11);
6. generally, requires mandated elder abuse reporters to complete the DSS elder abuse training program, or another DSS-approved program, by December 31, 2022, or within 90 days after becoming a mandated elder abuse reporter (§§ 12 & 13); and
7. requires DSS to (a) develop an advisory for Medicaid long-term care and home care applicants on their right to seek legal assistance, (b) post the advisory on its website by July 1, 2022, and (c) include the advisory in its applications by September 1, 2023 (§ 14).

*House Amendment "A" replaces the original bill (File 132). It primarily (1) allows, rather than requires, DPH to adopt regulations on temporary nursing services agencies; (2) eliminates the requirement that DSS set maximum rates for these agencies, instead requiring the department to study rates these agencies charge nursing homes; and (3) adds provisions on electronic reporting of nursing home and RCH involuntary transfers, the MRC working group, mandated elder abuse reporter training, and an advisory for Medicaid applicants on their legal rights.

EFFECTIVE DATE: Upon passage, except that provisions on (1) temporary nursing services agencies and (2) electronically reporting nursing home involuntary transfers and discharges take effect July 1, 2022.

*Substitute Senate Bill No. 1

Public Act No. 22-80

AN ACT CONCERNING CHILDHOOD MENTAL AND PHYSICAL HEALTH SERVICES IN SCHOOLS

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00080-R00SB-00001-PA.PDF>

Priority issue for Democrats and Republicans in the General Assembly this session. CNA testified before the Education Committee in strong support of this bill. CNA worked with Representative Robin Comey (D, Branford), Patricia Donovan (Parent Advocate) and the Association of School Nurses of CT (ASNC) for school nurse inclusion in this bill. See sections 3-5.

See sections of interest below:

§ 3 — SURVEY ON SCHOOL SOCIAL WORKERS, PSYCHOLOGISTS, COUNSELORS, AND NURSES - Requires SDE to develop and distribute a survey that school districts must annually complete on the number of school social workers, psychologists, counselors, and nurses they employ; requires the education commissioner to calculate the student-to-worker ratio for each of the four types of professionals and report the survey results and the ratios to the Education and Children's committees.

§§ 4 & 5 — NEW GRANT PROGRAM FOR SCHOOL SOCIAL WORKERS, PSYCHOLOGISTS, COUNSELORS, AND NURSES - Requires SDE to administer grants for FYs 23 to 25, for school districts to hire and retain more school social workers, psychologists, counselors, and nurses; requires SDE to make recommendations on the program's renewal beyond FY 25; requires SDE to hire a program administrator.

§§ 7-9 — OPIOID ANTAGONISTS IN SCHOOLS - Generally (1) allows school nurses and qualified school employees to maintain and administer opioid antagonists to students who do not have prior written authorization to receive the medication; (2) requires SDE to develop related guidelines by October 1, 2022; (3) authorizes certain prescribers and pharmacists to enter into agreements with school boards on the distribution and administration of opioid antagonists; and (4) requires DCP to provide school boards with information on how to acquire opioid antagonists from manufacturers.

Summary:

Due to its volume, a link to the bill summary can be found at:

<https://cga.ct.gov/2022/BA/PDF/2022SB-00001-R01-BA.PDF>

*Senate Amendment "A" strikes the underlying bill (File 641) and replaces it with some similar provisions while removing others and adding numerous new provisions.

It removes provisions (1) requiring needs assessments and grants for infant and toddler spaces in existing school readiness programs, (2) requiring the State Department of Education (SDE) to develop a mental health plan for student athletes, (3) allowing unexpended school readiness funds to be available for scholarships for program providers and staff members, (4) requiring school readiness programs to use excess per-child cost grant funds to increase

classroom teacher salaries, (5) creating a salary enhancement grant program, and (6) requiring early childhood program employees' salaries to match the Office of Early Childhood (OEC) compensation schedule unless they exceed it.

It also adds provisions (1) creating a wage supplement and child care program enhancement grant (§ 1); (2) creating an alternative per-pupil grant for children ages 3 and under enrolled in child care centers for disadvantaged children, and requiring OEC to contract for more spaces for this age group (§ 2); (3) creating a minimum time period for duty-free teacher lunches (§ 14); (4) requiring the Minority Teacher Recruitment Task Force to study the state's past recruitment and retention efforts, and renaming the task force (§§ 16-22); (5) requiring SDE to review teacher certification statutes and regulations (§ 23); (6) allowing the State Board of Education (SBE) to issue career and technical pathways instructor permits (§ 24); (7) authorizing school districts to begin offering remote learning for kindergarten through 8th grade starting in the 2024-25 school year (§ 25); (8) making changes in statutes governing the State Education Resource Center (SERC) (§ 26); (9) allowing Guilford to participate in the Open Choice program and earmarking uses for unexpended Open Choice funds (§§ 27 & 28); (10) creating the state teacher shortage and retention task force (§ 29); (11) requiring the Department of Corrections (DOC) to study the funding of the Unified School District #1 (§ 30); (12) requiring school districts to provide special education services to qualifying students until they reach age 22, rather than 21 (§ 31); and (13) requiring school districts to include Asian American and Pacific Islander studies in their social studies curriculum starting with the 2025-26 school year (§§ 32 & 33).

EFFECTIVE DATE: Various

*Substitute Senate Bill No. 2

Public Act No. 22-81

AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00081-R00SB-00002-PA.PDF>

CNA testified in support of this priority issue before the Public Health and Children's Committee but suggested modifications and additions to the bill.

See sections of interest below:

§ 1 — DEPARTMENT OF MENTAL HEALTH SERVICES (DMHAS) MOBILE CRISIS RESPONSE SERVICES - Requires DMHAS to make mobile crisis response services available to the public 24 hours a day, seven days a week.

§ 17 — DPH PILOT PROGRAM EXPANDING BEHAVIORAL HEALTH CARE FOR CHILDREN BY PEDIATRIC CARE PROVIDERS - Requires DPH, in consultation with the DSS, to establish a pilot program to expand behavioral health care to children by pediatric care providers in private practices.

§ 28 — DPH PRIMARY CARE DIRECT SERVICES PROGRAM - Requires community-based primary care services providers to provide, or arrange access to, behavioral health services; makes certain mental health professionals eligible for the state loan repayment program.

§§ 30, 32 & 33 — OUT-OF-STATE TELEHEALTH PROVIDERS - Extends PA 21-9's provisions allowing certain out-of-state telehealth providers to provide telehealth services in Connecticut to June 30, 2024; starting July 1, 2024, permanently authorizes certain out-of-state mental and behavioral health service providers to practice telehealth in Connecticut under certain conditions. Expands the Medicaid state plan to include services provided by certain associate licensed behavioral health clinicians under an enrolled independent licensed behavioral health clinician's supervision.

§§ 32, 34 & 38 — TEMPORARY EXPANSION OF TELEHEALTH SERVICE DELIVERY REQUIREMENTS - Extends PA 21-9's temporary expanded telehealth requirements for the delivery of telehealth services by one year to June 30, 2024 and makes minor changes.

§§ 35-37 — TEMPORARY INSURANCE COVERAGE FOR TELEHEALTH SERVICES - Extends PA 21-9's temporarily expanded insurance coverage requirements and prohibitions for telehealth services by one year to June 30, 2024; clarifies that telehealth excludes audio-only telephone for policies that use a provider network and the telehealth provider is out-of-network; and applies the coverage requirements to high deductible health plans to the extent permitted by federal law.

§§ 39 & 40 — PERMANENT INSURANCE COVERAGE FOR TELEHEALTH SERVICES - Beginning July 1, 2024, permanently requires insurance policies to cover services provided through telehealth to the same extent that they cover them

when provided in person by a Connecticut-licensed provider, rather than by any provider.

Summary:

Due to its volume, a link to the bill summary can be found at:

<https://cga.ct.gov/2022/BA/PDF/2022SB-00002-R01-BA.PDF>

*Senate Amendment "A" replaces the underlying bill. It adds the provisions on:

1. the proclamation of a "Get Outside and Play for Children's Mental Health Day" (§§ 10 & 11),
2. payments to early intervention service providers (§ 12),
3. licensure by reciprocity or endorsement for speech and language pathologists and occupational therapists (§ 26),
4. the Connecticut Drug and Alcohol Policy Council (§ 27),
5. the Department of Public Health (DPH) Primary Care Direct Services program (§ 28),
6. the physician recruitment working group (§ 29),
7. telehealth (§§ 30-41)
8. the Interstate Medical Licensure Compact for Physicians (§ 43),
9. Office of Early Childhood (OEC) new employees for technical assistance and business consulting services (§ 44),
10. Department of Children and Families (DCF) grants to Youth Service Bureaus (§ 45), and
11. Office of Emergency Medical Services health program associates (§ 46).

It also makes various changes to the underlying bill, such as (1) requiring DCF to establish a policy on managing the Social Security disability benefits of a child in the department's care and custody (§ 16), (2) requiring DPH, instead of the Department of Social Services (DSS), to establish the pilot grant program to expand behavioral health care offered to children (§ 17), and (3) expanding the Medicaid state plan to include services provided by certain associate licensed behavioral health clinicians, instead of only licensed master social worker (§ 25).

It removes provisions in the underlying bill that would have done the following:

1. raised the cap on the per child cost for the school readiness program,
2. created a wage supplement grant for childcare service providers,

3. required DCF to conduct an instructional program enabling participants to provide adolescent mental health screenings,
4. required certain entities and government agencies to provide free menstrual products to the people they serve,
5. allowed school readiness councils to convert surplus unused school readiness spaces to infant and toddler spaces following needs assessments,
6. established a children's behavioral health cabinet,
7. provided grants for transitional housing for people under age 21 experiencing homelessness, and
8. appropriated funds from the General Fund and allocated funds from federal COVID-19 relief funds to various programs and services.

It also makes minor, technical, and conforming changes.

EFFECTIVE DATE: Various

*Substitute Senate Bill No. 251 Special Act No 22-9

AN ACT EXPANDING TRAINING PROGRAMS FOR CAREERS IN HEALTH CARE

Hyperlink to bill: <https://www.cga.ct.gov/2022/ACT/SA/PDF/2022SA-00009-R00SB-00251-SA.PDF>

CNA testified before the Higher Education Committee in support of the intent of the original proposal with attention to building an infrastructure to create the future healthcare workforce, by creating a pipeline to accept, educate and train more nurses in CT. In addition, CNA also advocated for the inclusion of nursing specialty organizations in the recruitment of high school students.

Summary:

Section 1: requires the Office of Workforce Strategy to develop an initiative with other state agencies to address the state's health care workforce shortage including behavioral and mental health care workers. This section also requires the Chief Workforce Officer to report on the initiative to various legislative committees by January 1, 2024.

Section 2: DELETED FROM THE BILL IN SENATE "A." Required the Chief Workforce Officer to develop a plan with various organizations and associations to

encourage high school students to pursue health care careers. The Chief Workforce Officer must submit the plan to a legislative committee by January 1, 2023.

Senate Amendment "A" alters the original bill by 1) striking section 2 and its associated cost to the Department of Housing and Office of the State Comptroller or the Connecticut Housing Finance Authority, 2) renumbering the remaining sections, 3) expanding health care careers to include behavior and mental health care workers, and 4) **expanding agencies the Chief Workforce Officer is required to consult with when developing a plan to encourage high school students to pursue health care careers.**

Substitute House Bill No. 5278

Public Act No. 22-33

AN ACT CONCERNING INTIMATE EXAMINATIONS, CONTINUING MEDICAL EDUCATION IN SCREENING FOR ENDOMETRIOSIS AND THE EFFECTS OF SYSTEMIC RACISM, BIAS, RACIAL DISPARITIES, AND EXPERIENCES OF TRANSGENDER AND GENDER DIVERSE PERSONS ON PATIENT DIAGNOSIS, CARE AND TREATMENT, THE ESTABLISHMENT OF AN ENDOMETRIOSIS DATA AND BIOREPOSITORY PROGRAM, AND THE BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT REFERRAL PROGRAM.

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00033-R00HB-05278-PA.PDF>

Summary: #Diversity #Equity #Inclusion

This bill makes various unrelated changes affecting health care professions and institutions. Principally, it does the following:

1. requires hospitals and outpatient surgical facilities, by January 1, 2023, to develop and implement procedures to obtain, on a written or electronic form, a patient's express written consent to an "intimate examination" (i.e., pelvic, prostate, or rectal examination) (§ 1);
2. generally, requires hospitals and outpatient surgical facilities to obtain a patient's separate written consent if a medical student, resident, or fellow performs an intimate examination exclusively for training purposes and not as part of the patient's clinical care or clinical care team (§ 1);
3. allows physicians' continuing education in (a) risk management to address screening for endometriosis and (b) cultural competency to address the effects of systemic racism, explicit and implicit bias, racial

- disparities, and the experiences of transgender and gender diverse people on patient diagnosis, care, and treatment (§ 2);
4. requires UConn Health Center, in consultation with a research laboratory, to develop a plan to establish an endometriosis data and biorepository program and report to the Public Health Committee by January 1, 2023, on the plan and its implementation timeline (§ 3); and
 5. modifies the Department of Public Health (DPH) breast and cervical cancer early detection and treatment referral program by, among other things, requiring breast cancer screening to include tomosynthesis, where possible, and adding human papillomavirus (HPV) tests to the program's services (§ 4).

*House Amendment "A" replaces the original bill (File 231) with similar provisions on patient consent for intimate examinations. It removes the provisions in the underlying bill (1) specifying required information on patient consent forms and (2) requiring DPH to investigate alleged violations of written consent requirements. It also adds the provisions on (1) physicians' continuing medical education, (2) the endometriosis data and biorepository program, and (3) DPH breast and cervical cancer early detection and treatment referral program.

EFFECTIVE DATE: October 1, 2022, except that the provisions on (1) patient consent for intimate examinations take effect upon passage and (2) the endometriosis data and biorepository program take effect July 1, 2022.

House Bill No. 5419

Public Act No. 22-69

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATIONS

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00069-R00HB-05419-PA.PDF>

Summary:

In 2017 and 2018, the Department of Mental Health and Addiction Services (DMHAS) reorganized existing Regional Action Councils (focused on substance abuse prevention) and Regional Mental Health Boards. DMHAS replaced them with five Regional Behavioral Health Action Organizations (RBHAOs), one for each of the state's designated mental health regions.

This bill codifies existing practice by allowing the DMHAS commissioner to contract with one or more nonprofit organizations to operate as RBHAOs, and repeals the laws that established the prior councils and boards. It requires each RBHAO to serve as a strategic community partner responsible for (1) behavioral health planning, education, and promotion; (2) coordinating behavioral health issues prevention; and (3) advocacy for behavioral health needs and services within its mental health region. The bill gives the RBHAOs certain duties and in doing so, requires them to solicit advice and input from the community.

The bill also makes several corresponding statutory changes to effectuate the transfer of duties from the prior boards and councils to the RBHAOs. For example, it requires the RBHAOs, rather than the boards or councils as applicable, to (1) designate individuals to serve on certain entities and (2) consult with DMHAS on the department's development of the state's substance abuse prevention and treatment plan.

The bill makes other related changes, such as (1) as of October 1, 2022, reducing the membership of the state's Board of Mental Health and Addiction Services and making other changes affecting the board (§ 4) and (2) specifying that 51 to 60% of the total catchment area council membership must be people with lived experience of a behavioral health disorder, not just consumers generally (§ 9). (These councils study and evaluate the delivery of mental health services in their respective areas.)

*House Amendment "A" allows DMHAS to contract with nonprofit organizations to operate as RBHAOs, rather than directly establishing RBHAOs in statute. It makes additional changes to the membership of the state's Board of Mental Health and Addiction Services and changes the effective date of those provisions to October 1, 2022.

EFFECTIVE DATE: Upon passage, except the provisions on the Board of Mental Health and Addiction Services take effect October 1, 2022.

Substitute House Bill No. 5430

Public Act No. 22-108

AN ACT CONCERNING OPIOIDS

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00108-R00HB-05430-PA.PDF>

Summary:

This bill makes various changes affecting opioid use prevention and treatment. Specifically, it:

1. adds chiropractic and spinal cord stimulation to the list of nonopioid treatment options that must be included on a patient's treatment agreement or care plan that prescribing practitioners must provide when prescribing opioids for more than 12 weeks (§ 1);
2. removes from the statutory definition of "drug paraphernalia" products used by licensed drug manufacturers or individuals to test a substance before they ingest, inject, or inhale it, (e.g., fentanyl testing strips), as long as they are not using the products to engage in unlicensed manufacturing or distribution of controlled substances (§ 2);
3. allows practitioners authorized to prescribe controlled substances to treat patients by dispensing controlled substances (e.g., methadone) from a mobile unit (§ 3);
4. allows multi-care institutions to provide behavioral health services or substance use disorder treatment services in a mobile narcotic treatment program (§ 4);
5. requires the Department of Mental Health and Addition Services' (DMHAS) triennial state substance use disorder plan to include department policies, guidelines, and practices to reduce the negative personal and public health impacts of behavior associated with alcohol and drug abuse, including opioid drug abuse (§§ 5 & 6); and
6. extends by one year, until January 1, 2023, the date by which DMHAS must establish a pilot program in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder (§ 7).

*House Amendment "B" extends the date by which DMHAS must establish a pilot program to serve individuals with opioid use disorder.

EFFECTIVE DATE: July 1, 2022, except that the provisions making technical changes to the state substance use disorder plan (§ 6) and extending the date by which DMHAS must establish a pilot program on opioid use disorder take effect upon passage (§ 7).

Substitute House Bill No. 5500

Public Act No. 22-58

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00058-R00HB-05500-PA.PDF>

See sections of interest below:

§§ 12 & 13 — MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL- Allows a registered nurse to delegate certain medication administration to home health aides and hospice aides who obtain certification from DCF or DDS, in addition to those certified by DPH, as under current law and requires more frequent certification for home health and hospice aides.

§ 15 — STATE BOARD OF EXAMINERS FOR NURSING – The bill expands the duties of the State Board of Examiners for Nursing to include approving nursing schools in the state that prepare individuals for state licensure and where possible, consulting with nationally recognized accrediting agencies when doing so. In addition, it requires DPH, instead of the board, to post a list of all approved nursing education programs for registered nurses and licensed practical nurses; and eliminates a requirement that DPH adopt regulations on adult education practical nursing training programs offered in high schools.

§§ 47 & 48 — MEDICAL ASSISTANTS ADMINISTERING VACCINES - CNA worked with AFT-CT and the Association of Medical Assistants on the language contained in this bill. There were additional suggestions that all parties agreed upon, that the legislators were not able to incorporate in the bill due to lack of time, this included clearly stating the RN is not supervising or delegating medication administration to a MA, that the APRN/PA/MD had to complete an initial assessment and order the immunizations just prior to the MA administering the vaccine. In addition, it was proposed that the MA only be allowed to administer vaccines to individuals 18 years of age and older.

CNA testified before the Public Health Committee that the multiple pathways to becoming a clinical medical assistant, had different depth of content and experiences. Any legislation that moved forward must attempt to ensure MA administering vaccines have the necessary knowledge and skills to safely perform vaccination. This included specified national certification, education from accredited programs, and additional vaccine/immunization classroom and clinical training requirements to administer vaccines in any setting other than a hospital if acting under the supervision, control and responsibility of a Physician, APRN or Physician Assistant. See sections 47 & 48 below.

HB 5485, section 502 amends the medical assistants section of this bill and specifies that a person must have graduated from an accredited program after January 1, 2023, rather than January 1, 2024 as under HB 5500.

Bill summary:

Allows clinical medical assistants meeting specified certification, education, and training requirements to administer vaccines in any setting other than a hospital if acting under the supervision, control, and responsibility of a physician, PA, or APRN.

The bill allows clinical medical assistants to administer vaccines under certain conditions in any setting other than a hospital. They may do so only if they (1) meet certain certification, education, and training requirements and (2) act under the supervision, control, and responsibility of a licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN). The bill specifies that it does not authorize employers to require physicians, PAs, or APRNs, without their consent, to oversee clinical medical assistants administering vaccines.

The bill also makes a corresponding change by adding to the list of organizations from whom DPH must obtain a list of state residents certified as medical assistants.

EFFECTIVE DATE: October 1, 2022

Required Certification, Education, and Training - To be eligible to administer vaccines under the bill, a clinical medical assistant generally must be certified by the American Association of Medical Assistants, the National Healthcareer

Association, the National Center for Competency Testing, or the American Medical Technologists.

The clinical medical assistant also generally must have graduated from a postsecondary medical assisting program that meets either of the following criteria:

1. starting January 1, 2024, is accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting Bureau of Health Education Schools, or another accrediting organization recognized by the U.S. Department of Education or
2. is offered by a higher education institution accredited by an accrediting organization recognized by the U.S. Department of Education and includes 720 total hours, of which 160 hours are clinical practice skills, including administering injections.

The bill's authorization also applies to clinical medical assistants who do not meet the above certification and education requirements but who completed relevant medical assistant training provided by any branch of the U.S. armed forces.

The bill requires any clinical medical assistant, before administering vaccines, to complete at least 24 hours of classroom training and eight hours of clinical training on vaccine administration.

List of Certified Medical Assistants - Under current law, the DPH commissioner must annually obtain from the American Association of Medical Assistants and the National Healthcareer Association a list of all state residents on each organization's registry of certified medical assistants. The bill extends this requirement to also include comparable lists from the National Center for Competency Testing and the American Medical Technologists. As under existing law, DPH must make these lists available for public inspection.

Background — Related Bill - SB 213 (File 217), reported favorably by the Public Health Committee, contains similar provisions on medical assistants.

§ 67 — SURGICAL SMOKE EVACUATION POLICIES, CNA testified before the Public Health Committee in support of the CT Chapter of the Association of PeriOperative Registered Nurses bill on surgical smoke which provides parameters that balance employee/patient safety with individualized institutional planning and implementation.

Bill summary:

Requires each licensed hospital and outpatient surgical facility to develop and implement a policy for using a surgical smoke evacuation system to prevent exposure to surgical smoke.

The bill requires each licensed hospital and outpatient surgical facility, by January 1, 2024, to develop a policy for using a surgical smoke evacuation system to prevent exposure to surgical smoke. Also by this date, these facilities must implement the policy and, upon request, provide a copy to DPH.

Under the bill, “surgical smoke” is the by-product of using an energy-generating device during surgery, such as surgical or smoke plume, bioaerosols, laser-generated airborne contaminants, or lung-damaging dust. But the term excludes by-products produced during gastroenterological or ophthalmic procedures which are not emitted into the operating room during surgery.

A “surgical smoke evacuation system” is a system, such as a smoke or laser plume evacuator or local exhaust ventilator, that captures and neutralizes surgical smoke (1) at the smoke’s site of origin and (2) before the smoke contacts the eyes or respiratory tract of anyone in an operating room during surgery.

EFFECTIVE DATE: July 1, 2022

Background — Related Bill - SB 89 (File 84), reported favorably by the Public Health Committee, contains similar provisions on surgical smoke evaluation policies.

§§ 68 & 69 — HIV TESTING – CNA submitted testimony to the Public Health Committee in support of this bill and encouraging these conversations in the context of their medical home/primary care provider setting when possible, to ensure appropriate follow up and support when needed. Consultation with nurse specialty groups identified the bill as an important step in normalizing HIV testing.

Bill summary:

Generally requires primary care providers and hospital emergency departments to offer HIV testing to patients age 13 or older; requires hospitals to adopt related protocols.

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

*House Amendment "A" replaces the original bill (File 528) with similar provisions. It also adds sections 46-78.

EFFECTIVE DATE: Various

Summary:

Due to its volume, a link to the budget summary can be found at:

<https://cga.ct.gov/2022/BA/PDF/2022HB-05500-R01-BA.PDF>

House Bill No. 5485

Public Act No. 22-92

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00092-R00HB-05485-PA.PDF>

See sections of interest below:

§ 501 — PHARMACISTS ADMINISTERING THE FLU VACCINE TO MINORS - The bill grants licensed pharmacists the authority under state law to administer the flu vaccine, with parental or guardian consent, to minors age 12 years or older. It applies to the flu vaccine approved by the U.S. Food and Drug Administration. (Under specified conditions, federal law currently protects pharmacists from liability under federal or state law for administering approved vaccines, including the flu vaccine, to children age three and older.)

By law, pharmacists may already administer to adults any vaccines on the Centers for Disease Control and Prevention's (CDC) adult immunization schedule. Under the bill, as under existing law for adult vaccines, pharmacists

must administer the flu vaccine to minors according to a licensed health care provider's order and Department of Consumer Protection regulations.

Under existing law, these regulations must require that pharmacists administering vaccines to adults complete an immunization training course. The bill correspondingly extends this training requirement to pharmacists administering the flu vaccine to minors age 12 years or older.

§ 502 — MEDICAL ASSISTANTS ADMINISTERING VACCINES - HB 5500, as amended by the House and passed by the House and Senate (§ 47), allows clinical medical assistants meeting specified certification, education, and training requirements to administer vaccines in any setting other than a hospital if acting under the supervision, control, and responsibility of a physician, PA, or APRN.

To be eligible to administer vaccines under HB 5500, a clinical medical assistant generally must have graduated from a postsecondary medical assisting program that meets certain criteria. One option is that the person graduated from a program accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting Bureau of Health Education Schools, or another accrediting organization recognized by the U.S. Department of Education. This bill instead specifies that the person must have done so on and after January 1, 2023, rather than January 1, 2024, as under sHB 5500.

Summary:

This bill makes various, unrelated changes in the public health statutes. Principally, it:

1. makes minor, technical, and conforming changes to replace references to obsolete permits that no longer exist (e.g., bowling establishment permits) with references to the newly structured club permit (§§ 2-4);
2. allows licensed professional counselors and marital and family therapists who are members of specified Department of Mental Health and Addiction Services (DMHAS) community support and crisis intervention teams to issue emergency certificates authorizing people with a psychiatric disability to be taken to a general hospital for examination, under certain conditions (§ 6);
3. allows certified individuals to practice auricular acupuncture to treat alcohol and drug abuse under the supervision of a physician assistant (PA), advanced practice registered nurse (APRN), or licensed acupuncturist, instead of only a physician as under current law (§ 10);

4. grants licensed pharmacists the authority under state law to administer the flu vaccine, with parental or guardian consent, to minors age 12 years or older (§ 501); and
5. makes a change to one of the educational criteria to make clinical medical assistants eligible to administer vaccinations under sHB 5500, as amended by the House and passed by both chambers (§ 502).

The bill also makes technical and conforming changes to various statutes (§§ 8, 9 & 11-26).

*House Amendment "A" adds the provisions on pharmacists and medical assistants. It also removes provisions from the underlying bill that would have (1) removed certain members from the state's Chronic Kidney Advisory Committee and (2) specified that assisted living services agencies may provide nursing services and assistance with activities of daily living to people in need of end-of-life care.

EFFECTIVE DATE: Upon passage, except that the provisions on (1) pharmacists take effect July 1, 2022, and (2) emergency certificates for psychiatric evaluation, auricular acupuncture, medical assistants, and technical changes to a statute on health care facility fees take effect October 1, 2022.

House Bill No. 5506

AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, CONCERNING PROVISIONS RELATED TO REVENUE, SCHOOL CONSTRUCTION AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET AND AUTHORIZING AND ADJUSTING BONDS OF THE STATE

Hyperlink to bill: <https://cga.ct.gov/2022/TOB/H/PDF/2022HB-05506-R00-HB.PDF>

CNA testified before the Appropriations Committee in support of the Governor's Proposed FY 23 Budget Adjustments for Health Agencies. CNA focused on retention of the nursing workforce, increased funding to local and state health departments and stabilization and ongoing funding of PPE as part of the state's pandemic prepared plan. CNA encouraged the CT Association of Public Health Nurses to testify regarding local health department needs exposed during the pandemic. Listed below are the sections of interest which passed in the final budget.

HB 5506, FY 23 Budget Adjustment Bill:

§ 79 — HEALTH CARE PROVIDER LOAN REIMBURSEMENT PROGRAM - Requires OHE, by January 1, 2023, to establish a program to provide loan reimbursement grants to certain health care providers.

§ 81 — COMMISSION ON COMMUNITY GUN VIOLENCE INTERVENTION AND PREVENTION - Establishes a Commission on Community Gun Violence Intervention and Prevention within DPH for administrative purposes only to advise the commissioner on programs and strategies to reduce the state's community gun violence; requires the commission to annually report its activities to the Public Health Committee starting by January 1, 2023.

§§ 82-89 — PROVISION OF FREE MENSTRUAL PRODUCTS - Requires (1) certain government agencies and public and private organizations, starting July 1, 2023 or September 1, 2023, to provide free menstrual products to the individuals they serve and (2) DPH to set guidelines by July 1, 2022, on how to do this. The Association of School Nurses of CT testified in support of this legislation.

§§ 143-144 — PREMIUM PAY PROGRAM - Establishes the Connecticut Premium Pay program to provide \$200 to \$1,000 to certain employees who worked throughout the COVID-19 emergency, depending on their individual income, to recognize and compensate them for their service.

§§ 149-153 — LEAD POISONING PREVENTION AND TREATMENT - Generally lowers the threshold for blood lead levels in individuals at which DPH and local health departments must take certain actions; requires primary care providers to conduct annual lead testing for certain high-risk children ages 36 to 72 months; requires DSS to seek federal approval to amend the state Medicaid plan to add services to address the health impacts of high childhood blood lead levels in Medicaid-eligible children; and requires the DPH commissioner to convene a working group to recommend necessary legislative changes on various lead poisoning prevention and treatment issues.

§ 207 — ESSENTIAL WORKERS COVID-19 ASSISTANCE PROGRAM - Expands the program to cover a broader range of essential workers and extends the application deadline; makes various changes to how the program's benefits must be determined and administered.

§ 233 — DPH STUDENT LOAN REPAYMENT PROGRAM - Requires providers participating in DPH's Student Loan Repayment Program to provide behavioral health services and expands the types of clinicians that the program may recruit.

§ 249 — MEDICAID COVERAGE OF NATUROPATH SERVICES - Requires the state's Medicaid program to cover services provided by licensed naturopaths.

§ 363 — DEPARTMENT OF HOUSING HEALTH CARE WORKER HOUSING PROGRAM - Authorizes up to \$20 million in bonds for the Department of Housing to develop housing for health care workers.

§ 371 — INDOOR AIR QUALITY GRANT PROGRAM - Requires DAS to administer a reimbursement grant program beginning in FY 23 for the cost of indoor air quality improvements, including the installation, replacement, or upgrading of HVAC systems.

§ 373 — INDOOR AIR QUALITY IN SCHOOLS - Requires boards of education to conduct a uniform inspection and evaluation of the HVAC system in each school building under its jurisdiction every five years; requires the HVAC inspection report be made public at a board of education meeting and include any corrective actions; requires the existing air quality inspections to take place every three years rather than five.

§ 374 — SCHOOL INDOOR AIR QUALITY WORKING GROUP - Creates working group to make recommendations about school air quality to the legislature.

7. two appointed by the governor (a school nurse and a representative of the Connecticut Conference of Municipalities); and CT Nurses will work with the Association of School Nurses of CT to identify a school nurse.

§ 508 HOUSE "C" — PROVIDERS AUTHORIZED TO PERFORM ABORTIONS - Allows APRNs, nurse-midwives, and PAs to perform aspiration abortions; explicitly authorizes these providers to perform medication abortions, conforming to a 2001 attorney general opinion; makes related changes.

§§ 512-515 HOUSE "C" — CHILDHOOD IMMUNIZATION REGISTRY AND TRACKING SYSTEM - Replaces DPH's childhood immunization registry and tracking system ("CIRTS") with an immunization information system ("CT WiZ") that provides access to immunization records to all recipients, instead of only children under age six.

Summary:

Due to its volume, a link to the budget summary can be found at:

<https://cga.ct.gov/2022/BA/PDF/2022HB-05506-R02-BA.PDF>

Substitute Senate Bill No. 4

Public Act No. 22-25

AN ACT CONCERNING THE CONNECTICUT CLEAN AIR ACT

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00025-R00SB-00004-PA.PDF>

SB 4 - An Act Concerning the Connecticut Clean Air Act looks to reduce carbon emissions by: (1) transitioning the state's fleet of motor vehicles (cars or light duty trucks) to electric power with half the fleet making the transition by Jan. 1 2026, 75% by Jan. 1, 2028 and fully electric by Jan. 1, 2030; (2) transitioning mass transit and school bus fleets from diesel fuel to electric; (3) giving a tenant the right to install an electric vehicle charging station without landlord interference (installation of the charging station will be at the tenant's sole cost and with the appropriate insurance coverages in place); (4) providing a \$500 tax rebate for the purchase of an e-bike; (5) expanding the Connecticut Hydrogen and Electric Automobile Purchase Rebate ("CHEAPR") program through December 31, 2022. The program provides a rebate on the purchase/lease of an eligible vehicle ranging from \$2,250 (for a plug-in hybrid electric vehicle) up to \$9,500 (for a fuel cell electric vehicle); and (6) adopting California emissions standards for medium and heavy-duty trucks within the state by requiring manufacturers to provide 30% of zero emission vehicles for sale to Connecticut by 2030.

Please see the summary of SB 4 in its entirety, by section, here –

<https://cga.ct.gov/2022/BA/PDF/2022SB-00004-R01-BA.PDF>

Summary:

This bill makes various statutory changes and establishes several new programs and initiatives concerning electric vehicle (EV) use and improving air quality by reducing transportation-related greenhouse gas (GHG) emissions. Major components include:

1. establishing grant programs for traffic signal modernization, zero-emission school buses, and zero-emission medium- and heavy-duty trucks;

2. allowing the Department of Energy and Environmental Protection (DEEP) commissioner to adopt California's emission standards for medium- and heavy-duty vehicles;
3. providing property tax exemptions for zero-emission buses and certain EV charging infrastructure;
4. modifying the Connecticut Hydrogen and Electric Automobile Purchase Rebate (CHEAPR) program, including by expanding eligibility, giving priority for incentives to people with low incomes and environmental justice community residents, allowing incentives for electric bicycles, and increasing its funding; and
5. establishing "right to charge" provisions for renters and unit owners in condominiums and common interest communities

EFFECTIVE DATE: July 1, 2022, unless otherwise noted below.

*Senate Amendment "A" principally (1) eliminates the underlying bill's (a) requirement that DOT establish a state carbon budget and (b) bonding authorizations for traffic signal and school bus matching grant programs; (2) adds the provisions on medium- and heavy-duty truck emission standards and rooftop solar panels in planned community associations; (3) staggers the implementation of the renters' right to charge provisions; (4) eliminates the underlying bill's provisions placing the Clean Air Act (CAA) fee into dedicated accounts and instead requires the Office of Policy and Management (OPM) to report on CAA- and air-quality-related expenses; and (5) transfers funds from the Regional Greenhouse Gas Initiative to the CHEAPR account and allows DEEP to use the account to fund the medium- and heavy-duty vehicle voucher program.

Substitute Senate Bill No. 6

Public Act No. 22-15

AN ACT CONCERNING PERSONAL DATA PRIVACY AND ONLINE MONITORING

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00015-R00SB-00006-PA.PDF>

This bill was a priority for the Senate Democratic caucus. The Senate chair of the General law Committee, Senator James Maroney, worked over the past several years with the business community, including the CT Hospital Association, to reach compromise language on this issue. The final version is similar to the data privacy laws enacted in Colorado and Virginia. The bill was approved on bipartisan votes in both chambers and also creates a privacy task force which is required to report back to the legislature by January, 2023.

Summary:

This bill establishes a framework for controlling and processing personal data. Among other things, it:

1. sets responsibilities and privacy protection standards for data controllers (those that determine the purpose and means of processing personal data) and processors (those that process data for a controller);
2. gives consumers the right to access, correct, delete, and obtain a copy of personal data and to opt out of the processing of personal data for certain purposes (e.g., targeted advertising);
3. requires controllers to conduct data protection assessments;
4. authorizes the attorney general to bring an action to enforce the bill's requirements; and
5. deems violations to be Connecticut Unfair Trade Practices Act (CUTPA) violations.

The bill's consumer data privacy requirements generally apply to individuals (1) conducting business in Connecticut or producing products or services targeted to Connecticut residents and (2) controlling or processing personal data above specified consumer thresholds.

The bill exempts from its requirements (1) various entities, including state and local governments, nonprofits, and higher education institutions, and (2) specified information and data, including certain health records, identifiable

private information for human research, certain credit-related information, and certain information collected under specified federal laws.

The bill also establishes a task force to, among other things, study Health Insurance Portability and Accountability Act (HIPAA)-adjacent data and other topics on data privacy and make recommendations to the General Law Committee by January 1, 2023.

*Senate Amendment "A" (1) increases an applicability threshold from 75,000 to 100,000 consumers; (2) modifies exemptions to include health plans, health care clearinghouses, health care providers, and other associates rather than hospitals; (3) exempts a controller from confirming a consumer's personal data is being processed if it requires revealing a trade secret; (4) specifies that controllers do not need to authenticate opt-out requests and allows them to deny fraudulent opt-out requests; (5) lowers the prohibited age, from 18 to 16, for targeted advertising or personal data sales without the consumer's consent; (6) eliminates the opt-out provision that generally prohibited controllers from selling personal data under a club program; (7) renames the working group as a task force and expands the scope of the required study; and (8) makes other minor, technical, and conforming changes.

EFFECTIVE DATE: July 1, 2023, except the task force provision is effective upon passage.

Substitute Senate Bill No. 10

Public Act No. 22-5

AN ACT CONCERNING CLIMATE CHANGE MITIGATION

Hyperlink to bill: <https://cga.ct.gov/2022/ACT/PA/PDF/2022PA-00005-R00SB-00010-PA.PDF>

Summary:

This bill requires the state to eliminate greenhouse gas emissions from electricity supplied to electric customers in the state by January 1, 2040. The bill establishes this requirement as an emissions reduction goal under the state's Global Warming Solutions Act.

By law and under the bill, the Global Warming Solutions Act requires the state to reduce greenhouse gas emissions from all sources to a level at least (1) 10%

below the level emitted in 1990 by January 1, 2020; (2) 45% below the level emitted in 2001 by January 1, 2030; and (3) 80% below the level emitted in 2001 by January 1, 2050. The bill additionally requires the state to reduce greenhouse gas emissions from electricity supplied to electric customers in the state to zero percent by January 1, 2040.

By law, the Department of Energy and Environmental Protection (DEEP) commissioner determines emission levels. Greenhouse gas includes any chemical or physical substance emitted into the air that the DEEP commissioner reasonably anticipates will cause or contribute to climate change (e.g., carbon dioxide, methane, nitrous oxide, hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride).

EFFECTIVE DATE: July 1, 2022

PRIORITY BILLS WHICH DIED DURING THE 2022 SESSION:

Bill Number	Bill Title	Action
HB 5040	AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES	5040 Died in the House. The bill language was incorporated into HB 5506, Section 233.
HB 5162	AN ACT CONCERNING FUNDING FOR SCHOOL-BASED BEHAVIORAL HEALTH CLINICIANS	5162 Died in the Appropriations Committee. The bill language was incorporated into HB 5506, section 509.
HB 5190	AN ACT CONCERNING TESTING FOR HUMAN IMMUNODEFICIENCY V	5190 Died in the House. The bill language was incorporated into HB 5500, section 68 & 69. CNA submitted testimony in support to the Public Health Committee.
HB 5194	AN ACT CONCERNING REGISTRATION OF TEMPORARY NURSING SERVICES AGENCIES	5194 Died in the Aging Committee.
HB 5223	AN ACT EXPANDING THE PROFESSIONAL ASSISTANCE PROGRAM FOR REGULATED PROFESSIONS TO INCLUDE PHARMACISTS	5223 Died in the House. CNA worked to ensure that nurses license fees were not increased under this bill.

HB 5244	AN ACT CONCERNING THE PROVISION OF OPIOID ANTAGONISTS IN SCHOOLS	5244 Died in the House. The bill language was incorporated into SB 1, sections 7-9.
HB 5356	AN ACT CONCERNING PANDEMIC PAY FOR ESSENTIAL WORKERS	5356 Died in the House. The bill language was incorporated into HB 5506, sections 143 and 207.
HB 5357	AN ACT CONCERNING MANDATORY OVERTIME FOR NURSES IN HOSPITALS	5357 Died in the House. CNA submitted testimony to the Labor Committee in support of measures to ensure that mandatory overtime is not being used as a regular staffing tool.
HB 5449	AN ACT CONCERNING CERTIFICATES OF NEED	5449 Died in the House. The bill language was incorporated into HB 5506, section 124 which creates a task force to study and make recommendations on certificates of need for health care facilities.
HB 5479	AN ACT CONCERNING INDOOR AIR QUALITY IN SCHOOLS	5479 Died in the Appropriations Committee. The bill language was incorporated into HB 5506, sections 371, 373-374.
SB 88	AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS	Died in the Judiciary Committee. CNA submitted testimony in support to the Public Health Committee.
SB 89	AN ACT CONCERNING SURGICAL SMOKE	89 Died in the Senate. The bill language was incorporated into HB 5500, section 67. CNA submitted testimony in support to the Public Health Committee.
SB 213	AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES	213 Died in the Senate. The bill language was incorporated into HB 5500, sections 47 & 48 and HB 5485, section 502. CNA

		submitted testimony to the Public Health Committee recommending modifications to the bill.
SB 423	AN ACT IMPROVING INDOOR AIR QUALITY IN PUBLIC SCHOOL CLASSROOMS	423 Died in the Senate. The bill language was incorporated into HB 5506, sections 371,373-374. CNA submitted testimony in support to the Labor Committee.

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