



End-of-Session Report for Connecticut Nurses Association

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The 2023 session of the Connecticut General Assembly closed on June 7, 2023.

The Connecticut Nurses' Association continues its commitment to engage the power of nurses to shape an integrated and equitable healthcare system that supports the health of the public, including individuals, families, populations, and communities. Since 1904 the Connecticut Nurses' Association has helped nurses navigate an increasingly complex healthcare environment. As the largest and most trusted profession, nurses care for all of Connecticut, in all specialty areas, and practice settings.

Two overarching goals formed the 2023 Legislative Agenda that advanced the nursing profession to promote a healthier Connecticut.

Professional Practice & Workforce

Retain current nursing workforce through policies and practices that ensure they can provide quality care to individuals, families, and communities.

Health for Individuals, Communities, & the Environment

Enhance a culture of health and wellness that will enable the people of Connecticut to live their healthiest lives.

Connecticut Nurses' Association is proud of its work with nursing and healthcare stakeholders, the nurse specialty organization round table, American Federation of Teachers, the Connecticut Hospital Association, Public Health Committee leadership and members and the Governor's office, to address important issues this session.

CNA held a very successful Nurses Day at the State Capitol on May 17, 2023. Nurses were invited into both the Senate and House chamber and formally recognized by the Public Health Committee co-chairs, Senator Anwar and Representative McCarthy-Vahey and Representative Michelle Cook.

The session ended with an overwhelming sense of bipartisanship with the adoption of a \$51.1 biennial budget (\$25.1B in '24 / \$26B in '25); with a vote count of 139-12 in the House of Representatives and 35-1 in the Senate. The budget includes the largest income tax cut in Connecticut history.

The legislature had earlier in the session extended the "fiscal guardrails" put into place in 2017, which has largely led to the state's positive fiscal position and bipartisan budgets. These fiscal guardrails include a "Volatility Cap" which sets

a threshold for certain volatile revenue streams (like the income tax) where revenues received above this threshold must be deposited into the state's Rainy-Day Fund or into the unfunded pension liabilities. The guardrails also include a spending cap, bonding cap, and a revenue cap - which limits appropriations to 98.75% of revenue.

As for other items contained in the 832-page budget implementer bill included a number of hospital staffing and nursing plan requirements, increased compensation for judges, modifying the qualifications for Attorney General, provisions amending the step therapy process, increasing various Medicaid rates, increasing ECS funding grants and municipal aid, traffic camera option for cities and towns, extending dates for certain student mental health related grants and expanding tax credits for human investment, film and digital media and fixed capital.

Some of the "non-budget" major acts passed by the legislature included: An Act Concerning Transparency in Education, An Act Concerning the Mental, Physical and Emotional Wellness of Children, An Act Strengthening Protections for Connecticut's Consumers of Energy, the Governor's An Act Protecting Patients and Prohibiting Unnecessary Health Care Costs, An Act Addressing Gun Violence, An Act Concerning Managing Waste and creating a Waste Authority, An Act Concerning Additional Support and Resources for People with Intellectual or Developmental Disabilities, An Act Concerning Early Voting and updates to CT's Data Privacy law regarding certain health data and children's data privacy.

As always, it is our pleasure to serve all your state government needs and be your "eyes and ears" on the ground advocating for each of you. Together we can support legislative approaches to advance the nursing profession to promote a healthy Connecticut.

Bills passed during the 2023 session:

House Bill No. 6941 (Budget)

Public Act 23-204 (signed by Governor)

AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2025, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00204-R00HB-06941-PA.PDF>

Listed below are noteworthy sections included in the state budget bill:

Hospital Nurse Staffing – Sections 54-55:

Retention of the nursing workforce is a priority of the CNA. This multifaceted issue includes staffing, workplace violence, mental health, education, debt relief and more. CNA's testimony on the initial Public Health Committee staffing bill ([SB 1067 – An Act Concerning Adequate and Safe Health Care Staffing](#)) provided a bi-partisan, clear and meaningful strategy to address hospital staffing. SB 1067 as amended died in the Judiciary Committee. However, it was ultimately resurrected in the Governor's budget bill. Over 1000 nurses wrote to their legislators. In addition, twelve nurse specialty organizations and the American Nurses' Association president, Jennifer Mensick, each wrote a letter to the Governor, all in support of the proposed changes. CNA worked with AFT, the CT Hospital Association, Governor's office, and the leadership of the Public Health Committee to reach compromise language. The final bill language which was included in the budget bill (HB 6941) was based on testimony presented to the Public Health Committee by CNA at the March 2023 public hearing.

§ 54 — HOSPITAL NURSE STAFFING PLANS - Requires hospitals to report biannually (January and July), instead of annually to DPH on their prospective nurse staffing plans and expands the plan's required contents.

§ 54 — HOSPITAL STAFFING COMMITTEES Modifies the composition to be 50%+1 bedside nurses on the committee and voting, the leadership, and the selection of hospital staffing committee membership; establishes criteria the committees must consider when developing hospital nurse staffing plans; sets standard for

notifications of the committee to all nurses, recordkeeping, and compensation requirements for committee members.

§ 54 — HOSPITAL NONCOMPLIANCE WITH NURSE STAFFING REQUIREMENTS - Requires hospitals to biannually report to DPH on their compliance with nurse staffing assignments in their nurse staffing plans; requires DPH to investigate complaints regarding nurse staffing plan violations and, when appropriate, issue orders of noncompliance that require hospitals to implement corrective action plans and pay civil penalties; allows DPH to audit nurse staffing assignments.

§ 54 — HOSPITAL NURSE PARTICIPATION IN HOSPITAL ACTIVITIES - Prohibits hospitals from requiring registered nurses to perform patient care tasks beyond the scope of their license and allows an RN to object to doing so, with limited exceptions. Creates a pathway and guidance for a nurse to address an unsafe assignment or activity.

§ 55 — RETALIATION PROTECTION: added protection for speaking up about staffing, racism and bullying

§ 55 — MANDATORY NURSE OVERTIME IN HOSPITALS - Prohibits hospitals from requiring nurses to work overtime and from discriminating or retaliating against them for refusing to do so, with limited exceptions.

§ 188 — COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH - Made changes to the advisory body to include a potential school nurse with public policy experience.

§ 253 - 255 — PHARMACIST PARTICIPATION IN HAVEN - Mandatory reporting to DCP of pharmacists or pharmacy intern if they are unable to practice safely, including mental illness, abuse or excessive drug use, illegal practices, etc. Expands Health Assistance Intervention Education Network (HAVEN) services to include pharmacists and collect a \$5 licensing fee. CNA submitted testimony in General Law on [HB 6086 An Act Expanding the Professional Assistance Program for Regulated Professions to include Pharmacists](#) on this topic.

§ 335 — GRANTS TO SCHOOLS FOR SCHOOL NURSES— Creates a grant program from June 2023-June 2025 for schools to hire and retain school nurses.

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

<https://cga.ct.gov/2023/BA/PDF/2023HB-06941-R01-BA.PDF>

Substitute Senate Bill No. 9

Public Act No. 23-97 (signed by Governor)

AN ACT CONCERNING HEALTH AND WELLNESS FOR CONNECTICUT RESIDENTS

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00097-R00SB-00009-PA.PDF>

This bill incorporates [SB 960 Establishing A Working Group To Evaluate Emergency Department Crowding](#). CNA worked with Dr. Chris Moore and CT Chapter of the Emergency Nurses Association to provide testimony and support for this bill. This bill also incorporates SB 936 on studying the healthcare workforce, CNA submitted testimony before the Public Health Committee.

Summary:

§ 8 — HEALTH CARE WORKFORCE WORKING GROUP - this includes quality of nursing education, clinical training and sites, recruitment and retention, impact of shortage on provision of services and access to care. Includes representatives from State Board of Examiners for Nursing.

§ 10 — HEALTH CARE ADJUNCT PROVIDERS SERVING AS ADJUNCT FACULTY – grant to bridge salary gap between clinical and educational settings. Provides \$20,000 to licensed health care providers who accept a position at a public institution.

§ 14 — PHYSICIAN, APRN, OR PA NON-COMPETE CLAUSES – identifies conditions for non-compete.

§ 19 — APRN LICENSURE BY ENDORSEMENT AND INDEPENDENT PRACTICE – Sets forth guidelines to allow an APRN who practiced in another state to count that practice towards Connecticut license.

§ 22 — LPN EDUCATION PILOT PROGRAM – Provides a pathway for regionally accredited higher education programs to establish an LPN pilot.

§ 23 — RECIPROcity AGREEMENTS FOR CLINICAL ROTATION TRAINING – allows office of higher education to work with one or more states to allow students to train in a clinical rotation for credit.

§ 27 — EMERGENCY DEPARTMENT CROWDING WORKING GROUP – establishes a workgroup including one representative of CT Chapter of ER Nurses, one representative of a group representing nurses in the state, and two nurse directors of ER departments.

Summary:

*Senate Amendment “A” makes numerous changes to the bill’s underlying provisions, such as:

1. setting a July 1, 2027, deadline for the Department of Mental Health and Addiction Services (DMHAS) to create the harm reduction center pilot program, requiring these centers to offer fentanyl and xylazine test strips, and removing provisions on the centers offering a separate location for safe drug use;
2. requiring opioid prescribers to encourage patients to obtain an opioid antagonist, rather than requiring prescribers to provide opioid antagonist prescriptions to certain patients;
3. requiring the Office of Workforce Strategy (OWS), rather than the Department of Public Health (DPH), to convene a working group on increasing the health care workforce, and expanding the group’s scope beyond nursing;
4. setting the amount of the grant for health care providers who become clinical faculty members under the bill’s new grant program, and requiring the program only within available appropriations; and
5. setting additional limitations on physician non-compete agreements and extending the law’s limits to non-compete agreements for advanced practice registered nurses (APRNs) and physician assistants (PAs), rather than banning these agreements for physicians and APRNs as in the underlying bill.

It adds provisions on:

1. APRN independent practice requirements, a licensed practical nursing (LPN) education pilot program, reciprocity agreements for clinical rotations, dental assistants administering x-rays, and background checks for physician and psychologist licensure applicants;
2. epinephrine administration by emergency medical services (EMS) personnel, EMS data collection and reporting, and an emergency department crowding working group;
3. the Commission on Community Gun Violence Intervention and Prevention;

4. a maternal mental health toolkit and related hospital training;
5. task forces on psychosis, rural health, and shortages in certain health professions;
6. the Opioid Settlement Fund Advisory Committee's membership and various reports related to child caregivers or pregnant individuals with substance use disorder;
7. studies on a health care magnet school program, offering certain licensure examinations in Spanish, and medical provider communication gaps for certain people; and
8. deadlines for institutions to respond to medical record requests.

It removes certain provisions from the underlying bill, such as those that would have (1) created an advisory committee for the harm reduction center pilot program; (2) required the education commissioner to create a Health Care Career Advisory Council; (3) required DPH to offer nurse's aide competency tests in both English and Spanish; (4) created a medical malpractice reform task force; and (5) required the Office of Higher Education (OHE), for purposes of a health care provider loan reimbursement program, to award at least 10% of grants to providers working full-time in rural communities.

It also makes minor and conforming changes.

*Senate Amendment "C" removes a provision added by Senate Amendment "A" that would have required OWS to study the feasibility of offering competency testing for certain health care professionals in both Spanish and English.

*House Amendment "A" modifies provisions on physician, APRN, and PA non-compete clauses, such as (1) narrowing the scope of one limitation to only situations where the provider does not agree to a material change to compensation terms, rather than any terms and (2) creating an exception to this limitation for physicians if they are part of a group practice under a certain size that has majority physician ownership. The amendment also makes minor changes to provisions on the LPN education pilot program.

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

<https://www.cga.ct.gov/2023/BA/PDF/2023SB-00009-R02-BA.PDF>

Substitute Senate Bill No. 913

Public Act No. 23-35 (signed by Governor)

AN ACT EXPANDING WORKERS' COMPENSATION COVERAGE FOR POST-TRAUMATIC STRESS INJURIES FOR ALL EMPLOYEES

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00035-R00SB-00913-PA.PDF>

CNA presented testimony in support of this bill before the Labor and Public Employees Committee. This bill acknowledges the mental health impact of experiences of nurses through their employment. CNA worked with legislators to emphasize that expanding this coverage demonstrates an understanding and normalizing of the experiences on the job and provides a pathway for treatment. This expansion acknowledges the mental distress and trauma health care workers experience during their employment.

Summary:

Starting January 1, 2024, this bill expands eligibility for workers' compensation benefits for post-traumatic stress injuries (PTSI) to cover all employees covered by the workers' compensation law.

Current law generally limits eligibility for PTSI benefits to certain first responders (e.g., police officers, firefighters, emergency medical service personnel, and emergency 9-1-1 dispatchers) who are diagnosed with PTSI as a direct result of certain qualifying events (e.g., witnessing someone's death) that occur in the line of duty. The bill instead allows any employee covered by workers' compensation law to qualify for the benefits if the same qualifying events occur in the course of the employee's employment. The PTSI benefits provided to them are subject to the same procedures and limitations that currently apply to the PTSI benefits for first responders.

EFFECTIVE DATE: January 1, 2024

Substitute House Bill No. 6741

Special Act No. 23-29 (signed by Governor)

AN ACT IMPROVING THE SAFETY OF HEALTH CARE PROVIDERS AND PATIENTS

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/SA/PDF/2023SA-00029-R00HB-06741-SA.PDF>

Retaining the current nursing workforce, including ensuring they feel safe and supported while providing care to patients is a priority for CNA. Testimony was presented in support of this bill before the Public Health Committee, but CNA stressed that more needs to be done to address workplace violence in healthcare.

Summary:

The amendment strikes the language of the underlying bill, eliminating its anticipated fiscal impact, and replaces it with language requiring the Department of Public Health (DPH) to make monthly public service announcements on its Internet web site and social media accounts for at least two years regarding: (1) discouraging aggressive or violent behavior toward any health care provider in any health care setting, (2) a competitive grant program administered by the Department of Emergency Services and Public Protection, and (3) any other programs providing an opportunity for capital investments by nonprofit hospitals to enhance patient and employee safety, which is not anticipated to result in a cost to DPH or municipalities.

Substitute Senate Bill No. 986

Public Act No. 23-147 (signed by Governor)

AN ACT PROTECTING MATERNAL HEALTH

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00147-R00SB-00986-PA.PDF>

CNA testified on this bill before the Public Health Committee focusing on our commitment to addressing interventions that support the positive maternal health outcomes for residents in CT, especially pregnant people of color. CNA has participated in the Midwifery Advisory Group.

Summary:

This bill makes various unrelated changes affecting maternal and infant health. Principally, it:

1. creates a new license category for freestanding birth centers administered by the Department of Public Health (DPH), and starting January 1, 2024, prohibits anyone from establishing or operating a birth center unless it gets this license (§§ 1-9);
2. prohibits DPH from issuing or renewing a maternity hospital license starting January 1, 2024, and repeals this licensure program on July 1, 2025 (§§ 7 & 17);
3. establishes an Infant Mortality Relief 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 (§§ 10 & 12);
4. establishes an Infant Mortality Review Committee within DPH to conduct a comprehensive, multidisciplinary review of infant deaths to reduce health care disparities, identify associated factors, and make recommendations to reduce the deaths (§§ 11 & 12); Identifies a pediatric nurse designated by the CT Nurses Association
5. 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 meet the certification requirements (§ 13);
6. establishes 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 (§ 14);
7. requires the DPH commissioner to create a midwifery working group to study and make recommendations on advancing choices for community birth care (i.e., planned home birth or birth at a birth center) and the role of community midwives in addressing maternal and infant health disparities (§ 15); and
8. requires the Office of Early Childhood (OEC) commissioner, within available appropriations, to develop and implement a statewide universal evidence-based nurse home visiting services program for all families with newborns living in the state (§ 16).

The bill also makes technical and conforming changes.

*Senate Amendment “A” replaces the underlying bill (File 425) and adds the provisions (1) requiring DPH, before issuing a birth center license, to review and

approve the information the birth center gave the Commission for Accreditation of Birth Centers, (2) establishing requirements for certain patient transfers from birth centers, (3) requiring OHS to study whether to extend the CON exemption for birth centers, and (4) establishing a Doula Advisory Committee and Doula Training Program Review Committee.

It also (1) requires, rather than allows, DPH to adopt birth center licensure regulations; (2) limits birth centers' exemption from CON requirements until June 30, 2028; (3) specifies that doulas who are not certified by DPH may still provide doula services, so long as they do not use the title "certified doula"; (4) modifies doula certification requirements; and (5) allows, rather than requires, Universal Nurse Home Visiting Program services to be offered in every community in the state and to all families with newborns based on provider capacity.

EFFECTIVE DATE: October 1, 2023, except the provisions on (1) birth center licensure fees, CON exemption, statutory definitions, and nurse- midwives practice take effect January 1, 2024; (2) the doula advisory committee, doula certification, the midwifery working group, and the universal nurse home visiting services program take effect July 1, 2023; and (3) repealing the maternity hospital licensure program take effect July 1, 2025.

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

<https://www.cga.ct.gov/2023/BA/PDF/2023SB-00986-R01-BA.PDF>

Substitute Senate Bill No. 1

Public Act No. 23-167 (signed by Governor)

AN ACT CONCERNING TRANSPARENCY IN EDUCATION

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00167-R00SB-00001-PA.PDF>

CNA and Association of School Nurses of Connecticut (ASNC) worked with Rep. Robin Comey to elevate the professional development needs of the 1300 school nurses, who care for CT's half a million children each day in our schools. CNA submitted testimony on SB 1097 - AN ACT CONCERNING SCHOOL NURSES in the Education committee on 2/24/23. The original proposed bill was changed and included in SB 1.

Summary:

§§ 34 & 35 — SCHOOL NURSES AND NURSE PRACTITIONERS

Exempts school nurses and nurse practitioners from the work experience requirement in state regulations; requires employing boards of education to provide 15 hours of professional development (an increase from 10 hours) biennially to school nurses and nurse practitioners beginning with the 2024-25 school year. In addition, requires school nurses to receive professional development on the implementation of individualized education programs and plan pursuant to Sec. 504 of the Rehabilitation Act of 1973.

Sec. 42 – INDOOR AIR QUALITY WORKING GROUP

Addresses the Indoor Air Quality of Schools. CNA worked with Chlo-Anne Bobrowski (CSDE) on this working group. Requires the working group to continue to convene and make specific recommendations related to indoor air quality of schools.

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

<https://www.cga.ct.gov/2023/BA/PDF/2023SB-00001-R01-BA.PDF>

Substitute House Bill No. 5441

Public Act No. 23-70 (signed by Governor)

AN ACT CONCERNING CLINICAL PLACEMENTS FOR NURSING STUDENTS, REPORTING BY THE OFFICE OF WORKFORCE STRATEGY, PROMOTION OF THE DEVELOPMENT OF THE INSURANCE INDUSTRY AND CONNECTICUT HIGHER EDUCATION SUPPLEMENTAL LOAN AUTHORITY STUDENT LOAN SUBSIDY PROGRAMS FOR VARIOUS PROFESSIONS

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00070-R00HB-05441-PA.PDF>

This bill was originally filed with limited content. CNA submitted testimony on related topics that were incorporated into this bill to address and support the nursing workforce, including HB 6689, public hearing was held by the Higher Education Committee on 2/23/23.

Summary:

This bill makes various unrelated changes affecting higher education statutes and programs. Principally, it does the following:

1. 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 (§ 1);
2. makes permanent a provision due to sunset under current law on October 1, 2025, that requires the Chief Workforce Officer to annually report to the governor and certain legislative committees on the Office of Workforce Strategy's workforce training programs (§ 2);
3. requires the insurance commissioner to promote the development and growth of, and employment opportunities within, the state's insurance industry (§ 3);
4. extends eligibility to the Connecticut Higher Education Supplemental Loan Authority's (CHESLA) Alliance District Teacher Loan Subsidy Program
5. amends sHB 6689 of the current session to expand a CHESLA loan subsidy program for specified health care professionals to also include emergency services professionals (§§ 7-8).

*House Amendment "A" eliminates provisions (1) creating a state income tax credit for certain licensed health care providers who provide clinical placements for nursing students as part of an agreement with higher education institutions, (2) requiring the Office of Higher Education executive director and the labor and education commissioners to jointly develop a plan to establish a registered apprenticeship program to allow certain students to work as apprentice teacher's aides, and (3) requiring CHESLA to establish a Student Loan Subsidy Program to subsidize interest rates on authority loans to eligible individuals employed in high demand professions. The amendment also (1) adds members to the task force and expands its charge to cover clinical placements at private institutions and (2) adds the provisions (a) modifying the Alliance District Teacher Student Loan Subsidy program, (b) establishing a loan subsidy program for police officers employed by distressed municipalities, and (c) amending provisions in sHB 6689 of the current session.

EFFECTIVE DATE: July 1, 2023, except the police officer student loan subsidy program provisions take effect on January 1, 2024, and the task force provision is effective upon passage.

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

<https://www.cga.ct.gov/2023/BA/PDF/2023HB-05441-R010829-BA.PDF>

Substitute Senate Bill No. 1102

Public Act No. 23-19 (signed by Governor)

AN ACT CONCERNING PHARMACIES AND PHARMACISTS

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00019-R00SB-01102-PA.PDF>

CNA presented testimony in opposition to this bill before the General Law Committee due to the expansion in the pharmacists' scope of practice. CNA will continue to work with DPH and DCP to understand Pharmacists as health care providers and encourage equitable review through the scope of practice process.

Summary:

This bill makes changes in the laws on pharmacists and consumer access to medications. Specifically, it:

1. establishes a licensing process for institutional pharmacies located in health care facilities (e.g., hospitals) to compound sterile pharmaceuticals and sell them at retail;
2. allows pharmacists to order and administer tests for COVID-19, HIV, and influenza;
3. allows pharmacists to prescribe and dispense HIV-related prophylaxis if a patient tests negative after a pharmacist-administered HIV test;
4. expands the vaccine types that pharmacists can administer and allows pharmacy technicians to administer vaccines;
5. allows pharmacists to administer an epinephrine cartridge injector to someone experiencing anaphylaxis;
6. allows pharmacies to operate mobile pharmacies in temporary locations with the Department of Consumer Protection's (DCP) approval;
7. requires pharmacies to maintain a plan to manage unscheduled closings and specifies actions that can and must be taken during these closures;
8. requires DCP to adopt regulations on prescription pickup lockers at pharmacies, but allows for their use before the regulations are adopted under specified circumstances; and
9. requires the Department of Public Health (DPH) to establish and contract for a statewide program providing HIV pre- and post-exposure prophylaxis drug assistance, if there is specified funding for it (in doing so, the bill replaces a current, narrower program).

*Senate Amendment "A" (1) adds the provisions on pharmacy technicians administering vaccines (§ 5) and the HIV prophylaxis drug assistance program (§ 17); (2) makes various changes to the underlying bill's provisions on testing for COVID-19, influenza, and HIV and prescribing HIV prophylaxis, including provisions on DCP's regulations and disclosure of test results; and (3) makes other minor changes to the bill's underlying provisions.

EFFECTIVE DATE: July 1, 2023, except the HIV prophylaxis drug program provision is effective upon passage (§ 17).

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

<https://www.cga.ct.gov/2023/BA/PDF/2023SB-01102-R01-BA.PDF>

Substitute House Bill No. 6672

Public Act No. 23-67 (signed by Governor)

AN ACT CONCERNING ENDOMETRIOSIS

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00067-R00HB-06672-PA.PDF>

CNA presented testimony in opposition to this bill before the Public Health Committee as the original bill included language with mandatory school nurse training on a specific condition.

Summary:

This bill 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 bill, UCHC must annually report on the program's implementation to the Public Health Committee, starting by January 1, 2025.

*House Amendment "A" (1) removes the provision creating a 16- member Endometriosis Data and Biorepository Program Oversight Committee; (2) specifies that the research institution UCHC collaborates with must be nonprofit and independent, and engaged in endometriosis research; and (3) requires UCHC, instead of the eliminated oversight committee, to annually report on the program.

EFFECTIVE DATE: July 1, 2023

Substitute House Bill No. 6689

Public Act No. 23-60 (signed by Governor)

AN ACT CONCERNING A CONNECTICUT HIGHER EDUCATION SUPPLEMENTAL LOAN AUTHORITY REFINANCE LOAN SUBSIDY FOR CERTAIN HEALTH CARE PROFESSIONALS

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00060-R00HB-06689-PA.PDF>

CNA provided testimony in support of this bill before the Banking Committee. CNA applauded the committee's efforts to support nurses and mental health professionals through offering this special loan refinance option.

Summary:

This bill requires the Connecticut Higher Education Supplemental Loan Authority (CHESLA) to establish a Nursing and Mental Health Care Professionals Loan Subsidy Program. This program must subsidize interest rates on CHESLA refinancing loans to certain Connecticut-licensed nurses, nurse's aides, psychologists, marital and family therapists, clinical and master social workers, and professional counselors.

Under the bill, CHESLA must enter into a memorandum of agreement with the education commissioner to establish the program's eligibility criteria and administrative guidelines. The authority must also maintain a separate, non-lapsing account to hold funds for the program required by law to be deposited there, including state appropriations and bond sale proceeds.

EFFECTIVE DATE: July 1, 2023

Substitute House Bill No. 6643

Public Act No. 23-148 (signed by Governor)

AN ACT CONCERNING INSURANCE COVERAGE FOR THE PROVISION OF MENTAL HEALTH WELLNESS EXAMINATIONS

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00148-R00HB-06643-PA.PDF>

Summary:

This bill eliminates the requirement that commercial health insurance policies cover mental health wellness examinations by a primary care provider. The bill maintains existing law's requirement that the policies cover the examinations when performed by a licensed mental health professional.

*House Amendment "A" removes the provision in the underlying bill that would have required the Department of Social Services commissioner to provide Medicaid reimbursement, to the extent allowed under federal law, for suicide risk assessments and other mental health evaluations and services provided at school-based health centers or public schools.

EFFECTIVE DATE: Upon passage

Substitute House Bill No. 6733

Public Act No. 23-31 (signed by Governor)

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/2023/ACT/PA/PDF/2023PA-00031-R00HB-06733-PA.PDF>

Summary:

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

*House Amendment "A" removes provisions from the original bill on (1) background checks for physician and psychologist licensure applicants, (2) municipal health director qualifications, and (3) certified ambulance services providing non-emergency patient transport and treatment. It adds provisions on (1) certified food inspectors, (2) local food protection program audits, (3) lead poisoning prevention and treatment, (4) music therapist licensure, (5) massage therapist continuing education, (6) funeral directors, and (7) marital and family therapists and licensed professional counselors. Among other things, it also amends provisions in the original bill by (1) requiring the DPH commissioner to temporarily, instead of permanently, suspend the examination requirement for master social worker licensure; (2) adding conditions under which assisted living services agencies may provide services to people who are not chronic and stable; and (3) adding three new members to the Commission on Community Gun Violence Intervention and Prevention.

EFFECTIVE DATE: Various

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

<https://www.cga.ct.gov/2023/BA/PDF/2023HB-06733-R010839-BA.PDF>

Substitute House Bill No. 6820

Public Act No. 23-128 (signed by Governor)

AN ACT PREVENTING AN ADVERSE ACTION AGAINST A HEALTH CARE PROVIDER DUE TO AN ADVERSE ACTION TAKEN BY ANOTHER STATE AS A RESULT OF SUCH PROVIDER'S INVOLVEMENT IN PROVIDING REPRODUCTIVE HEALTH CARE SERVICES

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00128-R00HB-06820-PA.PDF>

Summary:

This bill 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 certain reproductive health care services. It similarly limits when these employers or insurers can take adverse actions not involving other states' discipline based on allegations of 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 (hereinafter, "participation in reproductive health care services").

The bill generally prohibits the Department of Public Health (DPH), DPH professional licensing boards and commission, the Department of Consumer Protection (DCP), and Commission of Pharmacy from denying a credential or disciplining a credentialed provider due to disciplinary actions (or pending actions or complaints) in other U.S. jurisdictions solely based on the person's alleged participation in reproductive health care services. The bill creates an exception to these prohibitions if the person's underlying conduct would be subject to disciplinary action under Connecticut law had the conduct occurred in Connecticut.

Additionally, the bill generally prohibits DPH-licensed health care institutions from revoking a provider's credentials or privileges or taking related adverse actions (1) based solely on the provider's alleged participation in reproductive health care services or (2) due to another U.S. jurisdiction's disciplinary actions solely based on this alleged participation. Among other exceptions, the bill generally allows institutions to discipline a provider for conduct that violates the institution's policies or rules and is provided within the scope of employment.

Lastly, the bill prohibits, without exception, professional liability insurers from taking adverse action against a health care provider (such as denying coverage or increasing rates) if it was based solely on (1) the provider's alleged participation in reproductive health care services or (2) another U.S. jurisdiction's disciplinary actions solely based on this alleged participation.

In all cases, the bill's prohibitions apply regardless of whether the patient receiving the reproductive health care services was a Connecticut resident. Under the bill, "reproductive health care services" include all medical, surgical, counseling, or referral services related to the human reproductive system, including services related to pregnancy, contraception, and pregnancy termination, and all medical care related to gender dysphoria treatment.

*House Amendment "A" strikes the underlying bill and replaces it with generally similar provisions. Among various other changes, the amendment (1) adds provisions on DPH licensing boards and the Commission of Pharmacy; (2) specifies the types of prohibited actions involving applicants; and (3) makes several changes to exceptions in the underlying bill, such as allowing health care institutions to take adverse actions for conduct that violates the institution's policies and that occurred during the scope of employment.

EFFECTIVE DATE: Upon passage

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

<https://www.cga.ct.gov/2023/BA/PDF/2023HB-06820-R010811-BA.PDF>

House Bill No. 6835

Public Act No. 23-195 (signed by Governor)

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00195-R00HB-06835-PA.PDF>

Summary:

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

1. prohibits outpatient surgical facilities and certain hospitals from employing a person to provide surgical technology services unless the person meets specified training or experience requirements (§ 1);
2. 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 (§§ 12 & 13);
3. authorizes hospitals to appoint their medical staff or individual medical staff members every two or three years (§ 14);
4. generally requires hospitals to give the mother of a stillborn child written notification about the child's burial and cremation arrangement options within 24 hours after the stillbirth, and requires the mother to tell the hospital about her decision on the disposition before her discharge from the facility (§ 15);
5. declares homelessness a public health crisis that will continue until the right of homeless individuals to receive emergency medical care is adequately safeguarded and protected (§ 16);
6. modifies marital and family therapist (MFT) associate licensure requirements and allows licenses to be renewed multiple times, instead of only once as under current law (§ 17); and
7. authorizes the Department of Public Health (DPH), starting February 1, 2024, to issue one-year, non-renewable temporary permits to applicants

for licensure as a doctoral-level psychologist if they meet certain requirements (§ 18).

The bill also makes various technical changes in statutes related to, among other things, opioid patient treatment agreements, collaborative care models, social worker licensure examinations, maternal mental health day, and regional behavioral health action organizations (§§ 2- 11).

*House Amendment "A" replaces the underlying bill and (1) expands the types of training and education experience that qualifies a person to work as a surgical technologist; (2) removes provisions in the underlying bill that would have authorized tribal lands to issue birth and death certificates, increased the number of continuing education units a licensed massage therapist may complete online, and created a new retirement licensure category for psychologists; and (3) adds the provisions on the Counseling Compact, medical staff appointments, stillbirths, declaring homelessness a public health crisis, MFT associate licensure, and temporary permits for doctoral-level psychologists.

EFFECTIVE DATE: October 1, 2023, except that the provisions on (1) the Counseling Compact, stillbirths, and MFT associate licensure take effect July 1, 2023, and (2) medical staff appointments and declaring homelessness a public health crisis take effect upon passage.

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

<https://www.cga.ct.gov/2023/BA/PDF/2023HB-06835-R01-BA.PDF>

Senate Bill No. 2

Public Act No. 23-101 (signed by Governor)

AN ACT CONCERNING THE MENTAL, PHYSICAL AND EMOTIONAL WELLNESS OF CHILDREN

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00101-R00SB-00002-PA.PDF>

Summary:

*Senate Amendment "A" strikes the underlying bill and replaces it with provisions that make several changes to the underlying bill. It eliminates the provision that would have allowed a municipality to designate a municipal public library a

“sanctuary library” and instead prohibits any principal public library from receiving state grants if it fails to maintain and adhere to certain collection policies approved by its governing body.

It also makes changes that address (1) licensure of social workers and other professionals, (2) translation services for Birth-to-Three individualized family service plans, (3) paid sick leave related to certain family violence and sexual assault victims, (4) a pandemic-related study by the Task Force to Study Children’s Needs, (5) Department of Social Services (DSS) funding related to HUSKY Health program eligibility and enrollment, and (6) State Department of Education (SDE) services for at-risk teenage students.

The amendment also adds provisions that (1) establish the Behavioral Health Advocate Advisory Committee; (2) require appointed or assigned counsel representing children in abuse or neglect cases to continue for the duration of the court proceedings; (3) require the Commission on Women, Children, Seniors, Equity, and Opportunity (CWCSEO) to study community-based bereavement and counseling resource centers; (4) allow play-based learning; (5) expand the Autism Spectrum Disorder Advisory Council’s duties; and (6) require the Social and Emotional Learning and School Climate Advisory Collaborative to make recommendations on ways to promote the social and emotional development of young children.

EFFECTIVE DATE: Various

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

<https://www.cga.ct.gov/2023/BA/PDF/2023SB-00002-R01-BA.PDF>

Senate Bill No. 100

Public Act No. 23-74 (signed by Governor)

AN ACT ESTABLISHING AN ACCOUNT IN THE GENERAL FUND TO PROVIDE GRANTS TO TOWNS THAT NEED PFAS TESTING AND REMEDIATION

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00074-R00SB-00100-PA.PDF>

Summary:

This bill establishes a separate, non-lapsing account in the General Fund for grants or reimbursements for municipalities to test for and remediate PFAS contamination in drinking water supplies (the “PFAS Testing account”). A “municipality” is any political subdivision of the state with the power to make appropriations or to levy taxes, including any town, city, or borough, or any tax district or association, excluding the Metropolitan District of Hartford County (CGS § 7-381).

Under the bill, the Department of Energy and Environmental Protection (DEEP) commissioner must use the account funds in consultation with the public health commissioner. The account must contain any moneys the law requires to be deposited into it, and it may receive funds from private or public sources, including the federal government.

PFAS (“perfluoroalkyl and polyfluoroalkyl substances”) are all members of the class of fluorinated organic chemicals that have at least one fully fluorinated carbon atom (CGS § 22a-255h). These chemicals are used to make certain coatings and products that are resistant to heat, oil, stains, grease, and water.

*Senate Amendment “A” eliminates a provision in the original bill appropriating \$25 million to DEEP for the account for FY 24.

*Senate Amendment “B” defines a “municipality” and allows the account to provide for reimbursements in addition to grants.

EFFECTIVE DATE: July 1, 2023

Substitute Senate Bill No. 989

Public Act No. 23-186 (signed by Governor)

AN ACT CONCERNING NONPROFIT PROVIDER RETENTION OF CONTRACT SAVINGS, COMMUNITY HEALTH WORKER MEDICAID REIMBURSEMENT AND STUDIES OF MEDICAID RATES OF REIMBURSEMENT, NURSING HOME TRANSPORTATION AND NURSING HOME WAITING LISTS.

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00186-R00SB-00989-PA.PDF>

Summary:

The bill makes several changes in laws affecting nursing homes to address air conditioning requirements, transportation, waitlists, and background checks, as described in the section-by-section analysis below.

*Senate Amendment "A" principally (1) adds provisions creating a working group on financing nursing home air conditioning and requiring background checks when admitting out-of-state inmates and parolees to certain nursing home facilities; (2) moves up the deadline for the air conditioning report from the Department of Public Health (DPH) by one year from January 1, 2025, to January 1, 2024; (3) requires CHEFA to additionally submit its report on its air conditioning assistance account to the Appropriations and Finance, Revenue and Bonding committees; (3) changes the membership and leadership for the nursing home waitlist working group; and (4) removes provisions in the underlying bill that would have (a) authorized the Department of Social Services (DSS) to establish a grant program to fund nonemergency transportation, (b) required additional notice for involuntary transfers by nursing homes, (c) required nursing homes to submit expenditure summaries to DSS, and (d) broadened nursing home related party cost reporting requirements.

EFFECTIVE DATE: Various

Substitute Senate Bill No. 1075

Public Act No. 23-174 (signed by Governor)

AN ACT CONCERNING HOSPICE AND PALLIATIVE CARE

Hyperlink to bill: <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00174-R00SB-01075-PA.PDF>

Summary:

This bill makes several changes related to the provision of hospice care services, including:

1. requiring the Department of Public Health (DPH), by January 1, 2024, to establish a Hospice Hospital at Home pilot program to provide in-home hospice care to patients through in-person visits and telehealth (§ 1);
2. allowing the Department of Social Services (DSS) commissioner to apply for a Medicaid Section 1115 waiver to provide Medicaid reimbursement for hospice services delivered under the bill's pilot program, to the same level DSS reimburses for Medicaid hospital-based hospice services (§ 5);

3. allowing (a) an advanced practice registered nurse (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 and (b) a registered nurse (RN) to do so under physician supervision (§ 2); and
4. requiring certain individual and group health insurance policies to 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 (§§ 3 & 4).

EFFECTIVE DATE: July 1, 2023, for the pilot program provision; upon passage for the provision on the DSS Medicaid 1115 waiver; October 1, 2023, for the provision allowing hospice homecare agency APRNs and RNs to administer IV fluids and medications; and January 1, 2024, for the provisions on insurance coverage for in-home hospice care services.

PRIORITY BILLS WHICH DIED DURING THE 2023 SESSION:

Bill Number	Bill Title	Action
SB 1067	AN ACT CONCERNING ADEQUATE AND SAFE HEALTH CARE STAFFING	Incorporated into HB 6941 (budget bill)
SB 960	AN ACT ESTABLISHING A WORKING GROUP TO EVALUATE EMERGENCY DEPARTMENT CROWDING	Incorporated into SB 9
SB 1097	AN ACT CONCERNING SCHOOL NURSES	Incorporated into SB 1
SB 936	AN ACT CONCERNING WORKFORCE DEVELOPMENT	Incorporated into SB 9
HB 6689	AN ACT CONCERNING A CONNECTICUT HIGHER EDUCATION SUPPLEMENTAL LOAN AUTHORITY REFINANCE LOAN SUBSIDY FOR CERTAIN HEALTH CARE PROFESSIONALS	Passed and various sections were incorporated into HB 5441
SB 796	AN ACT CONCERNING WORKING GROUP RECOMMENDATIONS RELATED TO INDOOR AIR QUALITY	Died in Education Committee. Incorporated into SB 1
HB 6086	AN ACT EXPANDING THE PROFESSIONAL ASSISTANCE PROGRAM FOR REGULATED PROFESSIONS TO INCLUDE	Incorporated into HB 6941 (budget bill)

	PHARMACISTS	
HB 5438	AN ACT ESTABLISHING A DEBT-FREE STATE COLLEGE PROGRAM FOR EMPLOYEES OF DAY CARE FACILITIES, HOME HEALTH CARE AGENCIES AND NURSING HOMES	Died in Higher Education and Employment Advancement Committee
SB 1076	AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS	Died in Judiciary Committee
SB 1016	AN ACT CONCERNING TRUTH IN ADVERTISING BY HEALTH CARE PROVIDERS	Died in Public Health Committee – included title nurse protection. CNA provided testimony in strong support of title nurse protection (section 4)
SB 796	AN ACT CONCERNING WORKING GROUP RECOMMENDATIONS RELATED TO INDOOR AIR QUALITY	Died in the Education Committee. Incorporated into SB 1
HB 6148	AN ACT CONCERNING MINIMUM STAFFING LEVELS FOR NURSES	Died in Public Health Committee