End-of-Session Report for Connecticut Nurses' Association

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Brown Rudnick is pleased to provide this 2018 End of Session report to the Connecticut Nurses' Association (CNA) and we appreciate the opportunity to continue to work together.

The 2018 Regular Session convened on February 7th and adjourned at midnight on May 9th. As has been the case in recent sessions, the state budget was the preeminent issue on the legislature's plate this year. The General Assembly approved a bipartisan state budget on the last day of the legislative session. The $20.85 billion budget agreement increases spending by 2.1 percent but does not include any tax increases. Despite much discussion over recent months, the budget was approved without any funding from electronic highway tolls or the legalization of recreational marijuana. An influx of state income tax receipts in April, mainly relating to one time capital gains and investment receipts, lessened the severity of the deficit and the legislature adopted a state budget.
A summary of Public Act 18-81 is included later in this report.

The General Assembly considered many bills during this very challenging three month session. With regard to the CT Nurses' Association, bills that affected the nursing industry were considered in the Public Health, Children's, Human Services, Education, Judiciary and Environment Committees. CNA presented testimony on many bills before these committees. CNA's priority bill, "An Act Allowing Medical Assistants to Administer Vaccines and Nebulizer Treatments" did not pass the Legislature this session. CNA presented testimony in opposition to this bill before the Public Health Committee. Another bill which CNA opposed, "An Act Concerning Naturopaths" which established a procedure for naturopathic physicians to administer prescription medications was also defeated. In addition, CNA presented testimony in support of a bill which created a working group to provide consumers with access to information regarding the safety of sports helmets. The bill passed with CNA as a member of the working group (Special Act 18-15).

CNA, along with their lobbyists, coordinated a very successful Legislative Advocacy Day at the State Capitol this session. Many nurses came to the Capitol to speak with legislators and advocate on behalf of the issues affecting the nursing industry.

The summaries included in this report are taken from our master tracking list that we send out weekly. If there are other issues or items that you would like additional information on, please do not hesitate to contact us. It has been a pleasure working with you this session.

Substitute House Bill No. 5149
Public Act No. 18-171

AN ACT CONCERNING SOBER LIVING HOMES

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00171-R00HB-05149-PA.htm

OLR Summary:

This bill contains various provisions regarding the oversight of sober living homes. Under the bill, these homes are alcohol- and drug-free residences where (1) unrelated adults who are recovering from substance use disorder choose to live together in a supportive environment during their recovery and (2) no formal substance use disorder treatment services are provided. Specifically, the bill:

1. permits a certified sober living home's operator to report the home's certified status to the Department of Mental Health and Addiction Services (DMHAS) if certain conditions are met;

2. requires an operator that does so to also provide DMHAS with the number of available beds the home has at the time of the report and weekly thereafter;

3. requires DMHAS to post on its website a list of these certified sober living homes as well as the number of available beds at each home and update the information weekly;

4. establishes certain advertising and marketing requirements and restrictions for sober living home operators;

5. requires DMHAS to (a) create a one-page disclosure form for operators to distribute to potential residents and (b) post the form on the department's website; and

6. authorizes DMHAS to adopt implementing regulations.

*House Amendment "A" replaces the original bill (File 348). It modifies provisions on the (1) certification requirements for sober living homes and (2) frequency that their bed availability must be reported, updated, and posted online. It also adds the provisions on (1) opioid antagonists, (2) advertising and marketing requirements, and (3) the DMHAS disclosure form.

EFFECTIVE DATE: October 1, 2018

Substitute House Bill No. 5163
Public Act No. 18-168

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/2018/ACT/pa/2018PA-00168-R00HB-05163-PA.htm

Hyperlink to section - by - section summary of bill:

https://www.cga.ct.gov/2018/BA/2018HB-05163-R01-BA.htm

This bill includes the Department of Public Health's recommendations regarding various revisions to the public health statutes. Listed below are summaries of specific sections of interest to CNA. Please see the hyperlink above for a copy of the entire bill as well as a section-by-section summary.

OLR Summary:

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

***House Amendment "A"** makes minor and technical changes to the underlying bill. It also adds the provisions on (1) alcohol and drug counselors; art therapists; dental assistants; marital and family therapy, professional counselor, and psychology students; massage therapists; nuclear medicine technologists; physical therapists; physician assistant orders and supervision; and respiratory care therapists; (2) extending the Food Code implementation date and designating alternate certified food protection managers; (3) long-term care facility and DDS facility background check programs; (4) DPH's Office of Oral Health; (5) the Tobacco and Health Trust Fund; (6) acknowledgements of paternity; (7) municipal and district health departments; (8) public water systems; (9) amniotic fluid embolism education; (10) podiatric ankle surgery; (11) the Connecticut Aids Drug Assistance and Connecticut Insurance Premium Assistance Programs; (12) nursing home reportable events; and (13) school oral health assessments. It also expands provisions on dental hygienist practice without supervision.

EFFECTIVE DATE: October 1, 2018, except as otherwise noted

§§ 34-39 — ADVANCED PRACTICE REGISTERED NURSES (APRNS) AND ADVANCE DIRECTIVES

Adds APRNs into the laws on living wills and other advance directives, authorizing them to perform certain functions that currently may be performed only by a physician

The bill incorporates APRNs into the laws on living wills and other advance directives. In doing so, it extends to APRNs the authority to perform certain functions that currently may be performed only by a physician or, in some cases, other specified providers.

For example, current law provides that a living will or appointment of a health care representative becomes operative when the document is given to the attending physician and the physician determines the person to be incapacitated. The bill provides that such a document also takes effect when given to a patient's APRN who determines the person to be incapacitated.

The bill makes several corresponding and conforming changes. For example, it adds references to APRNs into the law's standard forms for advance directives (e.g., form language stating that the patient's APRN, not just physician as under current law, may rely on the document's health care instructions and decisions made by the patient's health care representative).

It provides in the forms that an APRN, not just a physician, may make the determination that a patient is suffering from a terminal condition. It makes a corresponding change to the existing definition of "terminal condition" for these purposes (see § 34).

Current law provides that, if a resident of a facility operated or licensed by the Department of Mental Health and Addiction Services or Department of Developmental Services seeks to execute a document appointing a health care representative, at least one witness must be a physician or clinical psychologist with specialized training in treating mental illness or developmental disabilities, respectively. In both situations, the bill adds APRNs to the list of eligible witnesses (§ 37).

§§ 4 & 541 — DENTAL HYGIENISTS

Allows dental hygienists with at least two years' experience to practice without a dentist's general supervision at senior centers, managed residential communities, or child care centers.

The bill permits dental hygienists with two years of experience to practice without a dentist's general supervision at senior centers, managed residential communities, or licensed child care centers. Hygienists with two years of experience can already practice without such supervision at DPH-licensed health care institutions; community health centers; group homes; schools; preschools operated by local school boards; Head Start programs; and programs offered or sponsored by the Women, Infants, and Children (WIC) program (collectively, "public health facilities").

As is already the case for such practice at other public health facilities, the bill requires hygienists practicing at senior centers, managed residential communities, or licensed child care centers to refer to a dentist any patients with needs outside of the hygienist's scope of practice (CGS § 20-126*l*(f)).

Under existing law, a dental hygienist may substitute eight hours of volunteer practice at a public health facility for one hour of continuing education, up to a maximum of five hours in a two-year period (CGS § 20-126*l*(g)). This applies under the bill to volunteer practice at senior centers or managed residential communities.

Under existing law and the bill, managed residential communities are facilities consisting of private residential units that provide a managed group living environment for persons who are primarily 55 years old or older. The term does not include state-funded congregate housing facilities.

EFFECTIVE DATE: October 1, 2018, except that the provision on child care centers takes effect July 1, 2018.

§§ 7-9 — ASTHMA PROGRAM

Consolidates certain DPH reporting requirements related to asthma screening and makes related changes

Current law requires DPH to (1) maintain an asthma monitoring system, and annually report on the status and results of the system and statewide asthma plan and (2) report every three years on the asthma screening information provided to DPH by school districts (i.e., the total number of students per school and per district with asthma upon enrollment and in specified grades). The bill eliminates the annual report and instead incorporates, into the triennial report, information on the activities of the asthma monitoring system.

It extends the due date for the next triennial report from October 1, 2019 to October 1, 2021. It requires DPH, starting by that date and every three years after that, to post on its website the activities of the asthma monitoring system, including the information the department collects from school districts.

The bill removes certain specific requirements for the asthma monitoring system, such as that (1) it include reports of asthma visits and the number of people with asthma, as voluntarily reported by health care providers and (2) the commissioner use the system to estimate the annual incidence and distribution of asthma in the state, including based on certain demographic criteria.

The bill also removes certain obsolete provisions and makes other technical changes.

§ 513 — PHYSICIAN ASSISTANT (PA) ORDERS

Removes the authority for a PA to order an APRN to administer a controlled substance

The bill specifies that a PA does not have the authority to order an APRN to administer a controlled substance.

EFFECTIVE DATE: Upon passage

§ 527 — AMNIOTIC FLUID EMBOLISM

Requires DPH, by January 1, 2019, to develop and post on its website educational materials for health care professionals on the signs and symptoms of amniotic fluid embolism and distribute them to specified health care entities by July 1, 2019

The bill requires DPH to develop and post on its website, materials to educate health care professionals on the signs and symptoms of amniotic fluid embolism (AFE) (see BACKGROUND). The department must do this by January 1, 2019, and in consultation with (1) the AFE Foundation and (2) a licensed physician specializing in obstetrics and gynecology who is recommended by the Connecticut State Medical Society.

Under the bill, DPH must distribute the educational materials by July 1, 2019, to the following entities to distribute to their members and post on their websites: the Connecticut State Medical Society, American College of Nurse-Midwives' Connecticut Affiliate, Connecticut Advanced Practice Registered Nurse Society, Connecticut Nurses Association, and Connecticut Hospital Association. DPH must also provide the materials to each Connecticut medical school for dissemination to its students.

The bill also requires DPH to provide the educational materials to the Public Health Committee by July 1, 2019.

Finally, the bill provides that its provisions cannot be construed to override professional medical judgement or restrict the use of other educational or instructional materials.

AFE is a pregnancy complication that is unpreventable and often fatal. It occurs when the mother or baby experiences an allergic-like reaction to amniotic fluid entering the mother's circulatory system. Among other things, the condition may cause rapid respiratory failure, cardiac arrest, and hemorrhaging at the site of the placental attachment or cesarean incision.

EFFECTIVE DATE: Upon passage

§§ 534-537 — RESPIRATORY CARE THERAPISTS

Expands and updates the scope of practice of respiratory therapists; makes minor changes to update licensure requirements; and increases annual continuing education requirements from six to 10 hours

The bill makes various changes affecting respiratory care therapists, including (1) expanding and updating their scope of practice, (2) making minor changes to update licensure requirements, and (3) increasing annual continuing education requirements from six to 10 hours.

Scope of Practice (§ 534)

The bill expands the scope of practice of respiratory care practitioners to include:

1. inserting, monitoring, and maintaining arterial catheters;

2. monitoring and maintaining other cardiovascular indwelling catheters, including central venous and pulmonary artery catheters;

3. inserting intravenous and intraosseous (i.e., bone marrow) catheters in appropriately identified health care settings (e.g., medical evaluation and transport vehicles and outpatient bronchoscopy, long-term care, and rehabilitation facilities) if the practitioner completed a competency-based training and education program to do so;

4. inserting nasogastric tubes, including those used to sense diaphragmatic movements; and

5. monitoring and maintaining extracorporeal life support, including extracorporeal membrane oxygenation (ECMO) and extracorporeal carbon dioxide removal in appropriately identified health care settings (e.g., adult, pediatric, and neonatal intensive care units), if the practitioner meets specified standards (see below).

A respiratory care therapist may only perform the functions related to extracorporeal life support if he or she:

1. is a registered respiratory therapist by the National Board for Respiratory Care and successfully completed the examination necessary to obtain such certification;

2. has neonatal, pediatric, or adult critical care clinical experience;

3. completed education and training to practice as an ECMO specialist in accordance with the Extracorporeal Life Support Organization's training and continuing education guidelines;

4. practices as an ECMO specialist under the direction and supervision of a licensed physician trained in ECMO;

5. does not participate in ECMO procedures that occur in an operating room, except in the case of a life-threatening emergency requiring the immediate resuscitation of a patient; and

6. if performing these functions in a hospital setting, is approved by the hospital's critical care committee.

Licensure Requirements (§ 535)

The bill makes minor and technical changes to update licensure requirements for respiratory care practitioners. It allows applicants to complete educational programs accredited by the Commission on the Accreditation for Respiratory Care, instead of only those programs:

1. accredited by the Committee on Allied Health Education and Accreditation or the Commissioner on Accreditation of Allied Health Education Programs, in cooperation with the Joint Review Committee for Respiratory Therapy Education or

2. recognized by the Joint Review Committee for Respiratory Therapy Education.

Continuing Education Requirements (§§ 536 & 537)

The bill increases the annual continuing education requirement for respiratory care practitioners from six to 10 hours. At least five hours must include real-time education with opportunities for live interaction, such as in-person phone conferences and real-time webinars. As under current law, continuing education must be directly related to respiratory therapy and reflect the practitioner's professional needs in order to meet the public's health care needs.

Under the bill, the requirements apply to license registration periods starting January 1, 2019.

The bill also makes a related conforming change.

EFFECTIVE DATE: January 1, 2019

§ 538 — SUPERVISION OF PHYSICIAN ASSISTANTS

Removes the cap on the number of PAs that a physician may supervise

The bill removes the current limitation that a physician may serve as the supervising physician for no more than six full-time PAs or the part-time equivalent.

EFFECTIVE DATE: July 1, 2018

§§ 539 & 540 — SCHOOL ORAL HEALTH ASSESSMENTS

Requires local and regional boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10; establishes related requirements on, among other things, parental notification and consent, assessment forms, and records access

The bill requires local and regional boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. It establishes related requirements on providers authorized to perform the assessments, parental consent, assessment forms, notification, and records access.

The bill also makes technical changes.

EFFECTIVE DATE: July 1, 2018

Providers Authorized to Perform Assessments

Under the bill, the assessment may be conducted by:

1. a dentist or dental hygienist or

2. a physician, physician assistant (PA), or an advanced practice registered nurse (APRN), if he or she is trained in conducting such assessments as part of a DPH-approved training program.

If a dentist conducts the assessment, it must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

Parental Consent

The bill prohibits an oral health assessment as described above from being performed unless (1) the child's parent or guardian consents and (2) the assessment is made in the presence of the parent or guardian or another school employee. The parent or guardian must receive prior written notice and have a reasonable opportunity to opt his or her child out of the assessment, be present at the assessment, or provide for the assessment himself or herself.

The bill prohibits a school board from denying a child's public school enrollment or continued attendance for not receiving such an oral health assessment.

Notice of Free Oral Health Assessment Events

Under the bill, a school board must provide prior notice to the parents or guardians of a school's students if the board hosts a free oral health assessment event at which a qualified provider performs such oral health assessments.

The parents and guardians must have the opportunity to opt their children out of the assessment event. If the parent or guardian does not do so, the child must receive an assessment free of charge.

The bill prohibits the child from receiving any dental treatment as part of the assessment event without the parent's or guardian's informed consent.

Assessment Form; Review by School Health Personnel

Under the bill, the results of an oral health assessment must be recorded on forms supplied by the State Board of Education. The form must include a check box for the provider to indicate any low, moderate, or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling, or trauma.

The provider performing the assessment must completely fill out and sign the form. If the provider has any recommendations, they must be in writing. For any child who receives an oral health assessment, the results must be included in the child's cumulative health record and kept on file in the school.

The bill requires appropriate school health personnel to review the assessment results. When, in the health personnel's judgment, a child needs further testing or treatment, the school superintendent must give written notice to the child's parent or guardian and make reasonable efforts to ensure that further testing or treatment is provided. These efforts must including determining whether the parent or guardian obtained the necessary testing or treatment for the child and, if not, advising the parent or guardian on how to do so.

The results of the further testing or treatment must be recorded on the assessment forms and reviewed by school health personnel.

Record Access and Confidentiality

As under existing law regarding school health assessments, the bill provides the following for oral health assessments:

1. no records of any such assessment may be open to public inspection; and

2. each provider who conducts an assessment for a child seeking to enroll in a public school must provide the assessment results to the school district's designated representative and a representative of the child.

§ 542 & 543 — DENTAL ASSISTANTS AND FLUORIDE VARNISH

Allows dental assistants to provide fluoride varnish treatments, if the dentist directly supervises the assistant in providing the treatment

The bill allows dentists to delegate to dental assistants the provision of fluoride varnish treatments. The bill defines such treatments as the application of a highly concentrated form of fluoride on the surface of the teeth.

As with other procedures that a dentist delegates to a dental assistant, the treatments must be performed under direct supervision and the supervising dentist must assume responsibility for the procedure.

Substitute House Bill No. 5208
Public Act No. 18-159

AN ACT CONCERNING MAMMOGRAMS, BREAST ULTRASOUNDS AND MAGNETIC RESONANCE IMAGING OF BREASTS

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00159-R00HB-05208-PA.htm

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OLR Summary:

This bill expands coverage for mammograms and tomosynthesis under certain health insurance policies. It does so by defining "mammogram" as a mammographic examination or breast tomosynthesis, including any procedure with one of 13 specific Healthcare Common Procedure Coding System (HCPCS) billing codes or any subsequent corresponding codes.

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. It also applies to individual policies providing limited health benefits.

By law, such policies must cover baseline mammograms for women age 35 through 39, and annual mammograms for women age 40 or older. The federal Affordable Care Act prohibits certain health insurance policies from imposing copays or deductibles for mammograms conducted according to national guidelines.

*House Amendment "A" adds the following three billing codes to the definition of mammogram: 77065, 77066, and 77067.

EFFECTIVE DATE: January 1, 2019

Substitute House Bill No. 5210
Public Act No. 18-10

AN ACT MANDATING INSURANCE COVERAGE OF ESSENTIAL HEALTH BENEFITS AND EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00010-R00HB-05210-PA.htm

OLR Summary:

This bill requires certain health insurance policies to cover 10 essential health benefits, which are the same benefits the federal Patient Protection and Affordable Care Act (ACA) (P.L. 111-148, as amended) requires most policies to cover. It authorizes the insurance commissioner to adopt related regulations.

The bill also requires certain health insurance policies to cover specified benefits and services, including preventive health care services; immunizations; and contraceptive drugs, devices, and products approved by the U.S. Food and Drug Administration (FDA). It generally requires the policies to cover these benefits and services in full with no cost sharing (such as coinsurance, copayments, or deductibles), except policies may impose cost sharing when an out-of-network provider renders the benefits and services. The bill provides that high deductible plans designed to be compatible with federally qualified health savings accounts must comply with the cost-sharing prohibition to the extent permitted by federal law without disqualifying the account for the applicable federal tax deduction.

The ACA generally requires health insurance policies, except grandfathered ones, to cover these benefits and services with no cost sharing. (Grandfathered plans are those that existed before March 23, 2010 that have not made significant coverage changes since that date.)

With respect to contraception, the bill requires policies to cover a 12-month supply of an FDA-approved contraceptive drug, device, or product when prescribed by a licensed physician, physician assistant, or advanced practice registered nurse (APRN). The supply may be dispensed at one time or at multiple times, but an insured person cannot receive a 12-month supply more than once per plan year.

The bill generally applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. However, only individual policies and group policies covering small employers (up to 50 employees) must cover the 10 essential health benefits. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

*House Amendment "A" replaces the underlying bill with similar provisions. Among other things, it revises the contraception coverage requirement and associated religious exemption (§§ 11 & 12). It also (1) limits the applicability of the essential health benefits requirement to individual and small employer group insurance policies (§§ 1 & 2), (2) prohibits policies from including annual limits on the dollar value of essential health benefits (§§ 9 & 10), (3) clarifies the applicability of the cost-sharing prohibition to high deductible plans (§§ 3-12), and (4) allows cost sharing for the required benefits and services when they are rendered by out-of-network providers (§§ 3-10).

EFFECTIVE DATE: January 1, 2019

Substitute House Bill No. 5291
Special Act No. 18-15

AN ACT CONCERNING A STUDY ON ACCESS TO INFORMATION REGARDING THE SAFETY OF SPORTS HELMETS

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/sa/2018SA-00015-R00HB-05291-SA.htm

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CNA testified before the Public Health Committee in support of this legislation which establishes a working group to develop recommendations for creating a system for rating the safety of youth athletic protective headgear. CNA is a member of the

working group which will report its findings by January 1, 2019. Please click on the hyperlink for a copy of the entire bill.

OLR Summary:

The Department of Public Health shall convene a working group to develop recommendations for creating a system for rating the safety of youth athletic protective headgear and for public disclosure of such protective headgear's safety rating. The working group shall recommend, based on performance standards for youth athletic protective headgear, the data that should be collected for purposes of (1) developing a safety ratings system to identify which youth athletic protective headgear best protects against head injury, and (2) determining the best way to make such safety ratings available to the public to allow consumers to easily compare overall performance amongst different models of youth protective headgear. The working group shall report its findings and recommendations on or before January 1, 2019.

Substitute House Bill No. 5293
Public Act No. 18-109

AN ACT CONCERNING THE SALE OF ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00109-R00HB-05293-PA.htm

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OLR Summary:

This bill allows retail establishments to sell e-cigarettes (i.e., electronic delivery systems or vapor products) to consumers only through employee-assisted sales where customers cannot access the e-cigarettes without the employee's assistance. It expressly prohibits these establishments from selling or offering for sale e-cigarettes through self-service displays.

The bill exempts from the requirements retail establishments that prohibit minors from entering and post notice of the prohibition clearly at all of the establishment's entrances.

Existing law, unchanged by the bill, prohibits selling e-cigarettes to minors.

*House Amendment "A" replaces the original bill (File 359), which required e-cigarette retailers to sell e-cigarettes in accordance with federal regulations on direct, face-to-face sales of cigarettes and smokeless tobacco products.

EFFECTIVE DATE: October 1, 2018

Substitute House Bill No. 5446
Public Act No. 18-182

TITLEAN ACT CONCERNING MINOR REVISIONS AND ADDITIONS TO THE EDUCATION STATUTES

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00182-R00HB-05446-PA.htm

House Amendment "A" (LCO 4846) which passed the legislature removed the requirement that newly hired school nurses complete 12 hours of professional development during their first year on the job. This training requirement was removed from the bill due to the fiscal note.

OLR Summary:

This bill makes the following changes in the education statutes:

1. delays, by one year, the transition of the Technical Education and Career System (TECS) (formerly known as the technical high school system) into an independent state agency, separate from the State Department of Education (SDE) (§§ 7-17);

2. makes instruction on opioid use and related disorders part of the state's required public school program of instruction (§ 2);

3. requires the State Board of Education (SBE) to assist local and regional boards of education in including instruction related to Connecticut's "safe haven law" (§ 2);

4. creates a process to exempt small school districts from enrolling as Medicaid providers and other related state requirements (§ 21).

5. extends youth service bureau grant eligibility to bureaus who applied for grants in FY 18 (§ 1);

6. requires school districts' chronic absenteeism and prevention plans to include a way to collect and analyze data on student attendance, truancy, and chronic absenteeism for students with disabilities (§ 3);

7. requires SDE to identify effective truancy intervention models for boards of education that address the needs of students with disabilities and include them in a listing made available to the boards (§ 4);

8. establishes a 12-member task force to study high school interscholastic athletics programs and must submit its report to the Education Committee by January 1, 2019 (§§ 19 & 20); and

9. prohibits a board of education from denying certain students from enrolling in an agricultural science and technology education center ("vo-ag center") (§ 22).

It makes other minor changes, including requiring (1) the Children's Committee's annual children's report card to include, in addition to existing categories, data indicators according to disability (see BACKGROUND) (§ 5) and (2) the After School Committee to report recommendations to the Appropriations and Education committees to improve summer and after school programs (§ 6). The bill also makes technical and conforming changes.

***House Amendment "A" (1) removes a requirement that newly hired school nurses complete 12 hours of professional development during their first year on the job;** (2) changes the deadline, from August 15, 2017 to August 15, 2018, for SDE to identify and list for school districts all effective truancy intervention models; and (3) requires the After School Committee to report on recommendations to improve summer and after school programs.

*House Amendment "B" delays by one year the transition of TECS into an independent state agency separate from SDE.

*House Amendment "C" (1) makes instruction on opioid use and related disorders part of the state's required public school program of instruction, (2) eliminates a provision in the underlying bill making Connecticut's "safe haven law" a required public school program of instruction and instead requires SBE to assist and encourage school districts to include safe haven instruction, and (3) requires the Department of Children and Families (DCF) to provide instructional materials related to the safe haven law to boards of education and SBE.

*House Amendment "D" establishes a task force to study high school interscholastic athletics programs and repeals a similar existing law.

*House Amendment "E" creates a process to exempt certain boards of education from enrolling as Medicaid providers and other related state requirements.

*House Amendment "F" prohibits a board of education from denying certain students from enrolling in a vo-ag center.

EFFECTIVE DATE: July 1, 2018, except where noted.

Substitute House Bill No. 5452
Public Act No. 18-185

AN ACT CONCERNING THE RECOMMENDATIONS OF THE TASK FORCE ON LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00185-R00HB-05452-PA.htm

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OLR Summary:

This bill makes several changes to education laws addressing food allergies in schools. It allows any student with a medically diagnosed life-threatening allergic condition to (1) possess, (2) self-administer, or (3) possess and self-administer his or her medication. Correspondingly, the bill requires the State Department of Education (SDE) to adopt implementing regulations.

The bill requires SDE, in conjunction with the Department of Public Health (DPH), to revise, review, and update its guidelines for managing students with life-threatening food allergies and glycogen storage disease. It additionally requires SDE to update its health and physical education curriculum standards and apply for external funding to raise public awareness about food allergies.

The bill requires school transportation carriers to provide related training to all school bus drivers. Finally, the bill extends the protections of the "Good Samaritan" law to cover school bus drivers rendering certain emergency first aid in response to a student's allergic reaction.

The bill also makes technical and conforming changes.

*House Amendment "A" replaces the underlying bill with similar provisions. It removes the requirements on local and regional boards of education to adopt written policies,

procedures, and updated curriculum. It allows any student with a medically diagnosed life-threatening allergic condition to possess, self-administer, or possess and self-administer medication. It also adds the provisions regarding school bus driver training and immunity protections.

EFFECTIVE DATE: July 1, 2018, except the provisions relating to SDE's curriculum revisions and funding applications (§ 2) take effect upon passage.

Substitute Senate Bill No. 165
Public Act No. 18-32

AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS FOR REVISIONS TO ITS STATUTES

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00032-R00SB-00165-PA.htm

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OLR Summary:

This bill makes numerous changes in statutes governing the Department of Developmental Services (DDS). Specifically, the bill:

1. allows other relatives, rather than just parents or guardians, of camp participants to be appointed to the Camp Harkness Advisory Committee (§ 6);

2. allows other relatives, rather than just parents, of individuals with intellectual disability to be members of DDS's regional advisory and planning councils (§ 23);

3. modifies reporting requirements for DDS-appointed assessment teams that evaluate individuals alleged to have intellectual disability as part of a probate court guardianship hearing (§ 501);

4. allows the DDS commissioner to waive the $50 application fee for private providers applying for a license to operate DDS community living arrangements (i.e., group homes) (§ 502);

5. specifies that such licensure applications do not need to be notarized, but must be verified by oath, as under current law (§ 502);

6. requires the DDS commissioner to establish a minimum number of unannounced licensure-related visits for group homes, and eliminates the requirement that at least half of a broader range of DDS facility visits be unannounced (§ 502); and

7. allows an advanced practice registered nurse (APRN) to order, or provide a second opinion on, a properly executed medical order to withhold cardiopulmonary resuscitation ("CPR") for an individual with intellectual disability under DDS supervision (§ 503).

In several sections, the bill updates terminology to conform to existing practice by, among other things, (1) standardizing references to an individual's "legal representative" in laws that currently reference specific types of such representatives (e.g., parent, guardian, or conservator) and (2) replacing certain other references to "parent" with "family."

It also makes various minor, technical, and conforming changes.

*Senate Amendment "A" adds the provisions on guardianship assessment teams, licensure applications and fee waivers, licensure-related visits, and APRN orders.

EFFECTIVE DATE: July 1, 2018, except (1) the provision on guardianship assessment teams takes effect upon passage and (2) the provisions on licensure applications and fee waivers, licensure-related visits, and APRN orders take effect October 1, 2018.

§ 503 — PROPERLY EXECUTED MEDICAL ORDERS

The bill allows an APRN to order, or provide a second opinion on, a properly executed medical order to withhold CPR for an individual with intellectual disability under DDS supervision. Current law requires the signatures of only physicians: (1) the patient's attending physician and (2) a state-licensed physician in an appropriate specialty who confirms the patient's terminal condition (i.e., second opinion).

Under existing law, the DDS commissioner may not seek to impede such a properly executed order. As under current law, an order may be executed only if the patient is in a terminal condition and the patient or a legally authorized person is consulted and provides consent. But the bill allows an APRN, instead of only an attending physician, to determine the patient's condition and obtain such consent.

Similar to current law, under the bill, if the patient is permanently unconscious an order cannot be entered unless (1) a physician, or under the bill an APRN, confirms the patient's condition with a neurologist and (2) the DDS commissioner determines the order is medically acceptable. The commissioner must make this determination after reviewing the decision with the DDS director of health and clinical services, or the director's designee; the patient's legal representative; and others the commissioner deems appropriate.

The bill specifies that the provisions on such orders do not apply to individuals with intellectual disability who have a legally valid advanced directive.

Substitute Senate Bill No. 217
Special Act No. 18-6

AN ACT REQUIRING THE HEALTH INFORMATION TECHNOLOGY OFFICER TO ESTABLISH A WORKING GROUP TO EVALUATE ISSUES CONCERNING POLYPHARMACY AND MEDICATION RECONCILIATION

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/sa/2018SA-00006-R00SB-00217-SA.htm

OLR Summary:

The Health Information Technology Officer shall establish a working group to evaluate issues concerning polypharmacy and medication reconciliation. The members of the working group, who shall be appointed by the Health Information Technology Officer, shall include, but need not be limited to, the following:

(1) Two experts in polypharmacy;

(2) Two experts in medical reconciliation;

(3) A representative of the Department of Consumer Protection;

(4) A pharmacist licensed under chapter 400j of the general statutes;

(5) A prescribing practitioner; and

(6) A member of the State Health Information Technology Advisory Council established pursuant to section 17b-59f of the general statutes.

(c) Not later than July 1, 2019, the Health Information Technology Officer shall report, in accordance with the provisions of section 11-4a of the general statutes, regarding the findings and recommendations of the working group to the joint standing committees of the General Assembly having cognizance of matters relating to public health and general law.

"Prescribing practitioner" means a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse or nurse-midwife licensed by the state of Connecticut and authorized to prescribe medication within the scope of such person's practice.

Substitute Senate Bill No. 295
Public Act No. 18-48

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS REGARDING TECHNICAL REVISIONS TO THE PUBLIC HEALTH STATUTES

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00048-R00SB-00295-PA.htm

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OLR Summary:

This bill makes technical corrections in various public health-related statutes. Please click on the hyperlink for a copy of the entire bill.

EFFECTIVE DATE: Upon passage, except one provision (§ 9) is effective July 1, 2018.

Substitute Senate Bill No. 302
Public Act No. 18-148

AN ACT CONCERNING TELEHEALTH SERVICES

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00148-R00SB-00302-PA.htm

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OLR Summary:

This bill modifies requirements for health care providers who provide medical services through the use of telehealth. Among other things, it:

1. allows telehealth providers to prescribe non-opioid Schedule II or III controlled substances using telehealth to treat a psychiatric disability or substance use disorder, if certain conditions are met;

2. modifies requirements for telehealth providers to obtain and document patient consent to provide telehealth services and disclose related records; and

3. adds registered nurses and pharmacists to the list of health care providers authorized to provide telehealth services (see BACKGROUND).

The bill specifies that its provisions do not prevent a licensed or certified health care provider from using telehealth to order medication or treatment for hospital inpatients in accordance with the federal Ryan Haight Online Pharmacy Consumer Protection Act (see BACKGROUND).

The bill also makes technical and conforming changes.

*Senate Amendment "A" replaces the original bill with similar provisions. In doing so, it (1) allows telehealth providers to prescribe a non-opioid Schedule II or III controlled substance, instead of any Schedule I, II, or II controlled substance, to treat a psychiatric or substance use disorder; (2) requires such prescribing to be done electronically and in accordance with federal law; and (3) allows the use of telehealth to treat hospital inpatients.

EFFECTIVE DATE: July 1, 2018

TELEHEALTH REQUIREMENTS

Prescribing Controlled Substances

The bill allows telehealth providers to prescribe a non-opioid Schedule II or III controlled substance using telehealth to treat a psychiatric disability or substance use disorder, including medication-assisted treatment (i.e., the use of federal Food and Drug Administration-approved medication in combination with counseling and behavioral therapies).

Under the bill, providers may only do this (1) in a manner consistent with the federal Ryan Haight Online Pharmacy Consumer Protection Act; (2) if it is allowed under their current scope of practice; and (3) if they submit the prescription electronically, in accordance with existing law. Current law prohibits telehealth providers from prescribing any Schedule I, II, or III controlled substances using telehealth.

Patient Consent

By law, at the first telehealth interaction with a patient, a telehealth provider must document in the patient's medical record that the provider (1) informed the patient about telehealth methods and limitations and (2) obtained the patient's consent to provide telehealth services. Under the bill, if the patient later revokes his or her consent, the telehealth provider must document it in the patient's medical record.

Additionally, current law requires a telehealth provider to ask for the patient's consent to disclose telehealth records to his or her primary care provider. The bill requires the provider to do this only at the initial telehealth interaction, instead of at every such interaction as under current law. If the patient consents, the telehealth provider must give the primary care provider records of all telehealth interactions.

Under the bill, consent for providing telehealth services or records disclosure may be obtained from the patient or the patient's legal guardian, conservator, or other authorized representative.

BACKGROUND

Ryan Haight Online Pharmacy Consumer Protection Act ("Haight Act")

The 2008 Haight Act established standards for dispensing and prescribing controlled substances via the internet (e.g., online pharmacies and telehealth). Among other things, the act prohibits dispensing controlled substances via the internet without a valid prescription. For a prescription to be valid, it must be issued for a legitimate medical purpose in the usual course of a health care provider's professional practice. It requires providers to conduct at least one medical evaluation before prescribing a person a controlled substance in-person or, if specified conditions are met, via telehealth. The federal Drug Enforcement Agency enforces the act's provisions.

Authorized Telehealth Providers

Existing law allows the following health care providers to provide health care services using telehealth: physicians, advanced practice registered nurses, physician assistants, occupational and physical therapists, naturopaths, chiropractors, optometrists, podiatrists, psychologists, marital and family therapists, clinical or master social workers, alcohol and drug counselors, professional counselors, dietician-nutritionists, speech and language pathologists, respiratory care practitioners, and audiologists.

By law, these providers must provide telehealth services within their profession's scope of practice and standard of care (CGS § 19a-906).

Substitute Senate Bill No. 304
Public Act No. 18-150

AN ACT ESTABLISHING A MATERNAL MORTALITY REVIEW PROGRAM AND COMMITTEE WITHIN THE DEPARTMENT OF PUBLIC HEALTH

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00150-R00SB-00304-PA.htm

OLR Summary:

This bill establishes a Maternity Mortality Review Program within the Department of Public Health (DPH) to identify maternal deaths in Connecticut, and review related medical records and other relevant data, including death and birth records, the Office of the Chief Medical Examiner's files, and physician office and hospital records.

It also establishes a Maternal Mortality Review Committee within DPH to conduct comprehensive, multidisciplinary reviews of maternal deaths to identify associated factors and make recommendations to reduce these deaths. Specifically, when meeting, the committee must consult with relevant experts to evaluate DPH's information and findings from its review of maternal deaths in the state. Within 90 days after meeting, the committee must report its findings and recommendations to the DPH commissioner.

The bill establishes related medical records requirements for licensed health care providers, health care facilities, and pharmacies. Under the bill, information obtained by the Maternal Mortality Review Program and the Maternal Mortality Review Committee generally (1) is confidential and not subject to disclosure, (2) is not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research purposes.

Under the bill, a "maternal death" is the death of a woman (1) while pregnant or (2) within one year after the date when the woman ceases to be pregnant, regardless of whether the death is related to her pregnancy.

The bill also makes technical changes.

*Senate Amendment "A" replaces the original bill with similar provisions. In doing so, it modifies provisions on (1) the Maternal Mortality Review Committee membership and duties and (2) medical records and reporting requirements. It also adds the provision establishing a Maternal Mortality Review Program within DPH.

EFFECTIVE DATE: October 1, 2018

Substitute Senate Bill No. 404
Public Act No. 18-86

AN ACT CONCERNING WHITING FORENSIC HOSPITAL AND CONNECTICUT VALLEY HOSPITAL

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00086-R00SB-00404-PA.htm

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OLR Summary:

This bill makes various changes affecting Department of Mental Health and Addiction Services (DMHAS) facilities, principally Connecticut Valley Hospital (CVH) and Whiting Forensic Hospital. Specifically, it:

1. establishes an eight-member task force to, among other things, (a) review and evaluate DMHAS facility operations and conditions and (b) evaluate the feasibility of creating an Office of Inspector General to receive and investigate complaints about DMHAS hospitals (§ 1);

2. establishes mandatory reporting of suspected patient abuse at DMHAS-operated behavioral health facilities and related reporting requirements and penalties (§ 2);

3. requires the DMHAS commissioner to investigate reports of suspected abuse of behavioral health facility patients and establishes related requirements, such as disclosure of and access to patient abuse reports and investigations (§ 3);

4. requires the Department of Public Health (DPH) to conduct an on-site inspection and records review of Whiting Forensic Hospital, by January 1, 2019, and report the outcome to the Public Health Committee and DMHAS facility task force (§ 501);

5. subjects Whiting Forensic Hospital to DPH licensure and regulation, which it is currently exempt from, and makes minor, technical, and conforming changes to reflect the hospital's separation from CVH pursuant to 2017 Executive Order 63 (§§ 502-550); and

6. repeals obsolete provisions in various DPH- and DMHAS-related statutes (§ 551).

*Senate Amendment "A" adds the provisions (1) establishing the DMHAS facility task force; (2) requiring DPH to conduct an on-site investigation and records review of Whiting Forensic Hospital; (3) subjecting Whiting Forensic Hospital to DPH regulation; (3) making minor, technical, and conforming changes, including those to reflect Whiting Forensic Hospital's separation from CVH; and (4) repealing obsolete provisions in DPH- and DMHAS statutes. It also removes the provision in the original bill that adds licensed behavior analysts and board-certified assistant behavior analysts to the list of mandated reporters of child abuse.

EFFECTIVE DATE: Upon passage, except that the provision on DPH's inspection and review of Whiting Forensic Hospital and a technical change (§ 545) take effect July 1, 2018.

Substitute Senate Bill No. 543
Public Act No. 18-81

AN ACT CONCERNING REVISIONS TO THE STATE BUDGET FOR FISCAL YEAR 2019 AND DEFICIENCY APPROPRIATIONS FOR FISCAL YEAR 2018

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00081-R00SB-00543-PA.htm

Hyperlink to section - by - section summary:

https://www.cga.ct.gov/2018/BA/2018SB-00165-R01-BA.htm

The General Assembly adopted the state budget adjustments on the final day of the 2018 legislative session. Please see the hyperlink above for the entire copy of the bill as well as a section-by-section summary.

Substitute House Bill No. 5386
Public Act No. 18-8

AN ACT CONCERNING PAY EQUITY

Hyperlink to bill: https://www.cga.ct.gov/2018/ACT/pa/2018PA-00008-R00HB-05386-PA.htm

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This pay equity bill, which was passed by the legislature, prohibits employers from asking about a prospective employee's wage and salary history.

OLR Summary:

This bill generally prohibits employers, including the state and its political subdivisions, from asking, or directing a third-party to ask, about a prospective employee's wage and salary history. The prohibition does not apply (1) if the prospective employee voluntarily discloses his or her wage and salary history or (2) to any actions taken by an employer, employment agency, or its employees or agents under a federal or state law that specifically authorizes the disclosure or verification of salary history for employment purposes. The bill also allows an employer to ask about the other elements of a prospective employee's compensation structure (e.g., stock options), but the employer may not ask about their value.

The bill allows prospective employees to bring a lawsuit within two years after an alleged violation of the bill's prohibition on asking about salary histories. Employers can be found liable for compensatory damages, attorney's fees and costs, punitive damages, and any legal and equitable relief the court deems just and proper.

*House Amendment "A" delays the effective date from October 1, 2018 to January 1, 2019 and eliminates provisions that generally would have (1) allowed employers to ask about the value of a prospective employee's stocks or equity, (2) allowed employers to seek a court order to disallow compensatory or punitive damages, and (3) required certain employers to count an employee's time spent on protected family and medical leave towards the employee's seniority.

EFFECTIVE DATE: January 1, 2019

BILLS OF INTEREST TO CNA WHICH DIED:

Substitute House Bill 5214

AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES AND NEBULIZER TREATMENTS

This bill died on the House calendar. CNA testified in opposition to the bill before the Public Health Committee.

SUMMARY

Under certain conditions, this bill allows medical assistants to administer vaccines or nebulizer treatments to adults (age 18 or older). They may do so only if they (1) meet certain certification, education, and training requirements and (2) are acting under the direct supervision, control, and responsibility of a licensed physician or advanced practice registered nurse (APRN).

The bill also makes a corresponding change to the Department of Public Health (DPH) commissioner's duty to annually obtain and make available a list of state residents certified as medical assistants by certain national organizations.

EFFECTIVE DATE: October 1, 2018

Substitute House Bill 5294

AN ACT CONCERNING NATUROPATHS

CNA testified in opposition to this bill which died in the Public Health Committee.

SUMMARY

To amend the meaning of "naturopathy" and to establish a procedure for naturopathic physicians to administer prescription medications.

Substitute Senate Bill 300

AN ACT CONCERNING COLLABORATIVE ARRANGEMENTS BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS

CNA testified in opposition to this bill which died in the Public Health Committee.

SUMMARY

To allow physician assistants to collaborate with physicians.