



End-of-Session Report for Connecticut Nurses Association

Prepared by Lori Samele-Bates, Brown Rudnick LLP

The 2021 legislative session concluded on Wednesday, June 9, 2022. The regular session was immediately followed up with a Special Session of the legislature to consider the budget implementer bill and the legalization of recreational adult-use cannabis that was held on June 15th, 16th and 17th.

The 2021 Regular Session was an incredibly unique session in that the general public, including lobbyists, were precluded from being in the State Capitol and Legislative Office Building. All of the committee meetings, public hearings and legislative sessions were handled virtually.

As is customarily the case in the first year of the biennial session the main issue was the consideration and adoption of the 2-year State Budget. The Governor submitted his budget to the legislature for its consideration in early February and a final state budget was considered and signed by the Governor in early June.

Throughout the budget negotiation process, the Governor pushed for a “no-tax” budget but did propose a highway user fee on trucks and a proposed carbon-trading mechanism on vehicle emissions, the Transportation Climate Initiative Program (TCI-P). The legislature's Finance, Revenue and Bonding Committee proposed a Revenue Package that included a number of new taxes: a Digital Advertising Tax, a 2% surcharge on Capital Gains, a payroll tax, a “consumption tax,” which was a surcharge on the income taxes for singles making more than \$500,000 per year and couples making more than \$1 million per year. The FR&B revenue package also proposed on off-budget Equity Investment Fund. The legislature's Appropriations Committee proposed a spending plan that was in line with the Governor's proposed spending plan; however, while staying within the \$46 Billion bottom line it did shift priorities by investing more in higher education, municipal spending and private not for profit service providers.

Ultimately the legislature and Governor agreed to a largely bi-partisan budget that did not include any tax increases. The \$46 Billion plan included a projected \$2.3 billion surplus built into the plan and an additional deposit of more than \$1 Billion into the states pension funds. The plan also relied on \$1.75 Billion in federal surplus dollars. The legislature did also pass the highway usage fee tax on large commercial trucks in a separate bill.

Aside from the state budget, other major items considered during the 2021 legislation session included the legalization of iLottery, Gaming and Sports Betting, the legalization of adult-use cannabis, the declaration of racism as a public health crisis, comprehensive access to mental, behavioral and public

health care, the state's response to the pandemic, expanded broadband access and criminal justice reforms.

While these issues generally dominated the conversation during the 2021 regular session, there were numerous bills of specific interest to the CT Nurses Association. The summary that follows this page are the proposed bills that we have been tracking and working on your behalf. We have enjoyed working together with you during this difficult session to achieve the results that you expect from us. As always, if you have any questions or would like additional information, please do not hesitate to reach out.

BILLS PASSED DURING THE 2021 SESSION:

*Substitute House Bill No. 5596

Public Act No. 21-9

AN ACT CONCERNING TELEHEALTH

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00009-R00HB-05596-PA.PDF>

CNA signed on to a letter with CHA, LTC and other providers during the legislative session. The letter was a result of Collaborations of Care, a collaborative group hosted by CHA, which included a wide range of care organizations. Throughout the pandemic this group acted as a touch point to ensure all partners were aware of solutions, emerging issues and challenges. This group continued to work on issues that arose during the pandemic and were being addressed in the 2021 legislative session.

Summary:

This bill modifies requirements for the delivery of telehealth services and insurance coverage of these services until June 30, 2023.

Among other things, it:

1. expands the types of health providers authorized to provide telehealth services;
2. allows certain telehealth providers to provide telehealth services using audio-only telephone, which current law prohibits;
3. allows certain telehealth providers to use additional information and communication technologies in accordance with federal requirements (e.g., certain third-party video communication applications, such as Apple Facetime);
4. authorizes the Department of Public Health (DPH) commissioner to temporarily modify, waive, or suspend certain regulatory requirements to reduce the spread of COVID-19 and protect the public health;
5. establishes requirements for telehealth providers seeking payment from uninsured or underinsured patients;
6. requires insurance coverage for telehealth services and prohibits providers reimbursed for services from seeking payment from an insured patient beyond cost sharing; and
7. prohibits (a) insurance policies from excluding coverage for a telehealth platform selected by an in-network provider and (b) carriers from reducing reimbursement to a provider because services are provided through telehealth instead of in-person.

Additionally, the bill permits physicians and advanced practice registered nurses (APRNs) to certify a qualifying patient's use of medical marijuana and provide follow-up

care using telehealth if they comply with other statutory certification and recordkeeping requirements. They may do so notwithstanding existing laws, regulations, policies, or procedures on medical marijuana certifications (§ 7).

Lastly, the bill makes a conforming change to a law requiring telehealth providers who are prescribing practitioners to issue prescriptions electronically (§ 2).

*House Amendment "A" replaces the original bill (File 256), which required DPH to study benefits and implications of expanding the provision of telehealth in the state.

EFFECTIVE DATE: UPON PASSAGE

*Substitute House Bill No. 6423

Public Act No. 21-6

AN ACT CONCERNING IMMUNIZATIONS

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00006-R00HB-06423-PA.PDF>

CNA submitted testimony to the Public Health Committee on HB 6423. The testimony outlined the nurses code of ethics standard 1.4 The Right to Self-Determination. The code provides the ethical responsibility to support a patient's right to self-determination. There are times when this right maybe overridden because of a public health reason, but the deviation from self-determination is considered a serious departure from the standard of care, justified only when there are no less restrictive means available to observe the right of others, meet the demands of law and protect the public's health.

Summary:

This bill eliminates the religious exemption from immunization requirements for individuals attending (1) public and private schools, including higher education institutions, and (2) child care centers and group and family day care homes. Under current law, individuals may opt out of vaccination if they present a statement that immunization would be contrary to their religious beliefs or, for minors, those of their parent or guardian (see BACKGROUND).

The bill grandfathers in individuals enrolled in grades kindergarten or higher who submitted a religious exemption prior to the bill's passage. It continues to grandfather these students if they transfer to another public or private school in the state (i.e., a primary or secondary school).

Under the bill, individuals with prior religious exemptions who are enrolled in pre-kindergarten or other preschool programs generally must comply with immunization

requirements by September 1, 2022, or within 14 days after transferring to a different public or private program, whichever is later.

However, the bill allows these children to extend the timeframe within which they must comply with the immunization requirements if they present a written declaration from the child's physician, physician assistant (PA), or advanced practice registered nurse (APRN) that an alternative immunization schedule is recommended.

The bill also retains current law's medical exemption from these immunization requirements for individuals who can document that the immunization is medically contraindicated.

Additionally, the bill:

1. requires the Department of Public Health (DPH), by October 1, 2021, to develop and post on its website a medical exemption certificate for use by physicians, PAs, and APRNs (§ 7);
2. requires DPH to release annual immunization rates for each public and private K-12 school in the state, provided the data does not include individually-identifiable information (§§ 1 & 2);
3. establishes an 11-member DPH Advisory Committee on Medically Contraindicated Vaccinations to advise the commissioner on issues concerning medical exemptions from state or federal immunization requirements (§ 8);
4. requires the advisory committee to meet at least biannually and annually report on its activities and findings to the Public Health Committee, starting by January 1, 2022 (§ 8);
5. requires DPH, in collaboration with the Department of Education and the Office of Early Childhood, to evaluate data they collect on exemptions from immunization requirements, and these agencies to jointly report to the Public Health and Education committees on the evaluation annually, starting by January 1, 2022 (§ 9); and
6. requires certain health insurance policies that cover prescription drugs to cover at least a 20-minute immunization consultation between a patient and provider for vaccines recommended by the federal Centers for Disease Control and Prevention (CDC) (§§ 10 & 11).

*House Amendment "A" grandfathers in students enrolled in grades kindergarten or higher, instead of grades seven or higher.

*House Amendment "G" continues to exempt grandfathered students from school immunization requirements if they transfer to another public or private school in the state.

EFFECTIVE DATE: Upon passage, except for the insurance coverage provisions, which are effective January 1, 2022.

*Substitute House Bill No. 6449

Public Act 21-152

AN ACT EXPANDING ECONOMIC OPPORTUNITY IN OCCUPATIONS LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00152-R00HB-06449-PA.PDF>

CNA submitted testimony to the Public Health Committee in support of HB 6449 to establish working groups to determine whether Connecticut should join any interstate licensure compacts.

CNA also ensured that HAVEN was included in the bill. HAVEN, Health Assistance InterVention Education Network, is a confidential assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. HAVEN is designed as a peer-based process to encourage early identification of healthcare professionals who are at risk for impairment. HAVEN is funded from health care provider licenses, and provides wellness care to healthcare professionals.

Summary:

This bill generally makes it easier for health care professionals and various tradespeople and other professionals licensed in other states to obtain a Connecticut credential if they reside here. It does so by generally requiring the Department of Public Health (DPH) or Department of Consumer Protection (DCP) to issue the appropriate license or other credential to a state resident, or a spouse of an active duty service member permanently stationed here, if that person meets specified experience and background requirements (e.g., has no disciplinary history). It allows DPH or DCP, as applicable, to deny a credential if the commissioner finds it to be in the state's best interest.

The bill specifies that, for certain professions, the DCP commissioner may deny a license, or issue one under a consent order with conditions that an applicant must meet, if the applicant reports that he or she has been found guilty or convicted of what constitutes a felony under Connecticut or federal law at the time of the application, or of an offense under the laws of another jurisdiction that would be a felony under Connecticut law. This authority applies to electricians; plumbers; solar, heating, piping, and cooling contractors and journeymen; elevator and fire protection sprinkler craftsmen; irrigation contractors and journeymen; gas hearth installer contractors and journeymen; and residential stair lift technicians. The bill also eliminates a requirement that applicants for these licenses demonstrate good moral character.

The bill requires the DPH commissioner to (1) convene working groups to determine whether Connecticut should join any interstate licensure compacts and (2) report to the Public Health Committee on the groups' recommendations by January 15, 2022.

The bill requires the DPH commissioner to report on whether it would be in the state's best interest to (1) replace any state exams for DPH-credentialed professionals with tests by national organizations that DPH deems acceptable and (2) reduce any experience and training requirements while increasing testing of applicants' knowledge or skills. She must report to the Public Health Committee by January 15, 2022, and develop the report in consultation with whatever boards or commissions she deems appropriate.

Lastly, the bill requires various state agencies, by January 1, 2022, to report to the Office of Policy and Management (OPM) secretary on certain information related to background checks.

*House Amendment "A" replaces the underlying bill. It adds the provisions on (1) DCP credentialing and licensing and (2) the report on background checks. It makes various changes to the underlying bill, such as (1) listing the affected professions for the credentialing provisions, (2) making an examination mandatory for certain individuals, and (3) specifying that the provisions apply to people licensed in other U.S. jurisdictions.

EFFECTIVE DATE: October 1, 2021, except July 1, 2021 for the DPH reporting and working group provisions.

§ 2 — INTERSTATE LICENSURE COMPACT WORKING GROUPS

The bill requires the DPH commissioner to convene working groups to determine whether the state should join any interstate licensure compacts. Any such groups must convene by August 30, 2021. The groups must include:

1. the DPH commissioner, the OPM secretary, the Office of Health Strategy executive director, and the chair of the appropriate examining or advisory board, or their designees;
2. a representative of the appropriate state professional association;
3. **a representative of the professional assistance program for regulated health professions (HAVEN);** and
4. anyone else the DPH commissioner deems appropriate. By January 15, 2022, the commissioner must report to the Public Health Committee on the groups' recommendations. The working groups end when she submits her report.

*Substitute House Bill No. 6510

Public Act 21-116

AN ACT REQUIRING THE PROVISION OF INFORMATION CONCERNING CHILDREN'S BEHAVIORAL AND MENTAL HEALTH RESOURCES IN HOSPITAL EMERGENCY DEPARTMENTS AND SCHOOLS

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00116-R00HB-06510-PA.PDF>

CNA worked with nurses in schools, mental health and acute care settings. The pandemic had a significant impact on the mental health of children and young adults and the need for clear and reliable knowledge about resources is critical.

Summary:

This bill requires the Department of Children and Families (DCF), by December 1, 2021, to develop a document for each mental health region describing the behavioral and mental health evaluation and treatment resources available to children. DCF must do so in consultation with the Behavioral Health Partnership Oversight Council (BHPOC), the Mental Health and Addiction Services and Public Health departments, and DCF's Youth Suicide Advisory Board.

Under the bill, BHPOC must (1) distribute the documents electronically to each licensed hospital that has an emergency department and to each local and regional board of education and (2) make them available on the council's website.

Starting by December 1, 2022, the bill requires DCF to annually review and update the documents as necessary. DCF must provide any updated documents to BHPOC, and the council must distribute and make them available in the manner described above.

The bill also requires hospital emergency departments, starting on January 1, 2022, to provide a copy of the applicable documents to the parents or guardians of each child upon the child's discharge from the emergency department.

It also requires each local and regional board of education to (1) distribute the applicable document to parents and guardians and certain students starting January 1, 2022, and (2) make the document available on its website by that date.

*House Amendment "A" (1) makes DCF, rather than BHPOC, the lead agency in the development, review, and update of the resource document; (2) makes BHPOC's role consultative in the development of the document but maintains the underlying bill's requirement for the council to distribute the document; (3) broadens the population of children covered by the hospital distribution provision by no longer limiting it to those

showing certain behavioral health symptoms; (4) adds the provisions on board of education distribution of the document; and (5) makes other minor changes.

EFFECTIVE DATE: Upon passage, except the provisions on board of education distribution is effective July 1, 2021.

*Substitute House Bill No. 6666

Public Act 21-121

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

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00121-R00HB-06666-PA.PDF>

This bill is a result of the pandemic. CMS allowed APRNs and PAs to sign home health orders throughout the pandemic and the state aligned their regulations to allow this in CT. The Association worked closely with CT APRNs, CT Association of Healthcare at Home and the Department of Public Health to ensure this was included in the Executive Orders and carried forward in the 2021 legislative session.

The APRN Home Health Orders bill (SB 1070) was incorporated into HB 6666, section 52. CNA submitted testimony to the Public Health Committee in support of SB 1070 to remove the regulatory burdens that impede quality and expeditious care.

HB 6666 also adds behavior analysts to the list of providers eligible for the professional assistance program for health professionals (HAVEN) see sections 26-29; and allows registered nurses employed by nursing homes to administer medications intravenously or draw blood from a central line for laboratory purposes under certain conditions, section 55. See below for a summary of the various sections.

Summary:

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

*House Amendment "A" adds the provisions on (1) residential and commercial property water supply testing, (2) nail technician and eyelash technician licensure, (3) newborn screening, (4) amendments to marriage or birth certificates to reflect gender change, (5) DPH remote access to certain hospital medical records, (5) public drinking water regulation, and (6) EMS mental health training.

It makes various changes to the underlying bill, such as (1) placing additional conditions on the DPH commissioner's authority to waive EMS regulations and (2) making certain licensure-related provisions effective upon passage, rather than October 1, 2021.

It removes provisions in the underlying bill (1) exempting hospital- owned clinical laboratories from licensure fees and (2) requiring DPH to create and operate a state-wide stroke registry. It also makes minor, technical, and conforming changes.

EFFECTIVE DATE: VARIOUS

§§ 26-29 — BEHAVIOR ANALYST ELIGIBILITY FOR THE PROFESSIONAL ASSISTANCE PROGRAM AND REPORTING OF IMPAIRED HEALTH PROFESSIONALS

The bill adds licensed behavior analysts to the list of providers eligible for the professional assistance program for health professionals (currently, the Health Assistance InterVention Education Network (HAVEN)).

The bill increases, from \$175 to \$180, the annual license renewal fee for behavior analysts. The increase applies to applications to renew licenses that expire on or after October 1, 2021. The DPH commissioner must (1) quarterly certify the amount of revenue received as a result of the fee increase and (2) transfer it to the professional assistance program account. (In 2015, license renewal fees were similarly increased for professions already eligible for the program.)

The bill also adds behavior analysts to the list of licensed health care professionals who must notify DPH if they are aware that another health professional may be unable to practice with skill and safety for various reasons (e.g., loss of motor skill, drug abuse, or negligence in professional practice). In some cases, this law also requires licensed health care professionals to report themselves to the department (e.g., following drug possession arrests).

§ 52 — HOME HEALTH ORDERS

Allows physician assistants and advanced practice registered nurses to issue orders for home health care agency services, hospice agency services, and home health aide agency services. This bill allows physician assistants (PAs) and advanced practice registered nurses (APRNs) licensed in Connecticut to issue orders for home health care agency services, hospice agency services, and home health aide agency services. It also allows PAs and APRNs licensed in bordering states to order home health care agency services. Under current law, only a physician may issue these orders.

§ 55 — IV CARE IN NURSING HOMES

Allows registered nurses employed by nursing homes to administer medications intravenously or draw blood from a central line for laboratory purposes under certain

conditions The bill allows chronic and convalescent nursing homes to allow a licensed registered nurse (RN) they employ to:

1. draw blood from a central line for laboratory purposes, provided the facility has an agreement with a laboratory to process the specimens or
2. administer IV therapy or a medication dose by intravenous injection, provided the medication is on a list approved by the facility's governing body, pharmacist, and medical director for intravenous injection by an RN.

Under the bill, an RN may perform these services only if he or she has been properly trained to do so by the home's nursing director or an intravenous infusion company. It requires the home's administrator to ensure that the RN is appropriately trained and competent and provide related documentation to DPH upon request. The bill also requires the nursing home to notify the DPH commissioner if it employs RNs who provide these services.

*Substitute Senate Bill No. 1

Public Act No. 21-35

AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00035-R00SB-00001-PA.PDF>

SB 1 was a priority for the legislature during the 2021 legislative session. CNA submitted testimony to the Public Health Committee in support of HB 6662, which was incorporated into SB 1. CNA expressed support for declaring racism as a public health crisis and establishing a commission on racial equity in public health.

Summary:

This bill includes various provisions related to racial disparities in public health, health care services, pandemic preparedness, and other related topics. For example, it:

1. declares racism as a public health crisis and creates a Commission on Racial Equity in Public Health to (a) make recommendations to decrease racism's effect on public health and (b) create a strategic plan to eliminate health disparities and inequities across several sectors;
2. requires the Department of Public Health (DPH) to study (a) the state's COVID-19 response and (b) developing a program to recruit and retain health care workers of color in the state;

3. establishes a committee to advise the Public Health and Human Services committees on establishing a Commission on Gun Violence Intervention and Prevention;
4. sets certain requirements related to demographic data collection in health care; and
5. establishes working groups or task forces on other matters, such as breast health and breast cancer awareness, school-based health center service expansion, and peer support services.

A section-by-section summary follows.

*Senate Amendment "A" replaces the underlying bill and makes various changes to its underlying provisions, such as:

1. renaming the commission charged with examining racial disparities in public health and expanding its membership and responsibilities;
2. expanding the scope of provisions on demographic data collection by requiring certain health care providers to collect and include certain self-reported patient data in their electronic health record systems;
3. requiring annual reporting by the existing Maternal Mortality Review Committee, rather than creating a task force on this issue;
4. requiring DPH to convene a scope of practice review committee on whether to certify doulas, rather than requiring DPH to study the issue itself; and
5. establishing a working group to develop recommendations for expanding school-based health center services, rather than appropriating an unspecified amount to expand these services.

It adds various provisions, such as those (1) requiring a study on the recruitment and retention of health care workers of color, (2) requiring an assessment of racial equity within environmental health quality programs, (3) requiring reporting on the status of changes to the Joint Rules on racial and ethnic impact statements, and (4) establishing a Gun Violence Intervention and Prevention Advisory Committee.

It also removes various provisions from the underlying bill, such as those that would have (1) required school boards to conduct exit interviews with students who withdraw before graduation and provide them with resources on certain topics for at least a year after withdrawing, (2) set a minimum nurse staffing ratio for hospital intensive care units, (3) required physicians to perform mental health examinations on patients during annual physical exams, (4) made various changes to the law on hospital community benefits programs, and (5) adopted the Uniform Emergency Volunteer Health Practitioners Act.

EFFECTIVE DATE: Upon passage, except that the provisions on local health directors (§ 20) are effective July 1, 2021.

*Substitute Senate Bill No. 2

Public Act No. 21-46

AN ACT CONCERNING SOCIAL EQUITY AND THE HEALTH, SAFETY AND EDUCATION OF CHILDREN

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00046-R00SB-00002-PA.PDF>

SB 2 was a priority for the legislature during the 2021 session. The bill adds specified mental health training to the Department of Public Health's continuing education requirements for certain healthcare professionals including registered nurses and licensed practical nurses. See below.

Summary:

This bill makes various changes to laws affecting children and pupils and related entities, such as the departments of Children and Families (DCF), Education (SDE), Public Health (DPH); the Office of Early Childhood (OEC); and local and regional boards of education.

Among other things, the bill:

1. requires DCF to (a) develop a policy to provide remote visitation opportunities and (b) provide written notice and a list of legal services providers when removing a child;
2. (a) expands the Birth-to-Three Program, (b) prohibits OEC from charging for early intervention services, (c) allows Birth-to- Three coordinators to participate in planning and placement meetings and exempts them from certain disciplinary actions, and (d) requires local or regional boards of education to monitor certain children for developmental and social-emotional delays;
3. (a) allows local or regional boards of education to provide virtual learning to high school students and remote parent- teacher conferences, (b) requires the boards to integrate social- emotional learning into professional training, (c) requires the boards of education to allow up to two excused mental health wellness days per school year, (d) prohibits school boards from shaming a child for unpaid meals, and (e) allows minors to receive more than six outpatient mental health treatment sessions without their parent or guardian's consent; and
4. requires SDE to develop a community resource document for children and families.

The bill also (1) sets up a youth suicide prevention training program in local and district health departments, **(2) adds specified mental health training to DPH's continuing**

education requirements for certain healthcare professionals and (3) establishes a 25-member task force on children's needs.

EFFECTIVE DATE: July 1, 2021, except that the sections related to the SDE community resources document (§ 15), virtual or remote school instruction (§ 16), excused and unexcused absence (§ 18), early intervention services fees (§ 24), birth-to-three program expansion (§ 28), and the children's needs task force (§ 30) are effective upon passage.

§§ 2-9 — MENTAL HEALTH TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS

Starting on and after January 1, 2022, the bill expands the continuing education requirements for certain healthcare professionals to include at least two hours of training and education on (1) screening for posttraumatic stress disorder, suicide risk, depression, and grief and (2) suicide prevention training.

Except as noted below, the requirement applies (1) during the first license or certification renewal period as applicable and (2) at least once every six years after that. This requirement applies to:

1. physician assistants;
2. physical therapists;
3. occupational therapists and occupational therapy assistants;
- 4. registered nurses and licensed practical nurses;**
5. behavior analysts;
6. certified community health workers; and
7. emergency medical responders, emergency medical technicians, or emergency medical instructors.

The bill also requires two hours of this training for nurse's aides, as part of their registration requirements. The bill specifies that the evidence-based youth suicide prevention training program administered under Section 1 may satisfy the suicide prevention training requirement for some of these healthcare professionals. This applies to physical therapists, occupational therapists and occupational therapist assistants, nurse's aides, behavior analysts, certified community health workers, emergency medical responders, and emergency medical technicians.

Registered Nurses and Licensed Practical Nurses (§ 5)

The bill requires that actively practicing registered nurses and licensed practical nurses include the mental health and suicide prevention training as contact hours of training. The bill defines a "contact hour" as a minimum of 50 minutes of continuing education and activities. The requirements apply to registration periods (i.e., the one-year period for which a license has been renewed) starting on or after January 1, 2022.

Under the bill, qualifying continuing education courses include in-person and online courses offered or approved by:

1. the American Nurses Association,
2. the Connecticut Hospital Association,
3. **the Connecticut Nurses Association** or Connecticut League for Nursing,
4. a specialty nursing society or an equivalent organization in another jurisdiction,
5. a hospital or other health care institution,
6. a regionally accredited academic institution, or
7. a state or local health department.

The bill also requires each registered nurse and licensed practical nurse applying for license renewal to sign a statement attesting that he or she has satisfied the continuing education requirements on a form prescribed by DPH. Each licensee must (1) retain attendance records or completion certificates demonstrating compliance with the bill's continuing education requirements for at least three years after the year in which the continuing education was completed and (2) submit the records or certificates to the department for inspection within 45 days after the department requests them.

*Substitute Senate Bill No. 660

Public Act No. 21-107

AN ACT EXPANDING WORKERS' COMPENSATION BENEFITS FOR CERTAIN MENTAL OR EMOTIONAL IMPAIRMENTS SUFFERED BY HEALTH CARE PROVIDERS IN CONNECTION WITH COVID-19

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00107-R00SB-00660-PA.PDF>

CNA fully supported this bill which had broad support in the legislature during 2021 legislative session.

Summary:

This bill expands eligibility for workers' compensation benefits for post-traumatic stress injuries (PTSI) to cover (1) emergency medical services (EMS) personnel; (2) all Department of Correction (DOC) employees; (3) telecommunicators (i.e., 9-1-1 emergency dispatchers); and (4) **under certain circumstances related to COVID-19, health care providers**. The bill also changes the terminology used in the underlying law by replacing "post-traumatic stress disorder" (PTSD) with "post-traumatic stress injury."

Current law provides workers' compensation PTSD benefits to police officers, DOC-employed parole officers, and firefighters diagnosed with PTSD as a direct result of certain qualifying events (e.g., witnessing someone's death) that occur in the line of

duty. The bill allows EMS personnel, DOC employees, and emergency dispatchers to qualify for benefits through the same qualifying events, although the dispatchers may do so by hearing them. Qualifying events for health care providers under the bill are the same types of events, but they must have occurred due to, or as a result of, COVID- 19.

The PTSI benefits provided under the bill are subject to the same limitations and procedures that current law applies to the benefits for firefighters, police, and parole officers. The bill also makes technical and conforming changes.

*Senate Amendment "A" specifies that to be eligible for benefits under the bill, (1) PCAs must meet the same 26-hour weekly work threshold that the existing workers' compensation law applies to people who work in or about a private dwelling and (2) emergency dispatchers must have been directly responding to an emergency that constitutes a qualifying event and providing a dispatch assignment.

EFFECTIVE DATE: UPON PASSAGE

*Substitute Senate Bill No. 837

Public Act 21-191

AN ACT CONCERNING THE USE OF PERFLUOROALKYL OR POLYFLUOROALKYL SUBSTANCES IN CLASS B FIREFIGHTING FOAM

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00191-R00SB-00837-PA.PDF>

SB 837 concerning the use of PFAS in firefighting foam passed during the Regular Session and was amended to include SB 926, "An Act Concerning the Presence of PFAS Chemicals in Packaging." CNA submitted testimony in support of SB 926 before the Environment Committee. See sections 2-4 below for the packaging provisions.

Summary:

This bill generally prohibits (1) using class B firefighting foam with intentionally added perfluoroalkyl or polyfluoroalkyl substance (PFAS) and (2) offering for sale or promotional purposes food packaging with PFAS intentionally introduced during manufacturing or distribution. Under the bill, class B firefighting foam is used to extinguish flammable liquid fires and PFAS is a class of fluorinated organic chemicals containing at least one fully fluorinated carbon atom.

With respect to the foam, the bill prohibits, upon passage, any person, local government, or state agency from using class B firefighting foam with intentionally added PFAS in any amount for training purposes or testing purposes (i.e., calibration,

conformance, and fixed system testing). Beginning October 1, 2021, it also prohibits anyone from using this foam for vapor suppression or firefighting purposes, unless the fire is flammable liquid-based and the Department of Energy and Environmental Protection (DEEP) commissioner does not identify an alternative to the foam by July 1, 2021.

The bill also exempts from the ban on using the foam for vapor suppression or firefighting (1) anyone required by federal law to use it; (2) certain facility operators who obtain a limited extension of time for compliance; and (3) until October 1, 2023, airport-related entities with systems that prevent its release into the environment.

For packaging, the bill prohibits (1) by December 31, 2023, manufacturers and distributors from offering for sale or promotional purposes food packaging or packaging components with intentionally introduced PFAS and (2) using a material that replaces a chemical regulated by the state packaging and packaging components law in an amount or way that creates an equal or greater hazard than the regulated chemical.

The bill expands on the current procedure to show that a package or packaging component complies with the law's restrictions (i.e., certificates of compliance), which applies to existing restrictions on lead, mercury, cadmium, and hexavalent chromium and the bill's PFAS ban. It applies existing civil and criminal penalties for violating the packaging and component law to the ban on PFAS in food packaging, including those for making false statements in certificates of compliance.

The bill requires the DEEP commissioner, by October 1, 2021, to develop or identify a take-back program for municipally owned class B firefighting foam with PFAS that applies best management practices for its disposal.

*Senate Amendment "A" principally (1) expands the general ban on using class B firefighting foam with PFAS to include testing, rather than only training, purposes; (2) forwards the dates associated with, and adds three exemptions to, the ban on using the foam for firefighting, and also adds using the foam for vapor suppression to this ban; (3) limits the municipal take-back program to class B firefighting foam with PFAS, rather than any municipal source of PFAS; (4) adds the provisions on food packaging with PFAS; and (5) adds the provision on substitute chemical hazards in packaging.

*House Amendment "A" (1) extends the effective date of the ban on PFAS in food packaging from July 1, 2021, to October 1, 2021, and (2) eliminates the provision that considers using PFAS as a processing agent, mold release agent, or intermediate to be an intentional introduction when it is detected in the final package or component.

EFFECTIVE DATE: Upon passage, except that the provisions on PFAS in food packaging and packaging components are effective October 1, 2021.

§§ 2-4 — PACKAGING AND PACKAGING COMPONENTS PFAS in Food Packaging

The bill prohibits, as soon as feasible but no later than December 31, 2023, manufacturers and distributors from offering for sale or promotional purposes food packages with PFAS that was intentionally introduced during manufacturing or distribution. It also prohibits using a material to replace PFAS or any other chemical regulated by the packaging and packaging component law that, either in amount or manner, equals or exceeds the hazard created by the regulated chemical. (Although the bill adds PFAS, existing law allows the DEEP commissioner to report to the governor and the legislature on other toxic substances to which the packaging and packaging component law should apply (CGS § 22a-255m(a)).)

Under the bill, “food packaging” is a package or packaging component applied to or in direct contact with food or beverage. Additionally, the bill considers the act of “intentionally introducing” PFAS to be deliberate use to make a package or component where PFAS is wanted in the final product for a specific characteristic, appearance, or quality.

However, the bill also specifies that it is not considered “intentional introduction” to use some amounts of PFAS in the recycled materials portion of post-consumer recycled materials as feedstock for manufacturing new packaging materials, so long as the new package or packaging component complies with the packaging and packaging component law. Under the bill, “post-consumer recycled material” is household-generated material or a material generated by commercial, industrial, and institutional facilities as end-users of the product, which can no longer be used for its intended purpose, including returns of material from the distribution chain. It does not include refuse-derived fuel or other material destroyed by incineration.

*Substitute Senate Bill No. 1070

Public Act 21-196

AN ACT CONCERNING PHYSICIAN ASSISTANTS

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00196-R00SB-01070-PA.PDF>

Summary:

This bill allows physician assistants (PAs) to certify, sign, or otherwise document medical information in several situations that currently require a physician's or advanced practice registered nurse's (APRN's) signature, certification, or documentation. Examples include:

1. certifying a patient's health condition or related information for purposes of insurance coverage (some other insurance laws already reference PAs),

2. certifying a disability or illness for continuing education waivers or extensions for various health professions, and
3. documenting that a patient's room transfer in a nursing home would be medically contraindicated.

Additionally, the bill extends certain other provisions to PAs, such as adding them to the list of providers (1) who must report when a patient has tuberculosis and (2) to whom local health directors, in turn, must provide certain information for these patients.

Under existing law, unchanged by the bill, each PA must have a clearly identified supervising physician who has final responsibility for patient care and the PA's performance. The functions a physician delegates to a PA must be implemented in accordance with a written delegation agreement between them (CGS §§ 20-12c & -12d).

*Senate Amendment "A" replaces the original bill. It adds the provisions about PAs noted above and removes provisions from the underlying bill that would allow PAs and APRNs to order home health care services.

EFFECTIVE DATE: OCTOBER 1, 2021

Substitute House Bill No. 5597

Public Act No. 21-113

AN ACT CONCERNING OPIOIDS

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00113-R00HB-05597-PA.PDF>

Summary:

This bill requires the Department of Mental Health and Addiction Services (DMHAS) to establish a pilot program in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder. The department must do this by January 1, 2022, and within available appropriations.

Under the bill, each participating community must form a team of at least two peer navigators who must, among other things, (1) travel throughout the community to address the health care and social needs of individuals with opioid use disorder and (2) complete regularly updated training on non-coercive and non-stigmatizing methods for engaging these individuals, as determined by the DMHAS commissioner.

The bill also requires the DMHAS commissioner to report by January 1, 2023, to the Public Health Committee on the pilot program, including its success and any recommendations for its continuation or expansion.

Additionally, the bill requires the Department of Public Health commissioner, by January 1, 2022, to (1) establish guidelines for the use of evidence-based, nonpharmaceutical therapies to treat chronic pain, including chiropractic treatment and physical therapy, and (2) conduct educational and outreach activities to raise awareness about these guidelines.

*House Amendment "A" replaces the underlying bill, (1) removing the provision establishing a task force to study protocols used by certain health care professionals following opioid overdose deaths and (2) adding the pilot program provisions.

EFFECTIVE DATE: JULY 1, 2021

Substitute House Bill No. 5614

Special Act 21-37

AN ACT ESTABLISHING A COMMISSION ON THE DISPARATE IMPACT OF COVID-19

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/SA/PDF/2021SA-00037-R00HB-05614-SA.PDF>

CNA monitored and supported this bill which establishes a Commission on the Disparate Impact of COVID-19.

Summary:

This bill establishes a 22-member Commission on the Disparate Impact of COVID-19 within the legislative department. The commission must, among other things, analyze and identify the cause of any disparate impact of COVID-19 and the federal and state responses to it on different racial, ethnic, gender, and socioeconomic groups.

The bill establishes qualifications for commission members and requires the commission to hold its first meeting by September 1, 2021. The commission's powers and duties include, among other things, convening at least two working groups and holding any necessary public hearings. The Commission on Women, Children, Seniors, Equity, and Opportunity's (CWCSEO) administrative staff serve as the commission's administrative staff.

Starting by January 1, 2022, the commission must annually report its findings and legislative and policy recommendations to the commission's appointing authorities and

the governor. The commission expires on June 20, 2023, or after a two-thirds vote by its membership, whichever is earlier.

*House Amendment "A" (1) changes the bill's effective date from upon passage to July 1, 2021; (2) terminates the commission within a specified time period and correspondingly removes provisions on the length of members' terms; (3) eliminates the governor's appointments to the commission; (4) adds gender as a component of the commission's disparate impact analysis and requires the commission to assess the effects of the federal response on any COVID-19-related disparate impact; and (5) makes minor and technical changes.

EFFECTIVE DATE: JULY 1, 2021

Substitute House Bill No. 6398

Public Act No. 21-75

AN ACT CONCERNING VARIOUS REVISIONS TO STATUTES CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00075-R00HB-06398-PA.PDF>

Summary:

This bill principally makes three unrelated changes to statutes concerning the Department of Mental Health and Addiction Services (DMHAS).

Current law prohibits Whiting Forensic Hospital patients in the hospital's maximum-security service from being present during a search of their personal belongings. The bill limits this prohibition to only when police officers conduct the search and have probable cause that contraband or hazardous items are hidden in the patient's living area.

The bill also allows DMHAS to establish and use a single electronic health record (EHR) system for authorized personnel to access patient health records from any of DMHAS's divisions and facilities for purposes of diagnosing and treating patients and improving operations. Under the bill, all DMHAS divisions and facilities must provide their patient records to the EHR system. Any disclosure of the system's patient information made outside of DMHAS must be done in accordance with state and federal law.

Additionally, the bill increases, from nine to 11, the membership of the Whiting Forensic Hospital advisory board. It does this by adding two members with psychiatric disabilities, at least one of whom must have received inpatient psychiatric hospital services. The advisory board develops policies and sets standards related to the hospital's patients.

Lastly, the bill makes several technical changes.

EFFECTIVE DATE: October 1, 2021, except the provision establishing a single EHR system takes effect upon passage.

Substitute House Bill No. 6470

Public Act No. 21-133

AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00133-R00HB-06470-PA.PDF>

This bill received wide bipartisan support during the 2021 legislative session. CNA monitored this proposal and worked with other health care partners in support of passage.

Summary:

This bill requires the Department of Social Services (DSS) commissioner, to the extent permissible under federal law, to provide Medicaid reimbursement for telehealth services to the same extent as services provided in person. Existing law requires DSS to provide Medicaid coverage for categories of telehealth services if the DSS commissioner determines they are (1) clinically appropriate to be provided through telehealth, (2) cost effective for the state, and (3) likely to expand access in certain circumstances (CGS § 17b-245e).

Current law allows the DSS commissioner, at her discretion, to cover audio-only telehealth services under the state's medical assistance programs (e.g., Medicaid) until June 30, 2023. The bill instead requires her to do so, without a sunset date, when (1) she determines doing so is clinically appropriate; (2) providing comparable covered audiovisual telehealth services is not possible; and (3) audio-only services are provided to people who are unable to use or access comparable, covered audiovisual services. Both the authorization under current law and the requirement under the bill are applicable to the extent permissible under federal law.

The bill also expands the types of health care providers who can order home health care services to include advanced practice registered nurses (APRNs) and physician assistants.

It also allows DSS to waive or suspend prior authorization requirements and other utilization review criteria and procedures for Medicaid and the Children's Health Insurance Program (CHIP).

The bill makes a minor change to a provision allowing telehealth providers to provide services from any location. It also removes obsolete provisions and makes conforming changes.

*House Amendment "A" (1) eliminates provisions in the underlying bill allowing licensed nurse midwives and behavior analysts to provide telehealth services, and (2) makes minor changes to provisions on orders for home health care services and telehealth providers providing services from any location.

EFFECTIVE DATE: UPON PASSAGE

§§ 1 & 2 — ORDERS FOR HOME HEALTH CARE SERVICES

Current Department of Public Health (DPH) regulations generally require physicians to sign patient care plans that include a needs assessment for home health services (Conn. Agencies Regs. § 19-13- D73). The bill supersedes this and any other state regulation and allows APRNs and physician assistants, as well as physicians, to order home health care agency, hospice home health care agency, and home health aide agency services. (An April 27, 2020, DPH order enacted a similar policy for the duration of the COVID-19 public health and civil preparedness emergencies; the authorizing executive order (Executive Order 7K) has since expired.)

The bill also allows APRNs and physician assistants in states that border Connecticut to order home health care agency services, in addition to physicians in bordering states under current law. The bill expands this provision to also explicitly apply to hospice home health care agency services and home health aide agency services.

The bill extends any DPH regulation, policy, or procedure that applies to a physician ordering home health services to also apply to APRNs and physician assistants. This includes provisions on reviewing and approving care plans for these services.

The bill similarly allows APRNs and physician assistants to order home health care services covered by DSS (i.e., under medical assistance programs, such as Medicaid). Under the bill, any DSS regulation, policy, or procedure that applies to physicians ordering home health care services also applies to APRNs and physician assistants, including related provisions on care plan review and approval.

Substitute House Bill No. 6588

Public Act No. 21-125

AN ACT CONCERNING PSYCHOTROPIC DRUGS AND MENTAL HEALTH SERVICES

Hyperlink to bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00125-R00HB-06588-PA.PDF>

Summary:

This bill prohibits certain health insurance policies that cover outpatient prescription drugs from (1) requiring a health care provider to prescribe a supply of outpatient psychotropic drugs greater than that which he or she deems clinically appropriate; or (2) imposing a cost-sharing amount (i.e., coinsurance, copayment, deductible, or out-of-pocket expense) for a less than 90-day supply of these drugs that exceeds the 90-day, reduced pro-rata, cost-sharing amount.

These provisions apply to individual or 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; (4) hospital or medical services, including those provided under an HMO plan; or (5) single service ancillary health coverage, including vision, dental, or prescription drug coverage. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

The bill also prohibits mental health care benefits provided under state law, with state funds, or to state employees, from requiring a health care provider to prescribe an outpatient psychotropic drug in a quantity greater than that which the provider deems clinically appropriate.

Lastly, the bill establishes a 10-member task force to study mental health service provider networks.

*House Amendment "A" reduces the size of both task forces from 11 to 10 members, modifies the qualification requirements for certain task force appointees, and makes other conforming changes.

*Senate Amendment "A" eliminates provisions establishing a peer support service task force.

EFFECTIVE DATE: January 1, 2022, except the task force provision is effective upon passage.

Substitute House Bill No. 6621

Public Act No. 21-95

AN ACT CONCERNING ASSORTED REVISIONS AND ADDITIONS TO THE EDUCATION STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00095-R00HB-06621-PA.PDF>

This bill makes various changes to the education statutes including changes to in-school vision screening equipment.

Summary:

This bill requires a number of actions related to social-emotional learning, including assessing students for social-emotional learning, developing a statewide social-emotional learning strategy, and developing social-emotional learning standards. The bill includes provisions on social-emotional learning and teacher professional development and school resource officer training. It also requires the state law regarding bullying in school to be reviewed for possible changes and modifies the membership of safe school climate committees.

The bill also makes various unrelated changes in the education statutes about (1) the topics for which a board of education can be petitioned to hold a public hearing, **(2) in-school vision screening equipment**, (3) a special education services and funding task force, (4) a plan for a statewide virtual school, and (5) acting superintendents' probationary periods.

*House Amendment "A" adds provisions about social-emotional learning and training (§§ 4-11), the School Paraeducator Advisory Council (§§ 12 & 13), safe school climate committee membership (§ 14), a statewide virtual school plan (§ 15), and acting superintendents' probationary periods (§ 16). The amendment also changes the membership of the new special education task force, adjusts its reporting deadline, and adds to and clarifies the scope of its study (§ 3).

EFFECTIVE DATE: July 1, 2021, except where noted otherwise.

§ 2 — VISION SCREENING EQUIPMENT

Specifies permissible equipment for conducting in-school vision screenings.

Current law allows the annual in-school vision screening in public schools for grades K-1 and 3-5 to be performed using (1) a Snellen chart or (2) an equivalent screening device, such as an automated vision screening device. The bill instead specifies that the screening may be performed using (1) a Snellen chart or an equivalent screening device or (2) an automated vision screening device. This allows for use of an automated vision screening device that is not equivalent to a Snellen chart.

Substitute Senate Bill No. 1202

June 2021 Special Session, Public Act No. 21-2

AN ACT CONCERNING PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023.

Hyperlink to the bill: <https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00002-R00SB-01202SS1-PA.PDF>

The state budget was amended by the budget implementer bill (SB 1202, PA 21-2) during the Special Session which immediately followed the Regular Session. See below for sections of interest to CNA.

SB 1202, Budget Implementer bill:

§ 28 — PRIMARY CARE DIRECT SERVICES PROGRAM

CNA monitored and submitted testimony in support of this proposal (SB 1087 which was incorporated into SB 1202) to the Public Health Committee during the regular session.

Requires, rather allows, DPH to establish a program providing grants to community based primary care providers, and requires DPH to do so within available resources.

The bill requires, rather than allows, the Department of Public Health (DPH) to establish a program providing three-year grants to community-based primary care providers to expand access to care for the uninsured. DPH must do so by January 1, 2022. The bill requires DPH to establish the program within available resources; current law allows DPH to establish the program within available appropriations.

Under existing law, the grants may be used for, among other things, (1) funding for direct services and (2) providing loan repayment to primary care clinicians (e.g., family practice physicians, pediatricians, advanced practice registered nurses, and physician assistants) and registered nurses who meet program requirements.

EFFECTIVE DATE: July 1, 2021

§§ 233 & 234 — PHYSICIAN ASSISTANT LICENSE FEE

Reinstates the previous \$155 PA licensure fee by eliminating an inadvertent \$5 decrease.

The bill increases, from \$150 to \$155, the annual licensure fee for physician assistants (PAs). In doing so, it restores the fee to the level before an inadvertent \$5 decrease in

HB 6666, as amended by the House (§§ 93 & 94) and passed by both chambers. The bill also makes a conforming change.

EFFECTIVE DATE: July 1, 2021

§ 323 — ESSENTIAL WORKERS COVID-19 ASSISTANCE PROGRAM

CNA monitored and supported this proposal which had broad legislative support during the 2021 session.

The bill establishes the Connecticut Essential Workers COVID-19 Assistance Program to provide benefits for lost wages, out-of-pocket medical expenses, and burial expenses to certain essential employees who could not work due to contracting COVID-19 or symptoms that were later diagnosed as COVID-19. The program's benefits are available within available funds and on a first-come, first-served basis, and will only be paid through June 30, 2024.

EFFECTIVE DATE: October 1, 2021

Eligibility Criteria Under the bill, an “affected person” eligible for program benefits is an “essential employee” who:

1. died or could not work due to contracting COVID-19, or symptoms that were later diagnosed as COVID-19, between March 10, 2020 and July 20, 2021;
2. contracted COVID-19 that was confirmed by a positive lab test or, if one was not available, diagnosed based on the employee's symptoms and documented by a licensed physician, physician assistant, or advanced practice registered nurse;
3. provides a copy of the test or diagnosis documentation to the program's administrator; and
4. did not, during the 14 consecutive days immediately before the employee's death or inability to work, (a) work solely from home, with no physical interaction with other employees, or (b) receive an individualized written offer or directive to work solely from home, but otherwise chose to work at the employer's worksite.

An affected person does not include federal employees who qualify for benefits under the COVID-19 workers' compensation presumption included in the American Rescue Plan of 2021.

“Essential employees” are those employed in a category that the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices, as of February 20, 2021, recommended to receive a COVID-19 vaccination in phase 1a or 1b of the COVID-19 vaccination program. (These include **health care personnel**, firefighters, police officers, corrections officers, food and agricultural workers, manufacturing workers, grocery store workers, public transit workers, education sector workers, and child care workers.)

§ 324 — PROHIBITION AGAINST EMPLOYEE DISCIPLINE AND MISINFORMATION FOR WORKERS' COMPENSATION CLAIMS

Prohibits employers from deliberately misinforming employees about or dissuading them from filing a claim for benefits from workers' compensation or the Connecticut Essential Workers COVID-19 Assistance Program.

Current law prohibits employers from discharging or discriminating against an employee because the employee filed a workers' compensation claim or exercised his or her rights under the workers' compensation law. The bill expands this protection to also prohibit employers from (1) disciplining employees for filing a claim or exercising their rights and (2) deliberately misinforming or dissuading them from filing a claim for workers' compensation benefits or, starting October 1, 2021, a claim for benefits from the Connecticut Essential Workers COVID-19 Assistance Program.

As under current law, employees subjected to a violation may either bring a lawsuit in Superior Court or file a complaint with the Workers' Compensation Commission.

EFFECTIVE DATE: Upon passage

§ 325 — WORKERS' COMPENSATION BURIAL EXPENSES

Increases the worker's compensation benefit for burial expenses from \$4,000 to \$12,000, with future annual adjustments for inflation.

The bill increases the workers' compensation benefit for burial expenses from \$4,000 to \$12,000 once the bill passes. Then, starting on January 1, 2022, the bill requires the benefit to be annually adjusted by the previous calendar year's percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers in the Northeast, with no seasonal adjustment, as calculated by the federal Bureau of Labor Statistics.

§ 369 — MEDICAID RATE PARITY FOR CERTAIN PROVIDERS

Requires Medicaid rates for (1) nurse-midwives to equal obstetrician-gynecologist rates and (2) podiatrists to equal physician rates.

The bill requires the DSS commissioner to adjust Medicaid reimbursement rates so that (1) licensed nurse-midwives receive the same rates as licensed obstetrician-gynecologists for performing the same services or procedures and (2) licensed podiatrists receive the same rates as licensed physicians for performing the same services or procedures. The commissioner must seek federal approval to amend the

Medicaid state plan, if needed, to adjust the reimbursement rates for the nurse-midwives and podiatrists.

EFFECTIVE DATE: Upon passage

Substitute Senate Bill No. 883

Public Act No. 21-49

AN ACT CONCERNING THE RECOMMENDATIONS OF THE GOVERNOR'S COUNCIL ON WOMEN AND GIRLS

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00049-R00SB-00883-PA.PDF>

Summary:

This bill makes changes affecting (1) the Citizens' Election Program (CEP), which is the state's voluntary public campaign financing program open to candidates running for statewide office or the General Assembly; (2) procedures and considerations for appointing public members to state boards and commissions; and (3) reporting by the secretary of the state on the gender and racial diversity of state boards and commissions.

Concerning the CEP, the bill requires the State Elections Enforcement Commission (SEEC), on or after July 1, 2021, to amend the CEP regulations to permit expenditures for child care services. It authorizes qualified candidate committees (i.e., those of participating CEP candidates that SEEC has approved for a Citizens' Election Fund (CEF) grant) to make expenditures for these services using CEF grants, subject to certain limits and conditions, after SEEC amends the regulations. Currently, participating CEP candidates who have qualified for a grant may use CEF grants for these expenditures under a 2020 Superior Court decision (see BACKGROUND).

Concerning boards and commissions, the bill, among other things, does the following:

1. requires the Department of Administrative Services (DAS) commissioner to maintain an online system for submitting recommendations for public member appointees to executive department boards or commissions;
2. requires appointing authorities for state boards, commissions, committee, and councils with members appointed by the governor or legislators, to, among other things, ensure that the membership is qualified and diverse, consistent with applicable law, by January 1, 2026, and after that, according to the most recent U.S. census population data; and
3. requires the secretary of the state to publish a report on the gender and racial composition of certain state boards and commissions and compare this

information with the state's gender and racial composition, according to the most recent U.S. census population data.

EFFECTIVE DATE: JULY 1, 2021

Substitute Senate Bill No. 1083

Public Act No. 21-26

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00026-R00SB-01083-PA.PDF>

Summary:

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

1. requires the Chief Medical Examiner, starting January 1, 2022, to complete at least one contact hour of training or education in sudden unexpected death in epilepsy as part of his required continuing medical education (CME) (§ 1);
2. requires licensed health clubs, starting October 1, 2022, to provide and maintain at least one automatic external defibrillator and, among other things, ensure that at least one employee trained in its use is on the premises during business hours (§§ 2 & 3);
3. requires hospital personnel to ask patients, upon admission, whether the patient wants the hospital to notify a family member, caregiver, or support person of the admission (§ 4);
4. allows a 16-year-old, with parental or guardian written consent, to donate blood, or any of its components, and consent to blood withdrawal at a voluntary blood donation program (§ 5);
5. extends the time period that an art therapist licensure applicant's temporary permit is valid, from 365 days to two years after the applicant receives his or her graduate degree (§ 6);
6. requires the public health commissioner, by January 1, 2022, to revise marriage license applications and certificates to (a) replace references to "bride" and "groom" with "spouse one" and "spouse two" and (b) remove references to a spouse's race or ethnicity or designation of such race or ethnicity (§ 7);
7. extends the dates by which the (a) Department of Public Health (DPH) commissioner must report to the Public Health Committee on the process she develops for itinerant food vendor licensure by reciprocity to December 1, 2021, and (2) commissioner and each local health director must implement it to January 1, 2022 (§ 8);

8. requires the Department of Mental Health and Addiction Services (DMHAS) to convene a working group to study the health benefits of psilocybin and requires the working group to submit its findings and recommendations to the Public Health Committee by January 1, 2022 (§ 9); and
9. allows hospitals to provide written discharge planning materials required under existing law to patients and their designated caregivers electronically, if patients agree (§ 10).

EFFECTIVE DATE: October 1, 2021, except that provisions on (1) blood donation by minors, temporary permits for art therapists, marriage licenses, and hospital discharge plans take effect July 1, 2021, and (2) itinerant food vendor licensure reciprocity and the psilocybin working group take effect upon passage.

PRIORITY BILLS WHICH DIED DURING THE 2021 SESSION:

Bill Number	Bill Title	Action
SB 285	AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES	Died in the Senate. CNA worked in collaboration with AFT to successfully defeat the bill allowing Medical Assistants to administer vaccines. CNA testified in opposition to the bill before the Public Health Committee.
HB 5464	AN ACT ESTABLISHING A TAX CREDIT FOR PROVIDERS OF CLINICAL NURSING EXPERIENCES	Died in Finance, Revenue and Bonding Committee. CNA submitted testimony in support to the Higher Education Committee.
SB 842	AN ACT CONCERNING HEALTH INSURANCE AND HEALTH CARE IN CONNECTICUT	Died in the Senate. CNA conducted a nurse email writing campaign in support.
SB 931	AN ACT CONCERNING EMISSIONS STANDARDS FOR MEDIUM AND HEAVY DUTY VEHICLES	Died in the House. CNA submitted testimony in support to the Environment Committee.
SB 1087	AN ACT CONCERNING THE	Died in the Senate. CNA

	RECRUITMENT AND RETENTION OF HEALTH CARE PROVIDERS IN THE STATE	<p>submitted testimony in support in the Public Health Committee.</p> <p>This bill was incorporated and passed in SB 1202, Section 28, and includes loan repayment to nurses in primary care settings. See page 27</p>
HB 5024	AN ACT CONCERNING SURGICAL SMOKE IN THE OPERATING ROOM	Died in the Public Health Committee.
HB 6551	AN ACT CONCERNING ENVIRONMENTAL AIR QUALITY	Died in the House. CNA submitted testimony in support to the Environment Committee.
HB 6425	AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS	Died in Judiciary Committee. CNA submitted testimony to the Public Health Committee.