



2019 End-of-Session Report for Connecticut Nurses' Association

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The 2019 legislative session of the Connecticut General Assembly came to a close at Midnight on June 5th. The legislature was able to adopt a budget for the biennium - a more detailed description of the budget is included later in this End of Session Report.

This session was the first for newly elected Democratic Governor, Ned Lamont. The Democrats also increased their majority in the House and took the majority in the Senate, after two years of an 18-18 split. The current make-up of the House is 91 Democrats and 60 Republicans. The current make-up of the Senate is 22 Democrats and 14 Republicans.

With the building now in the complete control of the Democrats, at least in numbers, the leaders promoted an agenda dubbed early on as the “Big Five”: raising the minimum wage, paid family and medical leave, highway tolls, sports betting and legalized recreational marijuana. Numerous bills were raised and debated on each of these topics. By the end of session two of these items passed both Chambers and have been signed into law: an increase in the minimum wage and paid family and medical leave. The minimum wage will increase to \$15 over a four and a half year period. Employees will be allowed to take up to 12 weeks of paid family leave based upon a percentage of their salary. This program is funded by up to a one-half percent payroll tax on employees. Detailed summaries of both bills are included in this report.

While these topics generally dominated the conversation during the 2019 regular session, there were a number of bills of specific interest to the Connecticut Nurses' Association. We have included those bills on the pages that follow.

The Connecticut Nurses' Association had a very busy and successful legislative session. CNA testified on many bills before various legislative committees. CNA and their lobbyists were instrumental in helping to defeat their priority bill allowing medical assistants to administer vaccines. CNA also held another very successful Legislative Advocacy Day. Hundreds of nurses came to the Capitol to speak with legislators on bills important to nursing.

As always, we truly enjoy advocating and lobbying on your behalf and look forward to continuing our strong working relationship going forward.

If you have any questions, or would like additional information, please do not hesitate to call.

BILLS PASSED DURING SESSION:

Substitute House Bill No. 6942

Public Act No. 19-144

AN ACT CONCERNING A COLLABORATIVE RELATIONSHIP BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00144-R00HB-06942-PA.pdf>

OLR Summary:

This bill defines a physician assistant's (PA's) relationship with a physician as collaborative instead of dependent, as under current law.

Existing law, unchanged by the bill, requires PAs to provide patient care under the supervision, control, responsibility, and direction of a licensed physician.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 7159

Public Act No. 19-191

AN ACT ADDRESSING OPIOID USE

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00191-R00HB-07159-PA.pdf>

OLR Summary:

This bill makes various changes in the statutes to prevent and treat opioid use disorder. Among other things, it:

1. generally requires pharmacists to offer consultations to all patients when dispensing a prescription, not just Medicaid patients as under current law (§§ 1 & 2);
2. allows pharmacists to designate a trained pharmacy technician to access the state's Connecticut Prescription Monitoring and Reporting System ("CPMRS"; see BACKGROUND) on their behalf (§ 3);
3. specifies that prescribing practitioners or their agents are not prohibited from disclosing CPMRS information about pharmacy- or veterinarian-dispensed prescriptions to the Department of Social Services (DSS) to administer medical assistance programs (e.g., Medicaid) (§ 3);
4. requires drug manufacturers and wholesalers to report to the Department of Consumer Protection (DCP) decisions to terminate or refuse an order from a pharmacy or prescribing practitioner for schedule II to V controlled substances (§ 4);
5. prohibits life insurance and annuity policies or contracts from excluding coverage solely based on an individual having received a prescription for naloxone (an opioid antagonist) (§ 5);
6. requires prescribing practitioners who prescribe an opioid drug with more than a 12-week supply to establish a treatment agreement with the patient or discuss a care plan for chronic opioid drug use (§ 6);
7. requires higher education institutions, by January 1, 2020, to develop and implement a policy on the availability and use of opioid antagonists by students and employees, and generally notify emergency medical providers when an opioid antagonist is used (§ 7);
8. requires the Department of Mental Health and Addiction Services (DMHAS) to review and report on literature about the efficacy of providing home-based treatment and recovery services for opioid use disorder to certain Medicaid beneficiaries (§ 8);
9. generally requires DMHAS-operated or –approved treatment programs to educate patients with opioid use disorder, and their relatives and significant others, on opioid antagonists and how to administer them (§ 9);
10. makes various changes to credentialing of certain emergency medical services (EMS) personnel, such as requiring applicants on or after January 1, 2020, to complete (a) mental health first aid training and (b) national training and examination requirements (§ 10);
11. requires hospitals, starting January 1, 2020, to administer a mental health screening or assessment on patients treated for a nonfatal opioid drug overdoses if it is medically appropriate to do so (§ 11); and

12. requires DMHAS to study and report on the protocol for police detention of someone suspected of overdosing on an opioid drug and the implications of involuntarily transporting such a person to an emergency department (§ 13).

The bill also makes technical, conforming, and minor changes including replacing a reference to “licensed mental health professional” in the alcohol and drug counselor credentialing statutes with “licensed behavioral health professional” (§ 12).

***House Amendment “A”** strikes the underlying bill, replacing it with similar provisions and adding the provisions concerning higher education institutions, the literature review on home-based treatment, patient education, EMS personnel mental health first aid training, hospital patient mental health screenings, police detention protocol, and a reference to licensed mental health professionals.

EFFECTIVE DATE: Various.

Substitute Senate Bill No. 375

Public Act No. 19-89

AN ACT CONCERNING NURSING HOME STAFFING LEVELS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00089-R00SB-00375-PA.pdf>

OLR Summary:

This bill requires nursing homes to calculate and post daily, at the beginning of each shift, information related to the number of advanced practice registered nurses (APRNs), registered nurses (RNs), licensed practical nurses (LPNs), and nurse’s aides responsible for providing direct care to residents during the shift. Nursing homes must make the information available for public review, upon request, and retain the information for at least 18 months after posting it.

The bill also authorizes the Department of Public Health (DPH) commissioner to take disciplinary action or issue a citation against a nursing home if it substantially failed to comply with current DPH nursing home minimum direct care staffing requirements (currently, 1.9 hours of direct nursing staff per resident per day, see BACKGROUND). Nursing homes must prominently post on-site the staffing violation.

Additionally, the bill requires a nursing home or residential care home (RCH) that discriminates or retaliates against a resident, resident’s legal representative, or employee for filing a complaint or testifying in an administrative proceeding against a

home to (1) reinstate a terminated employee or (2) restore a resident's prior housing arrangement or other living condition, as appropriate.

Lastly, the bill makes technical changes.

***Senate Amendment "A"** (1) defines the term "direct patient care" and modifies the definition of "transportation duty;" (2) excludes, from a nursing home's direct care staffing calculation, certain staff who are not providing direct patient care for at least six hours of an eight hour shift; and (3) makes technical changes.

EFFECTIVE DATE: October 1, 2019

Substitute Senate Bill No. 884

Public Act No. 19-96

AN ACT CONCERNING THE ADMINISTRATION OF EPINEPHRINE AT THE
DEPARTMENT OF CHILDREN AND FAMILIES WILDERNESS SCHOOL

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00096-R00SB-00884-PA.pdf>

CNA submitted testimony to the Children's Committee on this proposal. CNA encouraged comprehensive training and annual competency demonstrations of the Wilderness School Staff.

OLR Summary:

The Department of Children and Families Wilderness School is a prevention, intervention, and transition program for youth located in East Hartland, Connecticut and licensed as a youth camp by the Office of Early Childhood (OEC).

This bill authorizes qualified wilderness school employees (i.e., appropriately trained employees over age 18) to administer epinephrine by a premeasured commercially prepared auto-injector (e.g., EpiPen) for emergency first aid purposes to a student who experiences a presumed allergic reaction and does not have a prescription from a qualified medical professional. The injector may only be used if a parent or guardian has previously provided written authorization.

The bill requires the school director to keep injectors on the premises for emergency purposes. He must also ensure that the injectors are stored and labeled, and records concerning injector use are maintained, in a manner consistent with OEC youth camp regulations.

No qualified employee who administers an injector as permitted by the bill may be held liable to the student or the student's parent or guardian for any personal injuries that result from acts or omissions that may constitute ordinary negligence in administering the injector. The immunity does not extend to acts or omissions that constitute gross, willful, or wanton negligence.

TRAINING

In order to be "appropriately trained" for the act's purposes, an employee must successfully complete:

1. youth camp staff member training requirements, as prescribed by OEC youth camp regulations on administering medication to a student attending camp (see BACKGROUND), and
2. training within the last 12 months conducted by a pharmacist, physician, physician assistant, advanced practice registered nurse, or registered nurse. The latter training must cover (1) how to identify common causes of allergic reactions, (2) signs and symptoms of mild and severe allergic reactions, (3) the ways anaphylaxis differs from other medical conditions, and (4) appropriate follow-up and reporting procedures after a child has experienced a presumed allergic reaction.

BACKGROUND

OEC regulations require youth camp staff members to receive training from a pharmacist, physician, physician assistant, advanced practice registered nurse, or registered nurse before administering medication to a child attending a camp. Before staff members may administer a commercially prepared auto-injector, they must additionally complete a training program on their administration taught by one of the above mentioned health professionals. After completing the initial auto-injector training, staff members must annually have their skills and competency in administering an injector evaluated by a health professional (Conn. Agencies Reg. § 19a-428-6(a)(2)(A)(iv)).

EFFECTIVE DATE: Upon passage

Substitute Senate Bill No. 921

Public Act No. 19-98

AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00098-R00SB-00921-PA.pdf>

CNA testified in strong support of SB 921 which expands the APRNs scope of practice.

OLR Summary:

This bill adds advanced practice registered nurses (APRNs) to various statutes that currently only reference physicians or, in certain cases, other health care providers. In doing so, in some cases the bill grants APRNs the specific authority to perform certain actions that, under current law, are generally reserved for physicians, such as entering into a collaborative drug therapy management agreement with a pharmacist.

Among other topics, the bill's provisions address matters related to insurance, workers' compensation, and behavioral health. In a few cases, the bill's provisions apply only to APRNs who are certified as psychiatric mental health providers.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2019

Substitute Senate Bill No. 1091

Public Act No. 19-152

AN ACT DESIGNATING VARIOUS DAYS AND WEEKS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00152-R00SB-01091-PA.pdf>

CNA strongly supported this bill which requires the Governor to proclaim June 15 of each year to be Cadet Nurse Corps Day to honor women who served in the corps during World War II.

OLR Summary:

This bill requires the governor to proclaim the fourth week in May of each year as Connecticut Older Horse Week to spread awareness of the active roles horses play in farming, sports, and entertainment and to recognize the state's retired horses.

The bill requires him to also proclaim the first week in September of each year to be Kidney Disease Awareness Week to raise public awareness of the (1) various disease types; (2) associated presentation and available treatments for chronic kidney disease

or failure; (3) need for artificial filtering or dialysis, kidney donations, and transplants; and (4) diseases or conditions that impair kidney function such as diabetes and hypertension.

The bill also requires the governor to proclaim the following days:

1. February 22 of each year to be Encephalitis Day to raise awareness of, and acknowledge those affected by, encephalitis;
2. April 16 of each year to be Advance Directive Awareness Day to encourage their uses and raise awareness of the importance of planning ahead for health care decisions;
3. May 6 of each year to be Moyamoya Awareness Day to raise awareness of the symptoms and available treatments of the cerebrovascular disease;
4. May 17 of each year to be Diffuse Intrinsic Pontine Glioma Day to raise awareness of this type of brain cancer;
5. June 3 of each year to be Clubfoot Day to raise awareness of the musculoskeletal birth deformity and its available treatments;
- 6. June 15 of each year to be Cadet Nurse Corps Day to honor women who served in the corps during World War II (WWII);**
7. July 30 of each year to be U.S.S. Indianapolis CA-35 Day (a) to commemorate and honor the cruiser and the service, sacrifice, and bravery of the Connecticut sailors who served aboard the ship during WWII and (b) in recognition of its final sailing crew, the pilots who discovered the survivors, and the rescue and recovery crews;
8. November 22 of each year to be 22q11.2 Deletion Syndrome Day to raise awareness of the genetic disease and its available treatments; and
9. December 6 of each year to be Thirteenth Amendment Day to reflect upon, remember, and celebrate the ratification of the amendment to the United States Constitution, which abolished slavery.

The bill allows suitable observance exercises to be held in the state capitol and elsewhere as the governor designates.

Lastly, the bill adjusts the date of Sikh Genocide Remembrance Day from November 30 to November 1.

***Senate Amendment "A"** (1) eliminates a provision in the underlying bill which would have established a nonlapsing women's suffrage account and (2) adds the provisions on awareness days for advance directives and moyamoya disease.

EFFECTIVE DATE: Upon passage

Senate Journal No. 3

RESOLUTION MEMORIALIZING CONGRESS TO RECOGNIZE WOMEN IN THE CADET NURSE CORPS DURING WORLD WAR II AS VETERANS

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019SJ-00003-R000238-FC.PDF>

Petition the US Congress to amend federal law to recognize as veterans those women who served honorably during World War II as members of the Cadet Nurse Corps. CNA strongly supported this resolution.

Substitute House Bill No. 5213

Public Act No. 19-133

AN ACT EXPANDING REQUIRED HEALTH INSURANCE COVERAGE FOR HEARING AIDS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00133-R00HB-05213-PA.pdf>

OLR Summary:

This bill eliminates an age restriction for mandated health insurance coverage for hearing aids, thus requiring certain insurance policies to cover hearing aids for any covered person. In doing so, it codifies the Insurance Department's Bulletin HC-102, which brought the state hearing aid benefit requirement into compliance with the federal Affordable Care Act (ACA). (The ACA generally prohibits age-based discrimination in benefit design.) Current state law requires policies to cover hearing aids only for children under age 13.

Under current law, policies may limit hearing aid coverage to \$1,000 within a 24-month period. The bill instead allows policies to limit coverage to one hearing aid per ear within a 24-month period.

***House Amendment "A"** allows hearing aid coverage to be limited to one hearing aid per ear, instead of \$1,000, within a 24-month period.

EFFECTIVE DATE: January 1, 2020

Substitute House Bill No. 6146

Public Act No. 19-105

AN ACT CONCERNING THE EXPANSION OF CERTIFICATION COURSES IN CARDIOPULMONARY RESUSCITATION AND EDUCATION AND TRAINING COURSES IN THE USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS AND THE ADMINISTRATION OF FIRST AID

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00105-R00HB-06146-PA.pdf>

OLR Summary:

This bill adds to the list of organizations that may certify or train people in cardiopulmonary resuscitation (CPR) or first aid for various purposes, such as (1) CPR certification required for lifeguards and (2) first aid training required to qualify for immunity under certain provisions of the Good Samaritan statute. It does so by allowing organizations to provide this training or certification if they use guidelines published by the American Heart Association (AHA) and either the American Red Cross (for first aid) or International Liaison Committee on Resuscitation (for CPR).

***House Amendment "A"** replaces the underlying bill, which allowed the Department of Public Health (DPH) to add to the list of organizations that may certify or train people in CPR, the use of automatic external defibrillators, or first aid for certain purposes.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 6522

Public Act No. 19-45

AN ACT CONCERNING CONTINUING MEDICAL EDUCATION IN SCREENING FOR INFLAMMATORY BREAST CANCER AND GASTROINTESTINAL CANCERS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00045-R00HB-06522-PA.pdf>

OLR Summary:

As part of existing law's continuing education requirements, physicians must complete one contact hour of risk management training or education (1) during their first license renewal period in which continuing education is required and (2) at least once every six years after that. This bill allows such training to address screening for inflammatory breast cancer and gastrointestinal cancers, including colon, gastric, pancreatic, and neuroendocrine cancers and other rare gastrointestinal tumors. It applies to license registration periods starting on or after October 1, 2019.

Existing law, unchanged by the bill, requires the risk management training to address prescribing controlled substances and pain management.

By law, physicians generally must complete 50 contact hours of continuing education every two years, starting with their second license renewal.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 6540

Public Act No. 19-109

AN ACT CONCERNING THE PREVENTION OF THE HUMAN IMMUNODEFICIENCY VIRUS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00109-R00HB-06540-PA.pdf>

OLR Summary:

Under certain conditions, existing law allows physicians and advanced practice registered nurses (APRNs) to examine and treat a minor for HIV or AIDS without the consent of the minor's parents or guardian. This bill additionally allows physicians and APRNs to provide prophylaxis to minors for HIV without parental or guardian consent, under the same conditions. It defines prophylaxis as the use of medication, other than a vaccine, to prevent disease (see BACKGROUND).

As under existing law for HIV treatment, the bill allows a physician or APRN to provide such prophylaxis without parental or guardian consent only after determining that (1) notifying them would result in denial of such prophylaxis or (2) the minor will not pursue or continue the prophylaxis if the parents or guardian are notified.

Under existing law, the provision of HIV or AIDS treatment to a minor under these circumstances must be kept confidential and not divulged unless the minor consents, including when the provider sends a bill to anyone other than the minor. The bill extends this to HIV prophylaxis, but provides two exceptions to these confidentiality provisions.

First, if the minor is age 12 or younger and receiving such prophylaxis or treatment without parental or guardian consent, the bill requires the physician or APRN to report the minor's name, age, and address to the Department of Children and Families for an investigation of possible abuse or neglect. A similar requirement applies under existing law to report treatment of minors age 12 or younger for sexually transmitted diseases, including HIV (CGS § 19a-216).

Second, the bill specifies that physicians or APRNs treating a minor for HIV or AIDS under these circumstances may report to the Department of Public Health (DPH) and local health department as required by the law on DPH's list of reportable diseases.

Lastly, the bill extends to HIV prophylaxis existing law's provisions that require documentation in the minor's medical record and that the minor be liable for costs.

***House Amendment "A"** adds the two exceptions to the confidentiality provisions.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 7125

Public Act No. 19-159

AN ACT CONCERNING MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00159-R00HB-07125-PA.pdf>

OLR Summary:

This bill prohibits certain health insurance policies from:

1. applying nonquantitative treatment limitations (i.e., non-numeric limits on the scope or duration of coverage) to mental health and substance use disorder benefits unless the policy applies the limitations comparably to, and not more stringently than, how it applies them to medical and surgical benefits (§§ 2 & 3) and
2. denying coverage for substance abuse services and prescribed treatment drugs solely because the services were provided under a court order (§§ 4 & 5).

These provisions apply to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut on or after January 1, 2020, 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.

The bill also requires health carriers (e.g., insurers) to report, annually by March 1, 2021, information to the insurance commissioner that demonstrates, among other things, their compliance with state and federal mental health parity laws.

Starting May 15, 2021, the bill allows the Insurance and Real Estate Committee to annually hold a public hearing about these reports. If it does so, the insurance commissioner or his designee must attend.

***House Amendment "A"** removes provisions in the underlying bill that would have (1) required certain health insurance policies to cover prescription drugs used to treat substance use disorders and place such drugs in the lowest cost sharing tier and (2) prohibited policies from requiring step therapy or prior authorization for these drugs. The amendment also (1) requires the underlying bill's health carrier reports to include information demonstrating compliance with state prescription drug and federal mental health parity laws and (2) specifies that certain reported information is confidential.

EFFECTIVE DATE: January 1, 2020, except the reporting provisions are effective October 1, 2019.

Substitute House Bill No. 7190

Public Act No. 19-169

AN ACT EXTENDING GOOD SAMARITAN PROTECTIONS FOR PERSONS OR ENTITIES THAT INCLUDE AN OPIOID ANTAGONIST WITHIN A CABINET CONTAINING AN AUTOMATIC EXTERNAL DEFIBRILLATOR

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00169-R00HB-07190-PA.pdf>

OLR Summary:

Under certain conditions, this bill grants civil immunity to individuals or entities that provide or maintain an automatic external defibrillator (AED) in a cabinet which also contains an opioid antagonist (e.g., Narcan) used for drug overdoses. Under the bill, they are not liable for ordinary negligence for their acts or omissions in making the

opioid antagonist available. The immunity does not apply to gross, willful, or wanton negligence.

Existing law provides civil and criminal immunity related to administering opioid antagonists, including allowing people who are not health professionals to administer them. It also provides civil immunity, under certain conditions, to (1) people or entities who provide or maintain an AED or (2) anyone who operates an AED not in the course of their employment (CGS § 52-557b).

EFFECTIVE DATE: October 1, 2019

Substitute House Bill No. 7198

Public Act No. 19-164

AN ACT CONCERNING SOCIAL WORKERS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00164-R00HB-07198-PA.pdf>

OLR Summary:

This bill generally prohibits anyone from using the title "social worker," or any associated initials, or advertising services as a social worker unless he or she (1) has a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education (CSWE); (2) a doctorate in social work; or (3) if educated outside of the U.S. or its territories, completed an education program CSWE deems equivalent.

Existing law already prohibits anyone who is unlicensed from using the title of licensed master or clinical social worker or advertising services as such.

The bill exempts from the prohibition (1) state employees with the title social worker and (2) municipal employees with this title hired before July 1, 2019. Existing law already allows any person employed by the state before October 1, 1996, with the title in the social work series of the classified service to have such a title to describe or perform his or her duties (CGS § 20-195r).

Starting October 1, 2019, the bill requires the state, on any posting for a job in the social work series of classified service that does not require a social work license, to specify that the preferred qualification is a bachelor's or master's degree in social work from a CSWE- accredited program or a doctorate in social work.

The bill also makes technical changes, including deleting obsolete provisions.

***House Amendment “A”** adds the provisions (1) requiring the state to specify preferred education qualifications on certain social work job postings and (2) exempting state employees and certain municipal employees with the title “social worker” from the prohibition. It also allows a person with a social work degree from any doctoral program, instead of only doctoral programs accredited by CSWE, to use the title “social worker.”

EFFECTIVE DATE: October 1, 2019

Substitute House Bill No. 7282

Public Act No. 19-176

AN ACT CONCERNING NEWBORN SCREENING FOR SPINAL MUSCULAR ATROPHY

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00176-R00HB-07282-PA.pdf>

OLR Summary:

Starting January 1, 2020, this bill requires all health care institutions caring for newborn infants to test them for spinal muscular atrophy, unless a parent objects based on religious grounds. It requires the testing to be done as soon as is medically appropriate.

Like existing law that requires these institutions to test newborn infants for cystic fibrosis and critical congenital heart disease, the test for spinal muscular atrophy is not part of the state's newborn screening program for genetic and metabolic disorders. That program, in addition to screening, directs parents of identified infants to counseling and treatment.

EFFECTIVE DATE: October 1, 2019

The State Budget

Substitute House Bill No. 7424 Public Act No. 19-117

AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00117-R00HB-07424-PA.pdf>

The Governor and the legislative democrats were able to agree on, and pass, a budget that closed the project \$3.7 billion deficit. They did this primarily from increased revenues from growth in the economy. The state realized nearly \$400 million in revenues that exceeded previous projections. The adopted budget also includes nearly \$705 million in new revenue over the biennium by increasing taxes and other fees and defers pension payments.

The major revenue increases in the budget include removing a number of exemptions to the state sales tax. Increasing the sales taxes on digital downloads from 1% to 6.35%. Other items include a 10 cent fee on grocery store bags, an increase in the alcohol beverages tax (other than beer) and the reduction of an income tax credit on limited liability companies.

The budget also includes a provision that increases the number of PURA Commissioners from 3 to 5.

According to the Governor's Office – the highlights of the new budget are as follows:

Highlights of the Fiscal Year 2020/2021 Biennial Budget:

Delivers stability and predictability to taxpayers and businesses by addressing the fixed costs that stunts the state's growth year after year

- Makes changes to state employee and retiree healthcare programs that will result in a savings of \$185 million over the next two years.
- Makes a \$75 million payment toward the historic cumulative GAAP deficit.
- Sets aside \$381 million to provide a clear path forward to restructuring the Teachers' Retirement System, allowing the state to mitigate the potential cliff as it

would have faced in the late 2020s and early 2030s when annual payments could have tripled.

- Puts Connecticut on a course for the most robust savings the state has ever had, and placing it among the best states in the country in terms of budget reserves.

Funds the Special Transportation Fund (STF)

- Stabilizes the STF in the short term to maintain the existing level of infrastructure investments for our roads, bridges, and highways.
- Fully implements the car sales tax into the fund by 2023.

Holds the sales tax rate flat while taking steps to modernize our tax policy

- Generates revenue from areas of growth, such as digital downloads and services, equalizing the policy with brick-and-mortar retail.
- Begins to broaden our sales tax base by including interior design, dry cleaning and parking in a way that chooses fewer winners and losers.

Does not increase the income tax rate for anyone

Protects and supports Connecticut's working families and vulnerable communities

- Allocates funding to enact two historic pieces of legislation – increased minimum wage and paid family and medical leave – both designed to help lift families out of poverty, combat persistent pay disparities between races and genders, and allow individuals to take time to care for themselves or their loved ones.
- Includes \$29 million in funding over two years for wage increases for nursing home workers and expands eligibility for HUSKY A adults to 160 percent of the federal poverty level.

Holds Connecticut cities and towns harmless

- Keeps municipal funding flat over the next two years. Contains no reductions from FY 2019 municipal aid payment lists and adjusts car tax formula to reflect year-over-year grand list changes.

Increases funding for public education and workforce development

- Honors the ECS formula and provides an additional \$112 million over two years.
- Includes a plan for Debt-Free Community College beginning in the fall of 2020 and adds \$250,000 to the Minority Teacher Incentive Program.

- Connecticut will invest more money into education and workforce development to strengthen the existing pipeline between our public education institutions and areas of growth such as advanced manufacturing and biotechnology.
- Creates a partnership with Dalió Philanthropies that will provide matching funds for disconnected and disengaged youth.

Supports Connecticut businesses

- Eliminates the \$250 business entity tax – a tax that is mainly paid by small businesses.
- Phases-out the Capital Base tax under the Corporation Tax by January 1, 2024.

Modernizes state government

- Provides over \$6 million in funding for a digital front door - a new digital service that will move the public's interactions with state government online, and provide services that are personalized, more secure, efficient, and cost-effective.

Protects the environment and invests in clean energy

- Establishes targets and requires agency studies for increasing zero-emission vehicles in the state fleet, and provides funds for the state's zero emission vehicle program to incentivize state residents to purchase such vehicles.
- Imposes a \$0.10 tax on environmentally unfriendly plastic bags for two years, followed by an outright ban.
- Protects the state's ratepayer funded energy efficiency and green bank programs.

Promotes health and wellness

- Raises the age for the consumption of tobacco products from 18 to 21 years old.
- Places a new ten percent wholesale tax on e-cigarettes and a 40 cents per mL tax on "closed" e-cigarettes to bring e-cigarettes closer in line to the state's cigarette tax.

Highlights of the Fiscal Year 2020/2021 Biennial Budget of Interest to CNA:

§ 75 — SAFE DRINKING WATER PRIMACY ASSESSMENT

Requires water companies that own community or non-transient, non-community water systems to pay DPH a safe drinking water primacy assessment in FYs 19 to 21; allows water companies that own community water systems to recover the assessment from customers.

§ 96 — APRN EMERGENCY CERTIFICATES AT CORRECTIONAL FACILITIES

Allows APRNs, under certain conditions, to issue emergency certificates to require hospitalization for up to 72 hours of prison inmates with psychiatric disabilities.

§ 148 — NEWBORN SCREENING

Expands DPH's Newborn Screening Program to include any disorder listed on the federal Recommended Uniform Screening Panel, subject to OPM's approval.

§§ 160 & 161 — COMMUNITY HEALTH WORKERS

Creates a community health worker certification program and a Community Health Worker Advisory Body.

§§ 162-175 — PROFESSIONAL COUNSELOR AND MARITAL AND FAMILY THERAPIST ASSOCIATE LICENSURE

Creates an associate licensure category for professional counselors and marital and family therapists practicing under professional supervision while pursuing full licensure.

§§ 176-182 — ART THERAPIST LICENSURE

Creates a licensure program for art therapists and generally prohibits unlicensed individuals from using the "art therapist" title.

§§ 191-206 — ESTHETICIAN, NAIL TECHNICIAN, AND EYELASH TECHNICIAN LICENSURE

Requires estheticians, nail technicians, and eyelash technicians to be licensed; allows schools for them to be established; sets annual inspection standards; requires spas or salons to be under the management of a DPH-credentialed individual; and extends existing law's human trafficking notice requirement to additional establishments.

§§ 209 & 210 — HEALTH INSURANCE COVERAGE FOR MAMMOGRAMS AND ULTRASOUNDS

Expands coverage for ultrasounds and eliminates out-of-pocket expenses for ultrasounds and mammograms under certain health insurance policies.

§§ 232-235 — PAID FAMILY AND MEDICAL LEAVE CHANGES

Within the Paid Family and Medical Leave Insurance program established by SB 1, as amended: clarifies certain definitions; reduces the program's board of director's voting members; allows the governor to appoint the board's chairperson without input from legislative leaders; removes a requirement for the board to issue requests for proposals if it chooses to use contractors for certain services; and delays the creation of a "non-

charge" against an employer's unemployment tax experience rate when an employer lays off an employee due to an employee's return from FMLA leave.

§ 351 — E-CIGARETTE TAX

Imposes a tax on e-cigarette products at a rate of (1) 40 cents per milliliter for pre-filled e-cigarette products and (2) 10% of the wholesale price for all other e-cigarette products.

§§ 352 & 353 — ALCOHOLIC BEVERAGES TAX

Increases, by 10%, the excise tax on alcoholic beverages, except beer; reduces, by 50%, the tax rate on beer for off-premises consumption that is sold on the premises covered by a manufacturer's permit at 50% the rate otherwise applicable to beer; requires sellers to pay a floor tax on alcoholic beverages, except beer, in their inventories as of the opening of business on October 1, 2019.

EFFECTIVE DATE: October 1, 2019

A link to the entirety of the budget summary is included below.

OLR Summary: <https://www.cga.ct.gov/2019/BA/pdf/2019HB-07424-R01-BA.pdf>

Public Act No. 19-04

Substitute House Bill No. 5004

AN ACT INCREASING THE MINIMUM FAIR WAGE

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00004-R00HB-05004-PA.pdf>

As indicated earlier in this report, the Democrats' "Big Five" agenda included an increase in the minimum wage. They were able to pass a bill that increased the wage in a stepped manner resulting in a \$15 minimum wage by June 2023.

OLR Summary:

This bill increases the state's minimum hourly wage from its current \$10.10 to (1) \$11.00 on October 1, 2019; (2) \$12.00 on September 1, 2020; (3) \$13.00 on August 1, 2021; (4) \$14.00 on July 1, 2022; and (5) \$15.00 on June 1, 2023. Beginning January 1, 2024, it indexes future annual minimum wage changes to the federal employment cost index (ECI).

Public Act No. 19-25

Substitute Senate Bill No. 1

AN ACT CONCERNING PAID FAMILY AND MEDICAL LEAVE

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00025-R00SB-00001-PA.pdf>

Although, the Governor and the Legislature had competing paid Family and Medical Leave bills throughout the session, they were ultimately able to get to a compromise on an employee funded paid family and medical leave bill. The compromise, dealing mostly with Board composition, is included in the state budget document.

The OLR Summary is below.

OLR Summary:

This bill creates the Family and Medical Leave Insurance (FMLI) program to provide wage replacement benefits to certain employees taking leave for reasons allowed under the state's Family and Medical Leave Act (FMLA), which the bill also amends, or the family violence leave law. It provides them with up to 12 weeks of FMLI benefits over a 12-month period. The program also provides two additional weeks of benefits for a serious health condition that results in incapacitation during pregnancy.

Under the bill, individuals eligible for benefits are those who earned at least \$2,325 during their highest earning quarter within their base period (the first four of the five most recently completed quarters) and (1) are private-sector employees or certain "covered public employees," (2) were employed in the previous 12 weeks, or (3) are sole proprietors or self-employed people who voluntarily enroll in the program.

The program is funded by employee contributions, with collections beginning in January 2021. The Paid Family and Medical Leave Insurance Authority (i.e., "authority"), which the bill creates, must annually determine the employee contribution rate, which cannot exceed 0.5%. The bill also caps the amount of an employee's earnings subject to contributions at the same amount of earnings subject to Social Security taxes (currently \$132,900).

A covered employee's weekly benefits under the program are generally calculated as 95% of his or her average weekly wage, up to 40 times the state minimum wage, plus 60% of his or her average weekly wage that exceeds 40 times the minimum wage, with

total benefits capped at 60 times the minimum wage. If employee contributions are at the maximum rate allowed and the authority determines that they are not sufficient to ensure the program's solvency, the bill requires it to reduce the benefit by the minimum amount needed to ensure the program's solvency.

The bill allows employers to alternatively provide benefits through a private plan, which must provide their employees with at least the same level of benefits, under the same conditions and employee costs, as the FMLI program. Private plans must meet certain requirements for approval, and employees covered by an employer's private plan do not have to contribute to the FMLI program.

The bill establishes the authority as a quasi-public agency to develop and administer the program. It creates a 15-member board of directors for the authority and requires it to, among other things, develop written procedures to implement the program in accordance with the law governing the adoption of procedures by quasi-public agencies.

The bill authorizes the authority to (1) design the process through which covered employees will make contributions to the program; (2) adopt procedures for (a) determining a covered employee's eligibility for benefits, (b) establishing the program's contribution rate, and (c) certifying the program's solvency; (3) enter into contracts as needed; and (4) take various other actions related to implementing and administering the program.

If the board decides to use an outside contractor's services to implement certain elements of the program (e.g., initial claims processing or website development), it must do so through a request for proposals. It must evaluate the proposals using authority developed criteria that must include elements such as transparency, cost, and a cost-benefit analysis.

The bill establishes the FMLI Trust Fund, administered by the state treasurer, to hold employee contributions and pay for FMLI benefits and the program's administrative costs. It requires that any funds expended from the General Fund to administer the program or provide benefits be repaid by October 1, 2022.

Starting on January 1, 2022, the bill also changes various provisions of the state's FMLA, which generally requires certain private-sector employers to provide job-protected unpaid leave to employees for various reasons related to their health or their family members' health. Among other things, the bill:

1. extends the FMLA to cover private-sector employers with at least one, rather than 75, employees;

2. lowers the employee work threshold to qualify for job-protected leave from (a) 12 months of employment and 1,000 work-hours with the employer to (b) three months of employment with the employer, with no minimum requirement for hours worked;

3. changes the maximum FMLA leave allowed from 16 weeks over a 24-month period to 12 weeks over a 12-month period and allows an additional two weeks of leave due to a serious health condition that results in incapacitation during pregnancy;

4. limits the extent to which an employer may require an employee taking FMLA leave to use his or her employer-provided paid leave;

5. adds to the family members for whom an employee can take FMLA leave to include the employee's siblings, grandparents, grandchildren, and anyone else related by blood or affinity whose close association the employee shows to be the equivalent of a spouse, sibling, son or daughter, grandparent, grandchild, or parent;

6. similarly expands the family members for which employers must allow their employees to use up to two weeks of any employer-provided paid sick leave; and

7. makes numerous technical and conforming changes.

Lastly, starting July 1, 2019, the bill creates a “non-charge” against an employer's unemployment tax experience rate when an employee's separation from employment with the employer is due to the return of someone who was on bona fide FMLA leave. In effect, this allows an employer to lay off an employee who was temporarily filling the job of an employee on FMLA leave without increasing the employer's unemployment taxes.

EFFECTIVE DATE: Upon passage, except the provisions that (1) extend requirements for funds administered by the treasurer to the FMLI Trust Fund, bring the authority under certain laws that apply to quasi-public agencies, and create a non-charge for employer's unemployment taxes are effective July 1, 2019; (2) require the authority to conduct a public education campaign are effective January 1, 2020; (3) require the labor commissioner to adopt regulations are effective July 1, 2020; (4) affect the terms of the current FMLA are effective January 1, 2022; and (5) establish employer notice requirements are effective July 1, 2022.

Substitute Senate Bill No. 3

Public Act No. 19-16

AN ACT COMBATTING SEXUAL ASSAULT AND SEXUAL HARRASSMENT

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00016-R00SB-00003-PA.pdf>

Another priority established by the Senate Democratic Leadership at the beginning of the 2019 legislative session was to update the state's sexual assault and harassment laws. They did so in passing Senate Bill 3.

OLR Summary:

This bill makes various changes concerning sexual harassment, sexual assault, discrimination complaints filed with the Commission on Human Rights and Opportunities (CHRO), and related matters. For example, it:

1. Expands requirements for employers to train employees on sexual harassment laws:

Under current law, CHRO may require employers with at least 50 employees to provide their supervisory employees with two hours of training on federal and state sexual harassment laws and remedies available to victims. The bill expands this requirement to cover (1) employers of any size and (2) non-supervisory employees for employers with at least three employees.

The bill requires the new training to occur within one year of October 1, 2019, except that any employer who provided the bill's training after October 1, 2018, is not required to provide it a second time.

The bill requires CHRO to develop and make available to employers a free, online training and education video or other interactive method that fulfills the bill's training requirements. As long as CHRO does so, the bill's required employee training must take place within six months of the hiring date, starting October 1, 2019, for (1) all new hires by employers with at least three employees and (2) all new supervisory hires by smaller employers.

Under the bill, the employers required to provide this training must provide supplemental training at least every 10 years to update employees on the content of the training and education.

2. Corrective Action in Employer Sexual Harassment Cases:

The bill allows employers to modify the conditions of an alleged harassment victim's employment **only** with that person's consent.

The bill prohibits an employer, when taking immediate corrective action in response to an employee's sexual harassment claim, from modifying the claimant's conditions of employment unless the claimant agrees in writing to the modification. This includes actions such as (1) relocating the employee, (2) assigning him or her to a different work schedule, or (3) making other substantive changes to the terms and conditions of employment.

3. Extends the time to file a CHRO complaint alleging employer discrimination, including sexual harassment:

Under current law, a discriminatory practice complaint with CHRO may be filed within (1) 180 days of the alleged discrimination or (2) 30 days for complaints alleging discrimination based on denial of state employment or occupational licensure due to criminal history. The bill extends to 300 days the time for filing complaints alleging discrimination that allegedly occurred on or after October 1, 2019

4. Extends the time to file a civil lawsuit related to sexual abuse or related conduct for victims under age 21

Under current law, if a victim was a minor (i.e., under age 18) when sexual assault, sexual abuse, or sexual exploitation occurred, the victim has until his or her 48th birthday to file a personal injury lawsuit for damages, including emotional distress, caused by the conduct.

The bill extends this provision in two ways. First, it applies it to victims who were under age 21, rather than 18, at the time of the conduct. Second, it allows any such victim to file the lawsuit at any time before his or her 51st birthday

5. Eliminates the criminal statute of limitations for sexual assault crimes against minors and extends it for such crimes against adults.

The bill contains other numerous provisions updating the sexual assault and harassment laws.

EFFECTIVE DATE: October 1, 2019, except as otherwise noted.

Substitute Senate Bill No. 394

Public Act No. 19-70

AN ACT ESTABLISHING A COUNCIL ON PROTECTING WOMEN'S HEALTH

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00070-R00SB-00394-PA.pdf>

OLR Summary:

This bill establishes a 20-member Council on Protecting Women's Health to advise the Public Health and Insurance committees on strategies and any necessary legislative changes to ensure that the federal government does not impede the provision of health care to women in Connecticut.

The bill requires the council to (1) monitor federal legislation and any litigation relating to women's health and wellness that could negatively impact women's health in the state and (2) immediately report to the committees on strategies, including initiating legislation, to protect women's health. The council must meet at least quarterly.

Under the bill, the council consists of (1) six public officials or their designees and (2) 14 public members appointed by the legislative leaders. Its membership must fairly and adequately represent women who have had issues accessing quality health care in the state.

Starting by January 1, 2020, the council must annually submit a status report to the Public Health and Insurance committees.

EFFECTIVE DATE: July 1, 2019

Substitute Senate Bill No. 706

Public Act No. 19-19

AN ACT CONCERNING EPINEPHRINE AUTO INJECTORS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00019-R00SB-00706-PA.pdf>

OLR Summary:

This bill allows an authorized entity (e.g., for-profit or non-profit entity) to acquire and maintain a supply of epinephrine auto-injectors (e.g., EpiPens) from a wholesaler and provide or administer them to a person experiencing an anaphylactic reaction. To do this, the authorized entity must (1) establish a medical protocol with a prescribing practitioner and (2) have at least one employee or agent trained in recognizing the signs and symptoms of anaphylaxis, administering the medication, and following emergency protocol.

The bill establishes related training, storage, and medication administration requirements.

The bill also generally grants immunity from civil and criminal liability to (1) prescribing practitioners who establish medical protocols with authorized entities and (2) authorized entities, the state or its political subdivisions, or their trained employees who provide or administer epinephrine auto-injectors to someone experiencing anaphylaxis.

Additionally, the bill authorizes the commissioners of consumer protection or public health to adopt regulations to implement the bill's provisions.

The bill also makes technical and conforming changes.

***Senate Amendment "A"** eliminates provisions in the original bill (1) allowing a prescribing practitioner to enter into an agreement with a pharmacy to issue a standing order for epinephrine auto-injectors and (2) requiring authorized entities to obtain epinephrine auto-injectors from a pharmacy with a standing order

EFFECTIVE DATE: Upon passage

Substitute Senate Bill No. 750

Special Act No. 19-14

AN ACT CONCERNING THE PREVENTION AND TREATMENT OF MENTAL ILLNESS AT INSTITUTIONS OF HIGHER EDUCATION

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/sa/pdf/2019SA-00014-R00SB-00750-SA.pdf>

OLR Summary:

The bill establishes a task force to study the policy and procedures regarding the treatment of mental illness at institutions of higher education in the state. The task force shall submit its findings and recommend a state-wide policy to the Higher Education and Public Health Committees by January 1, 2020.

Substitute Senate Bill No. 795

Public Act No. 19-113

AN ACT CONCERNING THE USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00113-R00SB-00795-PA.pdf>

OLR Summary:

This bill extends immunity from civil liability to physicians, dentists, or nurses who operate an automatic external defibrillator (AED) for damages for personal injuries caused by the AED's malfunctioning, if the malfunctioning constitutes ordinary negligence.

The bill applies to (1) physicians and dentists licensed in Connecticut or other states and (2) licensed practical nurses and registered nurses licensed in Connecticut, when any such professionals operate an AED to provide emergency medical or professional assistance.

Under certain conditions, existing law provides civil immunity to (1) anyone who operates an AED not in the course of their employment and (2) a person or entity who provides or maintains such a device.

EFFECTIVE DATE: October 1, 2019

Substitute Senate Bill No. 796

Public Act No. 19-114

AN ACT CONCERNING SEXUAL ASSAULT FORENSIC EXAMINERS

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00114-R00SB-00796-PA.pdf>

CNA testified and strongly supported this bill at the Public Health Committee public hearing. CNA was added to the membership of the SAFE Advisory Committee. The bill requires the committee to recommend to the Office of Victims Services' policies and procedures for the SAFE program.

OLR Summary:

This bill makes various changes to the Office of Victim Services' (OVS) Sexual Assault Forensic Examiner (SAFE) program. Principally, it:

1. reinstates a SAFE Advisory Committee terminated in 2013 and requires the committee to recommend to OVS policies and procedures for the SAFE program (§ 1);
2. expands the types of health care providers that may become sexual assault forensic examiners and requires them to successfully complete certification requirements implemented by the Chief Court Administrator (§§ 2 & 3);
3. prohibits anyone from using the title "sexual assault forensic examiner" without having successfully completed the certification requirements (§ 2);
4. modifies the types of health care facilities where sexual assault forensic examinations take place (§§ 2 & 3);
5. specifies that OVS, and not the Department of Public Health (DPH), trains sexual assault forensic examiners and other health care professionals on collecting evidence from adult and adolescent sexual assault victims, which conforms to current practice (§§ 3 & 4); and
6. requires the Chief Court Administrator to prescribe policies and procedures to implement the SAFE program (§ 5).

The bill also makes technical and conforming changes.

***Senate Amendment "A"** removes references to a "sexual assault nurse examiner" and makes related technical changes.

§ 1 — SAFE ADVISORY COMMITTEE

Membership

The bill reinstates a SAFE Advisory Committee, which PA 12-133 terminated as of June 30, 2013. The committee's 13 members include:

1. the Chief Court Administrator, public health commissioner, OVS director, Victim Advocate, SAFE program manager, and chairperson of the Commission on the standardization of the Collection of Evidence in Sexual Assault Investigations, or their designees;

2. one representative of the Department of Emergency Services and Public Protection's (DESPP) Division of Scientific Services, appointed by the DESPP commissioner;
3. the presidents of the Connecticut Hospital Association and Connecticut College of Emergency Physicians, or their designees; and
4. one appointee each from the Connecticut Alliance to End Sexual Violence, Connecticut Emergency Nurses Association, Connecticut Chapter of the International Association of Forensic Nurses, **and the Connecticut Nurses Association.**

The prior committee had 12 members, including the Chief State's Attorney, or his designee, and representatives from the State Police and Connecticut Police Chiefs' Association.

Duties

Prior law charged the committee with advising OVS on establishing the SAFE program. The bill instead requires the advisory committee to recommend to OVS policies and procedures for the program. Such recommendations may include:

1. the certification process for individuals qualified to serve as sexual assault forensic examiners, including continuing education requirements to maintain and renew a certification;
2. the development of quality assurance measures to ensure that sexual assault victims' needs are met; and
3. any other related recommendations.

Under the bill, the advisory committee must present its recommendations to the OVS director, who may then forward them to the Office of the Chief Court Administrator. The bill authorizes the Chief Court Administrator, in his discretion, to direct the implementation of the recommendations as SAFE program policies and procedures. The bill also requires individuals qualified to participate as sexual assault forensic examiners to comply with the policies and procedures the Chief Court Administrator implements to obtain certification and remain in good standing.

§§ 2-4 — SAFE PROGRAM

By law, the SAFE program trains sexual assault forensic examiners and makes them available to adult and adolescent sexual assault victims at participating health care facilities. The bill expands the definition of a sexual assault victim to include anyone who alleges an injury from a sexual offense, instead of only females as under current law.

Safe Providers

Under current law, a sexual assault forensic examiner must be a physician or a registered or advanced practice registered nurse. The bill also allows a physician assistant or a nurse midwife to become an examiner. But it requires all examiners to successfully complete the certification, recertification, and continuing education requirements the Chief Court Administrator implements.

Service Provision

By law, a sexual assault forensic examiner may provide immediate care and treatment to a sexual assault victim in a health care facility and collect evidence. Under the bill, the facilities where this care may be provided are (1) a licensed hospital with an emergency department, including one that is free-standing, or (2) an infirmary operated by UConn at Storrs.

Current law provides that these facilities are those (1) operated by a higher education institution, (2) licensed by DPH as an outpatient clinic or infirmary operated by an educational institution, and (3) accredited by the Joint Commission or Accreditation Association for Ambulatory Health Care.

EFFECTIVE DATE: July 1, 2019

Substitute Senate Bill No. 807

Public Act No. 19-56

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR REVISIONS TO THE PUBLIC HEALTH STATUTES, DENTAL ASSISTANTS AND DENTAL THERAPY

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00056-R00SB-00807-PA.pdf>

OLR Summary:

This bill makes changes to various public health-related statutes. It:

1. establishes a dental therapist designation for dental hygienists who meet certain certification, education, clinical training, and examination requirements; requires such therapists to work pursuant to a collaborative agreement with a dentist; and limits their practice to public health settings (§ 501);

2. gives dental assistants more time to pass an infection control examination, and allows for an alternate way to meet the requirement through a competency assessment (§ 13);
3. adds to the list of procedures that dentists may delegate to expanded function dental assistants (§ 13);
4. extends by one year, until January 1, 2020, the reporting deadline for the task force on the needs of and services for adults with intellectual disability (§ 12); and
5. makes various technical changes.

***Senate Amendment “A”** adds the provisions on (1) dental therapists, (2) a dental assistant infection control competency assessment as an alternative to the national board examination, and (3) allowable procedures for expanded function dental assistants.

EFFECTIVE DATE: Upon passage, except that the dental assistant provisions take effect July 1, 2019, and the dental therapist provisions take effect January 1, 2020.

Substitute Senate Bill No. 827

Public Act No. 19-115

AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00115-R00SB-00827-PA.pdf>

OLR Summary:

This bill modifies continuing education requirements for physicians and advanced practice registered nurses (APRNs). Current law requires these professionals to complete at least two contact hours of training or education during the first license renewal period in which continuing education is required and at least once every six years thereafter on mental health conditions common to veterans and their family members.

Starting January 1, 2020, the bill retains this continuing education requirement for APRNs, but allows physicians to instead complete at least two contact hours of training or education in the following:

1. diagnosing and treating cognitive conditions, including Alzheimer's disease, dementia, delirium, related cognitive impairments, and geriatric depression or
2. diagnosing and treating any mental health conditions, instead of only those common to veterans and their family members.

It also allows, but does not require, APRNs to complete on the same schedule, at least two contact hours of training or education on diagnosing and treating cognitive and mental conditions, including those listed above.

By law, physicians and APRNs must generally complete 50 contact hours of continuing education every two years, starting with their second license renewal.

Additionally, the bill requires the executive director of the Commission on Women, Children, and Seniors (CWCS) to establish a nine-member working group on Alzheimer's Disease and Dementia. The working group must report its findings and recommendations by January 30, 2020, to the Aging Committee and terminates on the date it submits its report, or December 1, 2020, whichever is later.

***Senate Amendment "A"** replaces the original bill (File 41). It eliminates the requirement that physicians; physician assistants; and advanced practice, licensed practical, and registered nurses applying for license renewal complete a one-time course of up to eight hours on Alzheimer's disease, dementia, delirium, related cognitive impairments, and geriatric depression. It also (1) requires the CWCS executive director, instead of the Department of Rehabilitation Services commissioner, to establish the working group on Alzheimer's Disease and Dementia and (2) extends the group's reporting deadline.

EFFECTIVE DATE: January 1, 2020, except the provisions establishing the working group take effect upon passage.

Substitute Senate Bill No. 920

Public Act No. 19-118

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

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00118-R00SB-00920-PA.pdf>

OLR Summary:

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs. See the link for the bill analysis below.

<https://www.cga.ct.gov/2019/BA/pdf/2019SB-00920-R000762-BA.pdf>

EFFECTIVE DATE: July 1, 2019, except that technical change (§ 41) on DPH's EMS data collection system takes effect upon passage.

Substitute Senate Bill No. 924

Public Act No. 19-119

AN ACT CONCERNING MOTOR VEHICLE REGISTRATION NOTICE, THE INTERNATIONAL REGISTRATION PLAN, CARRIERS, SCHOOL BUSES, THE MEDICAL ADVISORY BOARD, RESERVED PARKING SPACES, AUTONOMOUS VEHICLES AND OTHER MOTOR VEHICLE STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00119-R00SB-00924-PA.pdf>

OLR Summary:

This bill makes numerous unrelated changes in motor vehicle laws. Among other things, the bill:

1. increases the underlying fines for illegal use of parking reserved for people with disabilities (i.e., accessible parking) (§ 12);
2. restricts use of the cross hatches next to accessible parking to authorized vehicles (§ 11);
3. allows school bus drivers to have non-emergency communications with school officials and specified medical or emergency professionals while driving under certain conditions (§ 15);
4. eliminates the requirement that the Department of Motor Vehicles (DMV) ensure that school districts and school bus companies review suspended and revoked driver lists (§ 6); and

5. establishes a task force to study ways to prevent improper registration of vehicles out-of-state (§ 14).

***Senate Amendment "A"** replaces the original bill with similar provisions. In doing so, it: (1) eliminates a provision allowing certain vehicles to display only a single, rear license plate; (2) extends the autonomous vehicle pilot program's initial reporting deadline; and (3) makes other minor and technical changes.

EFFECTIVE DATE: July 1, 2019, unless otherwise noted.

Substitute Senate Bill No. 1069

Public Act No. 19-91

AN ACT CONCERNING VARIOUS REVISIONS AND ADDITIONS TO THE EDUCATION STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00091-R00SB-01069-PA.pdf>

OLR Summary:

This bill makes changes to laws governing criminal history checks for school personnel. Specifically, it establishes separate but analogous criminal history check requirements, similar to those required under current law, for school personnel employed by “eligible school operators” and “nongovernmental school operators” (§§ 1 & 2). The main distinction between the requirements for these two types of operators is the federal law with which the criminal history checks must comply.

The bill also makes the following related changes:

1. creates separate criminal history check requirements for teacher preparation program participants fulfilling student teaching requirements in schools (“student teachers”), and requires the Department of Emergency Services and Public Protection (DESPP) to waive the fees for its criminal history records checks (§ 3);
2. establishes separate criminal history check requirements for all other individuals performing services that cause them to have direct contact with students, replacing several other distinct classifications of school personnel (e.g., public assistance employment program workers and supplemental service providers) (§§ 1 & 4); and
3. makes changes relating to the dissemination of criminal history and child abuse registry check results (§ 1).

Additionally, the bill makes the following unrelated changes:

1. requires the State Department of Education (SDE) to study authorizing towns and cooperative arrangements to be considered a “local education agency” (LEA) for regional cooperation purposes (§ 6);
2. requires SDE to update the comprehensive school health education component of the Healthy and Balanced Living Curriculum Framework by January 1, 2020, to

- include sexual harassment and assault, adolescent relationship abuse and intimate partner violence, and human trafficking and commercial sexual exploitation (§ 7);
3. increases the term limit for school governance council voting members from two to four terms (§ 8);
 4. narrows the student expulsion criteria for conduct on school grounds or at a school-sponsored activity (§ 9); and
 5. requires each local or regional board of education to post its grade-level curricula on its website by August 1 each year (§ 10).

The bill also makes technical and conforming changes, including those about periodic State Board of Education (SBE)-initiated records checks (§ 5).

***Senate Amendment “A”** adds provisions that increase the term limit for school governance council members (§ 8), narrow the student expulsion criteria (§ 9), and require annual online posting of grade-level curricula (§ 10).

EFFECTIVE DATE: July 1, 2019, except the (1) provisions relating to SDE's cooperative arrangement study and health curriculum update take effect upon passage and (2) provision relating to local and regional boards' online curricula is effective July 1, 2020.

PRIORITY BILLS THAT DIED DURING SESSION:

Substitute House Bill No. 6943 (DEAD)

AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-06943-R000007-FC.PDF>

CNA and their lobbyists were instrumental in helping to defeat their priority bill allowing medical assistants to administer vaccines. CNA testified in strong opposition to this bill at the public hearing before the Public Health Committee. The bill approved by the Public Health Committee would have allowed medical assistants to administer vaccines to adults and children of any age. The bill died in the House of Representatives.

OLR Summary:

This bill allows medical assistants to administer vaccines, under certain conditions, in any setting other than a hospital. They may do so only if they (1) meet certain certification, education, and training requirements and (2) 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 by adding to the list of organizations from whom the Department of Public Health (DPH) must obtain a list of state residents certified as medical assistants.

EFFECTIVE DATE: October 1, 2019

Substitute House Bill No. 5902 (DEAD)

AN ACT CONCERNING NATUROPATHIC MEDICINE

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-05902-R00-HB.PDF>

CNA testified on HB 5902 at the public hearing before the Public Health Committee. CNA recommended careful oversight through a scoping process to review any development of a formulary for naturopathic doctors. The bill died in the Public Health Committee.

OLR Summary: To require the Department of Public Health to determine the formulary for naturopathic physicians.

Proposed House Bill No. 5134 (DEAD)

AN ACT CONCERNING THE TESTING OF ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS BY SCHOOLS FOR TETRAHYDROCANNABINOL

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-05134-R00-HB.PDF>

This bill was referred to the Education Committee and did not receive a public hearing.

OLR Summary: To establish a fund for testing of electronic nicotine delivery systems and vapor products for the presence of tetrahydrocannabinol by schools.

Substitute House Bill No. 5444 (See HB 7424, State Budget, Sections 176-182, Art Therapist Licensure)

AN ACT REQUIRING LICENSURE OF ART THERAPISTS

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-05444-R001019-FC.PDF>

This bill was included and passed in HB 7424, State Budget document, Sections 176-182.

OLR Summary:

This bill creates a Department of Public Health (DPH) licensure program for art therapists and generally prohibits unlicensed individuals from using the “art therapist” title. To receive a license, an applicant must (1) hold a graduate degree and be credentialed or certified by the Art Therapy Credentials Board or (2) qualify for licensure by endorsement. The bill also provides for nonrenewable temporary permits authorizing the holder to work under a licensed person’s supervision.

Subject to certain conditions, the bill does not restrict the activities of (1) people licensed or certified by nationally recognized organizations and (2) art therapy students.

In addition, the bill sets forth the grounds for DPH disciplinary action against licensees and specifies that no new regulatory board is created for art therapists.

The bill replaces current provisions that generally make it a crime to represent oneself as an art therapist unless meeting certain education and certification requirements.

The bill also makes technical changes.

***House Amendment “A”** (1) removes a provision in the underlying bill prohibiting unlicensed people from practicing art therapy and (2) modifies the bill’s exemptions.

EFFECTIVE DATE: October 1, 2019

Substitute House Bill No. 5910 (DEAD)

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

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-05910-R000677-FC.PDF>

OLR Summary:

Starting July 1, 2020, this bill prohibits a person, local government, or state agency from using a class B firefighting foam that contains an intentionally added perfluoroalkyl or polyfluoroalkyl substance ("PFAS") in any amount for (1) training purposes or (2) testing purposes (i.e., calibration, conformance, and fixed system testing), unless the person or entity implemented cost containment, treatment, and disposal measures at the facility to prevent the foam's release into the environment.

The bill also requires the Department of Public Health, starting July 1, 2019, to assist any person, local government, or state agency in evaluating and transitioning to the use of class B firefighting foam that does not contain intentionally added PFAS. Under the bill, PFAS means a class of fluorinated organic chemicals containing at least one fully fluorinated carbon atom.

Lastly, the bill authorizes the Department of Consumer Protection to enforce the bill's provisions, within available appropriations.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 5975 (DEAD)

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

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-05975-R000115-FC.PDF>

CNA testified in strong support of this bill at the public hearing held by the Children's Committee. The bill was approved by the Children's Committee but died in the House of Representatives.

OLR Summary:

This bill requires anyone who sells e-cigarettes (i.e., electronic nicotine delivery systems or vaping products) online and ships them directly to a consumer in the state to:

1. require the consumer to provide a copy of his or her valid driver's license or identity card at the time of purchase,
2. ensure that the name on the license or identity card is identical to the name on the credit or debit card or other payment method used for the purchase, and
3. obtain the signature of a person aged 18 or older at the address prior to delivery after requiring the signer to provide a driver's license or identification card as proof of age.

Under the bill, the shipping label on such packages must conspicuously state:

“CONTAINS ELECTRONIC NICOTINE DELIVERY SYSTEMS OR VAPOR PRODUCTS – SIGNATURE OF A PERSON LEGALLY PERMITTED TO PURCHASE SUCH SYSTEMS OR PRODUCTS REQUIRED FOR DELIVERY.”

The bill does not include enforcement provisions or penalties pertaining to these online sales.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 5999 (DEAD)

AN ACT CONCERNING PESTICIDE REGULATION IN THE STATE

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-05999-R03-HB.PDF>

OLR Summary:

This bill requires the Department of Energy and Environmental Protection (DEEP) commissioner to do the following:

1. adopt regulations to regulate online purchases of restricted use pesticides and
2. implement an electronic reporting and recordkeeping system for pesticide registrations and pesticide applicator permits and certifications.

The bill also establishes a separate, nonlapsing “pesticide enforcement account” within the General Fund to be used for (1) regulating pesticides and (2) performing any required pesticide inspections or enforcement activities related to DEEP's pesticide regulation. The bill requires all funds collected from registering pesticides with DEEP to

be deposited into the account. (Existing law sets a \$940 fee for registering a pesticide or renewing a registration, and registrations generally last for five years (CGS § 22a-50(g)). The bill also allows for the account to receive funds from other sources, including from a municipal government or the federal government.

EFFECTIVE DATE: October 1, 2019, except the provision establishing the pesticide enforcement account is effective July 1, 2019.

Substitute House Bill No. 6161 (DEAD)

AN ACT REQUIRING THE USE OF HELMETS BY MOTORCYCLE OPERATORS AND PASSENGERS UNDER TWENTY-ONE YEARS OF AGE

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-06161-R000399-FC.PDF>

CNA testified in support of this bill at the public hearing before the Transportation Committee. The bill was approved by the Transportation Committee and the House of Representatives by a 113 yea/ 33 nay vote. However, the bill died on the Senate calendar.

OLR Summary:

This bill increases, from age 18 to age 21, the age under which a person must wear a helmet while operating or riding as a passenger on a motorcycle or motor-driven cycle. Under existing law, unchanged by the bill, helmets must meet the minimum specifications established by federal regulations. Failure to wear a helmet is an infraction punishable by a fine of at least \$90.

By law, autocycles and electric bicycles are not considered motorcycles or motor-driven cycles for purposes of the helmet requirements. "Motor-driven cycle" means a motorcycle, motor scooter, or bicycle with attached motor, with a seat at least 26 inches high, and a motor displacing fewer than 50 cubic centimeters (CGS § 14-1(57)).

The bill also makes technical changes, including eliminating an obsolete reference to Department of Motor Vehicles regulations.

EFFECTIVE DATE: October 1, 2019

Substitute House Bill No. 6368 (DEAD)

AN ACT ALLOWING EMERGENCY MEDICAL TECHNICIANS TO ADMINISTER EPINEPHRINE WITHOUT THE USE OF AUTOMATIC PREFILLED CARTRIDGE INJECTORS

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-06368-R000400-FC.PDF>

CNA submitted testimony in opposition to this bill before the Public Health Committee. The bill died in the House of Representatives.

OLR Summary:

This bill allows an emergency medical technician (EMT) who has been trained in administering epinephrine to administer the medication without using an automatic prefilled cartridge injector (e.g., EpiPen), as required under current law. It makes a corresponding change that requires licensed and certified ambulances to be equipped with epinephrine that may or may not use such injectors.

The bill continues to require EMTs to administer epinephrine in accordance with the written protocols and standing orders of a hospital's emergency department director.

EFFECTIVE DATE: October 1, 2019

Proposed House Bill No. 6543 (DEAD)

AN ACT PERMITTING PHARMACISTS TO PRESCRIBE TOBACCO CESSATION PRODUCTS

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-06543-R00-HB.PDF>

CNA testified in support of this legislation before the Public Health Committee.

OLR Summary: To improve public health by permitting pharmacists to prescribe tobacco cessation products.

Substitute House Bill No. 6742 (See HB 7424, State Budget, Sections 191-206, Esthetician, Nail Technician, and Eyelash Technician Licensure)

AN ACT CONCERNING STANDARDS FOR THE INSPECTION OF SALONS AND A SCOPE OF PRACTICE REVIEW FOR ESTHETICIANS, NAIL TECHNICIANS AND EYELASH TECHNICIANS

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-06742-R001001-FC.PDF>

CNA testified on this bill at the public hearing before the Government Administration and Elections Committee. The bill was included and passed in HB 7424, State Budget document, Sections 191-206.

OLR Summary:

This bill requires the Department of Public Health (DPH) to establish a standardized inspection form and guidelines by October 1, 2020, concerning the standards for salon sanitary inspections. It also requires health inspectors to use such standards in their annual inspections, which are already required under existing law. By law, salons include any shop, day spa, or other establishment where barbering, hairdressing, cosmetology, or nail technician services take place.

The bill also creates a process to evaluate the scope of practice for estheticians, nail technicians, and eyelash technicians. The process includes individuals and entities submitting a written scope of practice request to DPH to establish a scope of practice for such professions. Under current law, no scope of practice exists for salons. After DPH publishes these requests on its website, any person or entity acting on behalf of a health care profession or other profession that may be directly impacted by the scope of practice request may submit an impact statement to DPH.

The bill also establishes a scope of practice review committee to review the scope of practice for these professions. By January 15, 2020, the committee must submit its findings to the Public Health Committee.

***House Amendment "A"** replaces the underlying bill, which, among other things, (1) established licensing requirements for estheticians, nail technicians, and eyelash technicians; (2) allowed schools for such professions to be established; (3) subjected certain businesses to an annual local health inspection; (4) extended current law's human trafficking notice requirement to additional establishments; and (5) required spas or salons to be under the management of a DPH-credentialed individual.

EFFECTIVE DATE: Upon passage for the scope of practice provisions and July 1, 2019, for the inspections provisions.

Substitute House Bill No. 7003 (DEAD)

AN ACT ESTABLISHING A MORATORIUM ON THE INSTALLATION OF RECYCLED TIRE RUBBER AT MUNICIPAL AND PUBLIC SCHOOLS PLAYGROUNDS

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07003-R000125-FC.PDF>

OLR Summary:

Starting October 1, 2019, this bill imposes a moratorium on local and regional boards of education and municipalities entering into new contracts for installing crumb rubber ground cover on certain playground property. Crumb rubber is a material containing shredded or ground rubber from recycled tires. The moratorium applies to (1) school playgrounds under the school boards' authority and (2) municipal playgrounds, which excludes fields or open spaces used mainly for sporting activities.

It lasts until the federal Environmental Protection Agency, National Centers for Disease Control and Prevention, and Consumer Product Safety Commission release the findings of the Federal Research Action Plan on Recycled Tire Crumb Used on Playing Fields and Playgrounds.

The federal agencies initiated the plan in 2016 to study the potential environmental and human health impacts of crumb rubber, including from its use on playground surfaces. The agencies have not specified a date by which the findings will be released.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 7004 (DEAD)

AN ACT CONCERNING CONCUSSION EDUCATION FOR COACHES OF YOUTH ATHLETIC ACTIVITIES

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07004-R000187-FC.PDF>

OLR Summary:

This bill requires youth coaches to complete the online concussion course available on the National Centers for Disease Control and Prevention website. Those coaches who are hired or volunteer (1) on or before July 1, 2019, must complete the course by December 31, 2019, and (2) after July 1, 2019, must complete the course within 30 days

after they are hired or begin volunteering. Under the bill, no youth coach or operator can be held civilly liable for a youth coach failing to complete this training requirement.

Under the bill, “youth coaches” means anyone who is paid as a head or assistant coach, manager or, instructor of a youth athletic activity conducted on a municipal field, court, or other recreational area. The requirement does not apply to anyone holding or issued a State Board of Education coaching permit, who is already subject to concussion training requirements under existing law.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 7005 (DEAD)

AN ACT CONCERNING THE DEVELOPMENT OF A FORM TO BE USED BY PARENTS WHO OBJECT TO IMMUNIZATION ON RELIGIOUS GROUNDS AND NOTIFICATION TO SCHOOL NURSES CONCERNING DISCRETION IN ACKNOWLEDGING SUCH OBJECTIONS

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-07005-R02-HB.PDF>

OLR Summary:

To permit ordained, commissioned and licensed members of the clergy to acknowledge parental statements concerning religious objections to vaccinations required for enrollment in public and nonpublic schools under the jurisdiction of local and regional boards of education, and to prohibit school nurses from acknowledging such statements.

Substitute House Bill No. 7099 (DEAD)

AN ACT INCREASING THE MINIMUM RATIO OF DIRECT CARE STAFF IN NURSING HOMES

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07099-R000030-FC.PDF>

OLR Summary:

Starting October 1, 2019, this bill requires chronic and convalescent nursing homes (CCNH) to maintain a minimum nursing staff ratio of at least three hours of direct care

per resident per day. Under the bill, nursing staff include registered and licensed practical nurses and nurse's aides.

Current Department of Public Health (DPH) regulations require CCNHs to maintain aggregated licensed nurse and nurse's aide staffing levels of at least 1.9 hours of direct care per resident per day (see BACKGROUND).

The bill also requires the DPH commissioner to adopt or amend regulations to implement the bill's minimum nursing staff ratio. At a minimum, the regulations must (1) establish requirements for nursing homes to record the number of on-site direct care nursing staff hours available and (2) define the term "direct care."

EFFECTIVE DATE: Upon passage

Substitute House Bill No. 7197 (DEAD)

AN ACT CONCERNING LABELING AND RESTRICTING THE USE OF FLAME RETARDANTS

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07197-R000578-FC.PDF>

OLR Summary:

Starting January 1, 2020, this bill requires consumer product manufacturers to include a label on a product intended for sale or use in the state that (1) is clearly visible to the consumer before purchase and (2) indicates whether the product contains added flame retardant chemicals by including the following statement:

"The materials in this product:
__ contain an added flame retardant chemical __ contain NO added flame retardant chemicals

The State of Connecticut has determined that the fire safety requirements for this product can be met without adding flame retardant chemicals. The state has identified many flame retardant chemicals as being known to, or strongly suspected of, adversely impacting human health or development."

Under the bill, the manufacturer must place an "X" next to the appropriate flame retardant chemical statement.

Also starting by this date, the bill prohibits wholesale and retail businesses and manufacturers of children's products from knowingly selling, offering for sale, or distributing a children's product that contains added flame retardant chemicals. The bill excludes individuals who, for personal, family, or household purposes, use, resell, or distribute children's products.

Lastly, the bill requires the consumer protection commissioner to enforce the bill's provisions and adopt implementing regulations that must establish the minimum penalty for manufacturer violations.

EFFECTIVE DATE: October 1, 2019

Substitute House Bill No. 7267 (DEAD)

AN ACT CONCERNING PUBLIC OPTIONS FOR HEALTH CARE IN CONNECTICUT

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/h/pdf/2019HB-07267-R02-HB.PDF>

OLR Summary:

This bill expands the duties of the Office of Health Strategy (OHS) to include, among other things, setting an annual health care cost growth benchmark for the state starting by October 1, 2020. If the increase in total state health care spending exceeds the benchmark in 2022 or later, the bill:

1. requires OHS to identify health care entities or payers that exceeded the benchmark;
2. generally requires these entities and payers to file and implement performance improvement plans, subject to OHS's approval;
3. requires OHS to identify other entities (e.g., drug manufacturers) that significantly contributed to growth in health care costs; and
4. allows OHS to require these other entities to participate in a public hearing to discuss, among other topics, ways to reduce their contribution to future health costs.

Additionally, the bill requires the OHS executive director to appoint a quality council to develop a proposed standard quality measure set to submit to OHS.

The bill also:

1. requires OHS to apply for a federal innovation waiver to establish a state reinsurance program,
2. establishes a program to import certain prescription drugs from Canada, and
3. allows individual and group health insurance policies or contracts to require a person to obtain maintenance prescription drugs through a mail order pharmacy.

***House Amendment "A"** replaces the underlying bill, which would have (1) established a "public option" health insurance program; (2) allowed the comptroller to offer nonstate public employers coverage under another group health insurance plan he creates, rather than through the state health insurance plan as required under current law; and (3) required the comptroller to establish a group health insurance and pharmacy plan for private employers with less than 50 employees or allow these small employers to join the state health insurance plan.

EFFECTIVE DATE: July 1, 2019

Substitute House Bill No. 7292 (See HB 7198, Public Act 19-164)

AN ACT CONCERNING SOCIAL WORKER TITLE PROTECTION

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07292-R000497-FC.PDF>

OLR Summary:

This bill prohibits anyone from using the title "social worker," or any associated initials, or advertising clinical social work services, unless the person has (1) a bachelor's or master's degree in social work from a Council on Social Work Education (CSWE)-accredited program or (2) a doctoral degree in social work.

By law, the Department of Public Health (DPH) licenses both master and clinical social workers, each of which require at least a master's degree in social work and a specified number of clinical training hours. Thus, the bill conflicts with existing law by allowing a person to advertise clinical social work services with only a bachelor's degree and without obtaining the training hours required for social work licensure (see COMMENT).

Existing law already prohibits anyone who is unlicensed from using the title of licensed master or clinical social worker or advertising services as such.

The bill also requires the DPH commissioner or his representative to notify violators and, if applicable their employers, to cease using the social worker title or advertising clinical social work services.

Additionally, the bill exempts from the prohibition anyone employed by the state before July 1, 2019, with the title in the social work series of classified state service (see BACKGROUND). Existing law already allows any person employed by the state prior to October 1, 1996, with the title in the social work series of the classified service to have such a title to describe or perform his or her duties (CGS § 20- 195r).

It also allows the state to hire social work trainees and social workers who do not have a social work degree at the time of hire and allow these employees to use the title of “social worker trainee” or “social worker” if they attain a (1) master's degree in social work from a CSWE-accredited program or (2) doctoral degree in social work within five years after their employment date.

EFFECTIVE DATE: January 1, 2020

Substitute House Bill No. 7339 (DEAD)

AN ACT CONCERNING A PUBLIC INSURANCE OPTION

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07339-R000435-FC.PDF>

OLR Summary: To expand access to affordable, quality health insurance.

Substitute House Bill No. 7371 (DEAD)

AN ACT CONCERNING THE RETAIL SALE OF CANNABIS

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07371-R000585-FC.PDF>

OLR Summary:

This bill establishes the regulatory structure to allow consumers over age 21 to purchase cannabis from a licensed retailer. The bill establishes a Cannabis Commission, within the Department of Consumer Protection (DCP), to among other things, issue licenses to retailers, manufacturers, cultivators, and laboratories.

Under the bill, the commission must promote and encourage full participation in the cannabis industry by “equity” applicants, which are people from communities that

have been disproportionately harmed by cannabis prohibition and its enforcement. Among other things, equity applicants generally must be issued licenses three months before others and have lower licensing fees.

The bill also requires the commission to study if consumers or medical marijuana qualifying patients who are age 21 and older should be permitted to cultivate cannabis for personal use (i.e., home grow).

The bill allows any town to prohibit the establishment of, or restrict the hours and signage of, a cannabis establishment within town limits. The bill prohibits a town from imposing an application fee or any other fees on any commission-approved equity applicant.

It requires DCP to set certain standards and requirements on, among other things, transportation and storage, safeguards against theft, allowable advertisements, and health and safety.

(Although the bill provides certain immunities for DCP licensees when performing certain acts (e.g., selling, cultivating, or manufacturing cannabis), it does not remove existing penalties for selling or possessing marijuana outside of authorized medical uses (see COMMENT).)

EFFECTIVE DATE: Upon passage

Substitute House Bill No. 7395 (DEAD)

AN ACT CONCERNING OPIOID ABUSE AND TREATMENT

Hyperlink to bill: <https://www.cga.ct.gov/2019/FC/pdf/2019HB-07395-R000828-FC.PDF>

OLR Summary:

This bill requires the Department of Correction (DOC), by January 1, 2020 and in consultation with the departments of public health and mental health and addiction services, to establish a medication-assisted treatment (MAT) program in correctional facilities for inmates with opioid use disorder. (Generally, MAT programs provide federal Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to treat substance use disorders.)

Under the bill, program participation is as follows: (1) at least five correctional facilities must participate in the first year, (2) at least 30% of all correctional facility inmates must have program access in the second year, (3) at least 60% of inmates must have program access in the third year, and (4) all inmates must have program access from

the fourth year on. The bill establishes program requirements regarding staff procedures for MAT and treatment access.

The bill requires the DOC commissioner to annually report for five years to the governor and Public Health and Judiciary committees on the program, beginning by November 1, 2020 and ending November 1, 2024.

Additionally, the bill requires the commissioner to provide inmates who have opioid use disorder or are at risk of developing or relapsing into the disorder with information and counseling on treatment options, including how to access them after being released into the community. The commissioner must do this at least 45 days before an inmate's scheduled release from DOC custody, including a release subject to parole or a supervised community setting.

EFFECTIVE DATE: July 1, 2019, except the provision requiring the commissioner to provide certain inmates with opioid use treatment information prior to their release takes effect October 1, 2019.

Proposed Senate Bill No. 622 (DEAD)

AN ACT ESTABLISHING LIMITS ON THE WORKLOADS OF NURSES

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/s/pdf/2019SB-00622-R00-SB.PDF>

This bill was introduced by Senator Leonard Fasano, 34th District, Senate Republican Leader.

OLR Summary: To create a sustainable working environment for nurses and maximize patient safety and care.

Proposed Senate Bill No. 624 (DEAD)

AN ACT ALLOWING NATUROPATHIC PHYSICIANS TO PRESCRIBE MEDICATION

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/s/pdf/2019SB-00624-R00-SB.PDF>

OLR Summary: To keep costs of medical treatment down and give flexibility to patients to seek care from a physician with whom they are comfortable.

Proposed Senate Bill No. 628 (DEAD)

AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/s/pdf/2019SB-00628-R00-SB.PDF>

OLR Summary: To allow medical assistants to administer vaccines.

This proposal was introduced by Senator Carlo Leone, 27th District.

Substitute Senate Bill No. 859 (See HB 7424, State Budget, Sections 160-161)

AN ACT CONCERNING COMMUNITY HEALTH WORKERS

Hyperlink to bill: <https://www.cga.ct.gov/2019/TOB/s/pdf/2019SB-00859-R02-SB.PDF>

CNA testified in support of establishing a certification program for community health workers before the Public Health Committee. The bill was included and passed in HB 7424, State Budget document, sections 160-161.

OLR Summary:

This bill creates a community health worker certification program administered by the Department of Public Health (DPH). Starting January 1, 2020, the bill prohibits anyone from using the title “certified community health worker” unless they obtain this certification. The bill:

1. establishes certification requirements and sets fees for initial certifications and renewals,
2. establishes a continuing education requirement, and
3. allows DPH to take certain enforcement actions against a certificate holder who fails to comply with accepted professional standards.

The bill also establishes a 14-member Community Health Worker Advisory Body within the Office of Health Strategy (OHS). Among other things, the advisory body must advise OHS and DPH on education and certification requirements for community health worker training programs and provide DPH with a list of approved programs.

By law, community health workers are public health outreach professionals with an in-depth understanding of a community's experience, language, culture, and socioeconomic needs. Among other things, they (1) serve as liaisons between community members and health care and social service providers and (2) provide a range of services, including outreach, advocacy, and care coordination.

***Senate Amendment 'A'** adds the provisions establishing certification requirements and the Community Health Worker Advisory Board. It also removes provisions (1) allowing DPH to adopt implementing regulations and (2) eliminating an obsolete reporting requirement for OHS on the feasibility of creating a certification program.

***Senate Amendment "B"** changes the effective date of the provisions on certification renewals from January 1, 2019, to January 1, 2020.

EFFECTIVE DATE: January 1, 2020

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