

CLIENT ALERT

July 23, 2007

2007 CONNECTICUT HEALTHCARE LEGISLATION

PUBLIC ACT 07-9: An act concerning administration of influenza and pneumococcal polysaccharide vaccines by licensed home health care agency staff.

Summary: This Act, starting on October 1, 2007, allows nurses employed by licensed health aide agencies to administer flu and pneumococcal vaccines to patients in their homes. The vaccines may be administered without a physician's order but must be in accordance with a physician-approved agency policy. A nurse must assess the patient for contraindications before administering the vaccine.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00009-R00SB-01195-PA.htm>

Effective Date: April 26, 2007

PUBLIC ACT 07-18: An act concerning lists of providers and notification of termination or withdrawal of primary care physicians.

Summary: This Act requires that for contracts delivered, issued, renewed, amended, or continued on or after October 1, 1997, each managed care organization shall: (1) annually provide its enrollees with a listing of all providers available under the provisions of the enrollee's enrollment agreement, in writing or through the Internet at the option of the enrollee, and (2) notify its managed care plan enrollees, as soon as possible following the termination or withdrawal of the enrollee's primary care physician, to select a new primary care physician.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00018-R00SB-00229-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-23: An act concerning hospice services.

Summary: This Act (1) requires newly licensed hospices to provide hospice services for terminally ill patients on a 24 hour basis in all settings, and (2) prohibits organizations from using



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hospice-related titles and terms that indicate hospice licensure unless the organization is licensed to provide hospice services by the Department of Public Health (DPH) or certified as a hospice by Medicare.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00023-R00HB-07156-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-24: An act concerning compassionate care for victims of sexual assault.

Summary: This Act establishes standard-of-care requirements for licensed health care facilities providing emergency treatment to female sexual assault victims. Each facility must promptly (1) provide a victim with medically and factually accurate and objective information about emergency contraception, (2) inform her of emergency contraception's availability, use, and efficacy, and (3) provide her emergency contraception at the facility at her request, unless she is determined pregnant based on a U.S. Food and Drug Administration (FDA)- approved pregnancy test.

This Act also permits a facility to contract with one or more independent providers to (1) ensure compliance at the facility with the standard-of-care requirements and (2) conduct forensic exams of victims at the facility, in accordance with state guidelines.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00024-R00SB-01343-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-25: An act concerning medical malpractice data regarding medical professionals.

Summary: This Act requires insurers of "medical professionals" or hospitals to send a "closed claim report" to the insurance commissioner. The insurer must submit the report on a form the commissioner prescribes within 10 days after the last day of the calendar quarter in which a claim is closed.

The Act defines "medical professional" as any person licensed or certified to provide health care services to individuals, including chiropractors, clinical dietitians, clinical psychologists, dentists, nurses, occupational speech and physical therapists, optometrists, pharmacists, physicians, podiatrists, and psychiatric social workers. A "closed claim report" describes each insurance claim settled under Connecticut law and provides details about the insured, the insurer, the injury or loss, the claims process, and the amount paid on each claim.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00025-R00SB-00249-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-31: An act concerning the workers' compensation medical practitioners' fee schedule and time for filing a workers' compensation appeal.

Summary: This Act authorizes the workers' compensation commission chairman to develop and implement the physician fee schedule, by April 1, 2008, using values from the Medicare resource-

based relative value scale (RBRVS). The fee schedule is used as a basis for physician and other practitioner fees for services provided under the Workers' Compensation Act. The Act permits collection of fees for services rendered by "other persons," not only physicians, surgeons, podiatrists, optometrists and dentists.

The Act also changes the starting time of the 20-day period to file an appeal for a workers compensation claim. Under the Act, the period begins when there has been a ruling on the claim. Under prior law, the 20-day period began when a compensation commissioner issues a decision on a claim.

Full Text: <http://www.cga.ct.gov/2007/ACT/Pa/pdf/2007PA-00031-R00SB-01378-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-34: An act concerning staff training requirements for Alzheimer's special care units and programs.

Summary: The Act requires Alzheimer's special care programs to annually provide at least one hour of Alzheimer's and dementia-specific training to all unlicensed and unregistered staff providing care and services to residents in these programs or units. For staff hired on or after October 1, 2007, the training must be completed within six months of the date of employment.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00034-R00HB-07157-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-49: An act authorizing commitment to a chronic disease hospital under a physician's emergency certificate.

Summary: This Act authorizes a physician to place a person in a chronic disease hospital for psychiatric treatment under a 15-day emergency certificate if (1) the hospital has a separate psychiatric unit, (2) the physician does not believe the person is actively suicidal or homicidal, regardless of the law that requires the hospital's medical director to determine that the hospital and its staff can adequately care for and treat the patient, (3) the person has psychiatric disabilities, (4) the person is a danger to himself or others or gravely disabled, and (5) the person is in need of immediate care and treatment in a hospital. Once admitted, the Act requires the patient to be examined within 24 hours (Public Act 07-252 extends the exam requirement to within 36 hours).

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00049-R00HB-05508-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-53: An act concerning screening for kidney disease.

Summary: This Act requires physicians, not including gynecologists, to order a serum creatinine test as part of each patient's routine general medical examination if the patient has not submitted to the test within one-year preceding the examination. Prior law required the serum creatinine test as part of a patient's annual physical, if not performed within the prior year.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00053-R00HB-06840-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-67: An act concerning hospitalization at an out-of network facility during treatment in cancer clinical trials.

Summary: This Act requires insurers and HMOs to provide out-of-network hospital treatment for cancer clinical trials at no greater cost to the patient than if treatment was available at an in-network facility, provided that: (1) the same treatment is unavailable at an in-network facility, and (2) clinical trial sponsors are not paying for the treatment. Therefore, the patient is only responsible for payment of any co-payment, coinsurance, or deductible required under the policy or contract for in-network services.

Full Text: <http://www.cga.ct.gov/2007/act/pa/pdf/2007pa-00067-r00sb-00389-pa.pdf>

Effective Date: May, 30 2007

PUBLIC ACT 07-75: An act concerning medical necessity and external appeals.

Summary: This Act requires insurers, HMOs, and other entities to include a particular definition of “medically necessary” or “medical necessity” in insurance policies and contracts. For insurers and HMOs that have entered into a federal court-approved class action settlement with physicians, the requirement does not apply until the settlement’s expiration date.

The Act also extends the timeframe from 30 days to 60 days for filing external appeals to the insurance commissioner after a person has exhausted a company’s internal grievance procedures.

Full Text: <http://www.cga.ct.gov/2007/ACT/Pa/pdf/2007PA-00075-R00HB-07055-PA.pdf>

Effective Date: January 1, 2008, except for the appeal provision, which is effective on May 30, 2007.

PUBLIC ACT 07-76: An act concerning use of unlicensed assistive personnel in residential care homes.

Summary: This Act allows unlicensed “assistive personnel” employed in residential care homes to obtain and record a resident’s blood pressure and temperature with digital medical instruments that (1) have internal decision-making electronics, microcomputers, or software that interpret physiologic signals, and (2) do not require the user’s discretion or judgment. The Act also allows unlicensed assistive personnel to obtain and document a resident’s weight and to assist residents in using glucose monitors for obtaining and documenting blood glucose levels.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00076-R00HB-07222-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-79: An act concerning vital records.

Summary: This Act requires applicants seeking employment in or transfer to DPH's vital records unit to submit to state and national criminal history record checks that are performed according to existing law. The Act also requires applicants to state whether they have ever been convicted of a crime or are facing pending criminal charges at the time of application.

When a physician is not present in the case of fetal death (a fetus over 20 weeks gestation that is born dead), this Act permits a nurse-midwife to (1) sign the fetal death certificate, (2) make the actual determination of fetal death, and (3) certify the date of delivery and that the fetus was born dead. Prior law allowed a nurse-midwife to certify an infant death (a child born alive that dies shortly after birth), but not a fetal death.

If an infant is born alive and then dies within the twenty-four-hour period after birth, this Act enables a nurse-midwife to make the actual determination and pronouncement of death of an infant delivered by the nurse-midwife provided (1) the death is an anticipated death, (2) the nurse-midwife attests to such pronouncement on the certificate of death, and (3) the nurse-midwife or a licensed physician certifies the certificate of death not later than twenty-four hours after such pronouncement.

This Act also allows a town that keeps records relating to the birth, death, marriage, or fetal death of nonresidents to collect up to a \$2 fee from that person's town of residence.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00079-R00SB-01190-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-86: An act concerning revisions to the state-wide respite care program.

Summary: This Act allows people to participate in the State-Wide Respite Program if they have (1) Alzheimer's disease or related disorders, (2) an annual income up to \$30,000, and (3) liquid assets up to \$80,000. Prior law required that participants not be covered by Medicaid. Under the Act, those people covered by the Connecticut Home Care Program for Elders (CHCPE) are not eligible for participation in the State-Wide Respite Program.

Full Text: <http://www.cga.ct.gov/2007/ACT/Pa/pdf/2007PA-00086-R00HB-07191-PA.pdf>

Effective Date: July 1, 2007

PUBLIC ACT 07-92: An act updating the scope of practice of optometry.

Summary: This Act allows optometrists who practice advanced optometric care to remove superficial foreign bodies from all parts of the cornea. Prior law limited removal of superficial foreign bodies to only those located in the cornea's outer layer.

The Act changes the conditions under which an optometrist must refer certain patients to an ophthalmologist. The Act also requires DPH to adopt regulations on continuing education for optometrists.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00092-R00HB-07159-PA.htm>

Effective Date: October 1, 2007, except for the continuing education provision, which takes effect on June 5, 2007.

PUBLIC ACT 07-93: An act concerning artificial insemination by donor.

Summary: The Act defines “artificial insemination” as a medical procedure in which a human egg is fertilized using assistance by artificial means, including intrauterine insemination and in vitro fertilization. The Act redefines AID (artificial insemination with the semen of a donor) by (1) adding donor eggs, (2) substituting sperm for semen, and (3) specifying that the definition includes known and anonymous donors. The Act also makes a conforming change in the law that precludes donors or their relatives and heirs from having legal rights or interests in children born as a result of AID. Finally, the Act repeals the definition of “heterologous artificial insemination” but retains a reference to this term in another portion of the AID law.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00093-R00SB-01430-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-101: An act concerning Medicaid billing practices for federally qualified health centers.

Summary: This Act allows the Department of Social Services (DSS) commissioner to reimburse federally qualified health centers (FQHCs) under the Medicaid program for multiple medical, behavioral health, or dental services provided to a patient in the same day. Prior to this Act, DSS reimbursed one medical, one mental health, and one dental visit per day.

The Act also extends the deadline from March 1, 2004 to January 1, 2008 for the DSS commissioner to (1) make changes in the Medicaid reimbursement methodology for FQHCs and (2) file a status report with the Appropriations and Human Services committees.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00101-R00HB-06646-PA.htm>

Effective Date: July 1, 2007

PUBLIC ACT 07-103: An act concerning a professional assistance program for health care professionals.

Summary: This Act allows state or local health care professional societies and organizations to establish a single assistance program to serve all health care professionals. The assistance program is an alternative, voluntary, and confidential program to rehabilitate health care professionals with chemical dependencies, emotional or behavioral disorders, or physical or mental illnesses.

Under this Act, the assistance program must annually report certain information to DPH, licensing boards, and the Public Health Committee. DPH must establish an oversight committee to monitor program quality. The oversight committee must meet with the assistance program on a regular basis; the program must also undergo an annual audit.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00103-R00HB-07155-PA.htm>

Effective Date: June 11, 2007

PUBLIC ACT 07-117: An act concerning the appointment and powers of conservators and special limited conservators with respect to psychiatric treatment.

Summary: This Act specifies “clear and convincing evidence” as the legal standard probate courts must apply when deciding motions to allow (1) conservators and special limited conservators to consent to the administration of psychiatric medication on behalf of incompetent patients or criminal defendants, (2) psychiatric facilities to administer psychiatric medication to patients or criminal defendants who have refused to take it and pose a direct threat of harm to themselves or others, or (3) special limited conservators to consent to release a criminal defendant’s medical records to the psychiatric facility that is treating him or her. The Act also sets notice and hearing rules governing their involuntary medication proceedings.

Prior law had no explicit legal standard for making these decisions, although clear and convincing evidence is the standard used in practice. Prior law also lacked procedures and standards for releasing medical records when defendants are unable or unwilling to give permission on their own.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00117-R00HB-07067-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-119: An act concerning supervising physicians for physician assistants.

Summary: This Act eliminates the requirement that licensed physicians register with DPH and pay a \$37.50 registration fee if the physician supervises a physician assistant (PA). The Act also eliminates a requirement that a supervising physician notify DPH in writing within 30 days of terminating a physician-PA relationship.

Each PA practicing in the state or participating in a resident PA program must continue to have a clearly identified supervising physician who has the final responsibility for patient care and the PA’s performance. A licensed PA may provide patient services under the supervision of a licensed physician if the PA is part of the Connecticut Disaster Medical Assistance Team, the Medical Reserve Corps, or the Connecticut Urban Search and Rescue Team.

Full Text: <http://www.cga.ct.gov/2007/ACT/Pa/pdf/2007PA-00119-R00HB-07089-PA.pdf>

Effective Date: July 1, 2007

PUBLIC ACT 07-147: An act concerning restraints and seclusion in public schools.

Summary: This Act regulates the use of physical restraints and seclusion on students receiving or awaiting eligibility determinations for special education services in public schools. The Act (1) gives the State Board of Education (SBE) authority over their use as part of its existing mandate to regulate special education curriculum and instructional conditions, and (2) requires the SBE to adopt implementing regulations. Existing law governs the use of physical restraints and seclusion

in a number of other institutions. Neither this Act nor existing law applies to nursing homes and Department of Correction (DOC) facilities.

The Act also requires local and regional boards of education to tell pupils, parents, and those standing in the place of parents about (1) the laws and regulations governing the use of physical restraints and seclusion, and (2) related student and parental rights at the first planning and placement team meeting (PPT) involving the student's individual educational program (IEP).

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00147-R00SB-00977-PA.htm>

Effective Date: October 1, 2007

PUBLIC ACT 07-209: An act concerning the closing of a long-term care facility.

Summary: This Act requires the Department of Social Services (DSS) commissioner to hold a public hearing at a nursing home, rest home, residential care home, or intermediate care facility for the mentally retarded within 30 days of the facility's request to (1) establish a new, additional, expanded or replacement facility, service or function, (2) expand or reduce its services or number of beds, (3) make certain capital expenditures, or (4) close the facility. The facility must submit its request through a letter of intent or by application for a certificate of need (CON).

The Act also allows the commissioner to impose up to a \$ 5,000 civil penalty on any facility that fails to comply with these provisions. In addition, the act modifies some of the duties of a court-appointed receiver of a nursing home or residential care home and extends the timeframes for accomplishing these duties. The Act also removes certain restrictions on the DSS commissioner's authority to set a higher interim rate for Medicaid payments to nursing homes sold after being in receivership. Finally, the Act also extends the current moratorium on new nursing homes and nursing home beds from June 30, 2007 to June 30, 2012.

Full Text: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00209-R00HB-05639-PA.htm>

Effective Date: July 1, 2007

QUESTIONS OR ASSISTANCE?

We hope you find this summarized version useful. If you would like additional information, or you have questions specific to the impact of any one of these acts on your organization, please contact Joan Feldman at (860) 251-5104, Alex Lloyd at (860) 251-5102, John Lawrence at (860) 251-5139, or Maureen Anderson at (860) 251-5589.