Introduction

This Legislative Summary is a compilation of Public Acts of importance to hospitals passed by the Connecticut General Assembly in 2012. The summary is organized by topic.

Also included are summaries of bills related to hospitals and healthcare that were considered and defeated, or otherwise not enacted.

Links to these Public Acts, CHA’s testimony, and detailed summaries on certain bills are included in this summary. Inquiries should be directed to CHA’s Government Relations Department at (203) 294-7211.
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2012 CHA Legislative Agenda

Leadership in Improving the Health of Our Communities

 Lead and facilitate initiatives that engage Connecticut communities in assessing and improving their health.

Leadership in Quality of Care and Patient Safety

 Support initiatives that enhance quality and patient safety in Connecticut hospitals and that raise awareness that quality and patient safety are key priorities for hospitals.
  – Promote the reporting of hospital quality information that is coordinated with federal requirements and initiatives.
  – Advocate for the development of a statewide health information exchange that promotes clinical effectiveness and care improvement.
  – Develop initiatives that focus the Department of Public Health's oversight with evidence-based practices and quality improvement.
  – Expand hospitals’ ability to use telepharmacy.

 Support initiatives that ensure hospitals’ ability to appropriately manage human resources to meet ever-changing patient care needs.

 Seek clarification of hospitals’ requirements under the new Workplace Violence and Prevention Act that balances the safety of healthcare workers and optimal patient care.

Leadership in Shaping Financing and Delivery System Changes

 Support initiatives that improve access to health insurance coverage for Connecticut residents and reduce the number of uninsured.
  – Align the state’s commercial insurance and Medicaid program with federal healthcare reform, with a focus on the establishment of the Connecticut exchange and expanding access to primary care.

 Advance initiatives to stabilize Connecticut’s medical malpractice liability environment.

 Protect current state funding for care for hospital patients and pursue increases in reimbursement to equal the cost of providing such care; oppose measures that increase the cost of providing care.

 Seek to mitigate the negative impact of the Connecticut hospital tax.

Approved by the CHA Board of Trustees
November 21, 2011
Certificate of Need (CON)

Bill Number, Public or Special Act Number: HB 5321 (PA 12-170)
Title: An Act Concerning The Office Of Health Care Access
Summary:

- This Act makes several minor and technical changes to the Office of Health Care Access (OHCA) operations and the Certificate of Need (CON) process, including: (1) requiring OHCA, when evaluating a CON application, to now consider the proposal’s financial feasibility for the applicant in addition to the proposal’s impact on the financial strength of the state's healthcare system; (2) requiring OHCA to issue a decision on a completed CON application within 60 days of the closing of the public hearing record, not the public hearing date; (3) changing from February 28 to March 31 the filing date for hospitals to provide verification of their net revenue for the most recently completed fiscal year, for OHCA’s review of information regarding uncompensated care to the indigent; (4) requiring OHCA to update its Statewide Health Care Facilities and Services Plan at least every two years rather than every five years; and (5) requiring OHCA to conduct its statewide health care facility utilization study biennially rather than annually.

- The Act also removes OHCA’s authority to require a hospital's independent auditor to review discounted rates and charges it negotiated with a payer.

- The Act permits OHCA to release patient-identifiable data to certain government entities for specified purposes.

- The Act does not contain provisions in the original bill that would have required (1) healthcare facilities to submit notification to OHCA of healthcare services being contracted out, and (2) hospitals to submit quarterly operational and utilization data to OHCA.

- Click here to view CHA’s testimony on this bill.
Emergency Medical Service

Bill Number, Public or Special Act Number: SB 200 (PA 12-9)
Title: An Act Concerning The Membership Of The Coordinating Advisory Board To The Department Of Emergency Services And Public Protection
Summary:

- This Act expands the membership of the Department of Emergency Services and Public Protection Coordinating Advisory Board to add the executive director of the Connecticut Council of Small Towns or a designee, increasing the size of the Board to 16 members.

- Click here to view CHA’s testimony on this bill.

Effective Date: October 1, 2012

Healthcare Reform and Insurance Coverage

Bill Number, Public or Special Act Number: SB 12 (PA 12-61)
Title: An Act Concerning Guidelines For Health Insurance Coverage For Colorectal Cancer Screening
Summary:

- The Act requires health insurers to follow the level of coverage to cover tests as recommended by the American Cancer Society for colorectal cancer screening, including colonoscopies, sigmoidoscopies, and radiological imaging. The Act removes reference to recommendations of the American College of Gastroenterology and the American College of Radiology.

Effective Date: July 1, 2012

Bill Number, Public or Special Act Number: SB 98 (PA 12-190)
Title: An Act Concerning Deductibles For Screening Colonoscopies And Screening Sigmoidoscopies
Summary:

- This Act bars individual and group health insurers from charging a deductible for a procedure started as a colorectal cancer screening colonoscopy or screening sigmoidoscopy (even if during the screening a polyp is discovered and removed).

Effective Date: January 1, 2013

Bill Number, Public or Special Act Number: HB 5038 (PA 12-166)
Title: An Act Implementing The Governor's Budget Recommendations Concerning An All-Payer Claims Database Program
Summary:

- This Act authorizes the Office of Health Care Reform and Innovation (OHRI) to establish an all-payer claims database program for receiving and storing data relating to medical and dental insurance claims, pharmacy claims, and other insurance claims information from enrollment and eligibility files, provided OHRI is able to secure the federal or private funding necessary to create such database.

- The Act assigns OHRI responsibility for oversight of the planning, implementation, and administration of the all-payer claims database program, the purpose of which is to collect, assess, and report healthcare information relating to safety, quality, cost-effectiveness, access, and efficiency for all levels of healthcare. OHRI is required to ensure that data from reporting entities is securely collected, compiled, and stored according to state and federal law.
The Act requires the Special Advisor to the Governor to convene an All-Payer Claims Database Advisory Group to assist the Special Advisor in creating the database.

Click here to view CHA’s testimony on this bill.

**Effective Date: Upon Passage**

**Hospice**

Bill Number, Public or Special Act Number: HB 5499 (PA 12-140)

Title: *An Act Concerning Regulations Relating To Hospice Care*

Summary:

This Act authorizes a Department of Public Health (DPH)-licensed hospice to operate a hospice facility (including a hospice residence or home care based services). The Act retains existing requirements that hospice facilities provide a “homelike atmosphere” for patients, and cooperate with the DPH commissioner to develop licensure and operational standards.

**Effective Date: Upon Passage**

**Hospital Operations**

Bill Number, Public or Special Act Number: SB 56 (PA 12-13)

Title: *An Act Concerning Critical Congenital Heart Disease Screening For Newborn Infants*

Summary:

- Beginning January 1, 2013, the Act requires all healthcare institutions caring for newborn infants to test each infant for critical congenital heart disease (CCHD) as soon after birth as is medically appropriate (adding CCHD to the existing screening mandates for cystic fibrosis and genetic and metabolic disorders). As with most mandated screenings, parents or legal guardians may object to the testing on religious grounds.

- Click here to view CHA’s detailed summary of this bill.

**Effective Date: October 1, 2012, with testing starting on January 1, 2013**

**Hospital Reimbursement and Finances**

Bill Number, Public or Special Act Number: HB 5483 (PA 12-109)

Title: *An Act Concerning Coverage Of Telemedicine Services Under Medicaid*

Summary:

- This Act authorizes the DSS to establish a telemedicine demonstration project at federally-qualified community health centers. The project would provide Medicaid-covered healthcare services by telemedicine in place of in-person contact between a patient and healthcare provider. The Act defines “telemedicine” as the use of interactive audio, video, or data communication, other than facsimile and audio-only telephone transmissions, in the delivery of medical advice, diagnosis, care, treatment, or similar services.

- In the context of the demonstration project, the Act: authorizes DSS to set reimbursement rates for telemedicine procedures; subjects personally identifying telemedicine data and records to state and federal confidentiality laws; and requires the DSS commissioner to report to the General Assembly relative to telemedicine services offered and their cost effectiveness.

**Effective Date: January 1, 2013**
Bill Number, Public or Special Act Number: SB 186 (PA 12-62)
Title: An Act Concerning The Licensing, Investigation And Disciplinary Processes For Physicians And Nurses
Summary:

- This Act increases the membership size of the Connecticut State Medical Examining Board from 15 to 21, and specifies practice areas for members.
- The Act also increases the pool of people who may serve on medical hearing panels from 24 to 36.
- The Act allows DPH to waive up to ten hours (of the required 50 hours over two years) of CME for a physician who engages in activities related to his or her service as a member of the Medical Examining Board or a medical hearing panel, or who helps DPH with its duties relating to professional boards and commissions.
- The Act also changes the required qualifications for the RN members to serve on the Board of Examiners for Nursing, reducing to one (from three) the number of nurses from higher education settings, and eliminating the requirement that one nurse be an instructor at an approved school for licensed practical nurses (instead requiring that one have a doctorate in nursing practice or nursing science).

Effective Date: Upon Passage

Bill Number, Public or Special Act Number: HB 5515 (PA 12-37)
Title: An Act Concerning Physician Assistants
Summary:

- This Act changes the supervision requirements for physician assistants (PAs) in both hospital and non-hospital settings. Effective October 1, 2012, the law will replace written protocols as the way to establish a supervising physician’s oversight and, instead, will require a written delegation agreement between the PA and supervising physician.
- Under the Act, a written delegation agreement must (at a minimum): (1) describe the professional relationship between the supervising physician and the PA; (2) identify the medical services the PA may perform; (3) describe how the PA’s prescribing of controlled substances is to be documented in patient medical records; and (4) describe how the supervising physician will evaluate the PA’s performance, including how often the physician intends to personally review the PA’s practice and performance of delegated medical services, and how often, and in what manner, the physician intends to review the PA’s prescription and administration of schedule II or III controlled substances.
- The Act also eliminates, in all settings, the one-day deadline for countersignature of orders or prescriptions by a PA of a Schedule II or III controlled substance, requiring instead that the timeline for countersignature be written into the delegation agreement.
- Under the Act, supervising physicians will be required to review delegation agreements at least annually, and revise them as necessary.
- The Act expressly requires delegation agreements to include or reference appropriate hospital policies that affect the supervision of PAs for those working in the hospital setting.
- Click here to view CHA’s testimony on this bill.

Effective Date: October 1, 2012
Malpractice

Bill Number, Public or Special Act Number: SB 99 (PA 12-14)
Title: An Act Concerning Letters Of Protection
Summary:

- This Act creates new obligations for any physician or physical therapist consulted by a patient for treatment of injuries that are, or might become, the subject of a personal injury lawsuit. Specifically, before providing any treatment, the consulted physician or physical therapist is required to inform the patient in writing as to:
  
  o Whether the physician or physical therapist would be willing to provide services, and delay seeking payment for such services, if given a “letter of protection” from the patient’s attorney (a letter of protection promises that payment will be made from funds obtained as a result of the personal injury lawsuit); and
  
  o The estimated cost that the physician or physical therapist would charge to render an opinion letter about the diagnosis, treatment, prognosis, and disability rating of the patient (to be used as expert evidence in the course of the patient’s underlying claim or lawsuit).

Effective Date: October 1, 2012

Pharmacy

Bill Number, Public or Special Act Number: SB 252 (PA 12-12)
Title: An Act Authorizing Flavoring Agents For Prescription Products
Summary:

- This Act allows pharmacists to add a “flavoring agent” (as specifically defined in the Act) to a prescription if they are acting on behalf of a hospital, or if the prescribing doctor, patient, or patient's agent requests such flavoring.

- Click here to view CHA’s testimony on this bill.

Effective Date: July 1, 2012

Bill Number, Public or Special Act Number: SB 371 (PA 12-207)
Title: An Act Concerning The Administration Of Injectable Vaccines To Adults In Pharmacies
Summary:

- This Act expands the authority of licensed pharmacists, pursuant to the order of a prescribing provider, to administer vaccines to adults to include any FDA-approved vaccine that is listed on the National Centers for Disease Control and Prevention's Adult Immunization Schedule.

- The Act retains the existing requirement that such vaccination be done in accordance with established regulations, which include training for pharmacists administering adult vaccines.

- Click here to view CHA’s testimony on this bill.

Effective Date: October 1, 2012
Bill Number, Public or Special Act Number: HB 5329 (PA 12-28)
Title: An Act Concerning The Use Of Telepharmacy By Hospitals
Summary:

- This Act allows all Connecticut hospitals to utilize telepharmacy for a pharmacist’s monitoring of a pharmacy technician’s preparation of sterile products. This is an expansion of a successful pilot program undertaken at Yale-New Haven Hospital.

- The Act requires adherence to pharmacist-to-technician ratios, use of bar coding to track orders, verification of orders, and proper administration.

- Hospitals that use telepharmacy must conduct periodic quality assessments (at least once per calendar quarter), which must be made available to the Department of Consumer Protection (DCP) and DPH upon request.

- The Act also requires the hospital’s director of pharmacy to have responsibility for oversight of telepharmacy.

- Click here to view CHA’s testimony on this bill.

- Click here to view CHA’s member briefing document on the Act.

Effective Date: October 1, 2012

Bill Number, Public or Special Act Number: HB 5063 (PA 12-159)
Title: An Act Concerning Treatment For A Drug Overdose
Summary:

- This Act clarifies that licensed healthcare practitioners are permitted to prescribe, dispense, or administer an opioid antagonist for the prevention or treatment of a drug overdose, without risk of being subject to civil or criminal action.

- The Act also requires the DMHAS to report to the Public Health Committee, by January 15, 2013, the number of opioid antagonist prescriptions issued under DMHAS programs to persons other than drug users.

Effective Date: October 1, 2012

Bill Number, Public or Special Act Number: HB 5389 (PA 12-55)
Title: An Act Concerning The Palliative Use Of Marijuana
Summary:

- This Act allows a licensed physician to issue a written certification to an adult patient to authorize palliative use of marijuana after determining that the patient has a “debilitating medical condition” and could potentially benefit from the palliative use of marijuana. The certification is valid for a period not to exceed one year.

- The Act defines “debilitating medical condition” to include cancer, glaucoma, positive status for HIV or AIDS, Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn’s disease, and posttraumatic stress disorder. The Act also authorizes DCP to approve additional conditions.

- The Act provides that only a “dispensary” may distribute marijuana for palliative use to qualifying patients (or the qualifying patient’s primary caregiver, who must be registered with DCP). Only an individual licensed as a pharmacist in Connecticut may apply to become a dispensary.
The Act also provides that the marijuana distributed to qualifying patients will be grown in-state only by licensed producers, and that such producers shall not sell, deliver, transport, or distribute marijuana to or from a location outside of Connecticut.

Effective Date: October 1, 2012

Public Health

Bill Number, Public or Special Act Number: HB 5514 (PA 12-197)
Title: An Act Concerning Various Revisions To The Public Health Statutes
Summary:

This Act makes various changes to existing DPH laws. Some changes are purely technical, while others are substantive. Below is a summary of the sections that have the greatest direct impact on hospital staff and operations, followed by a section with other points of interest to hospitals.

The Act:

- Extends to September 1, 2012, the date by which a physician assistant (PA) who engages in performance of C-arm fluoroscopy procedures must pass an exam. (Effective upon passage)

- The Act increases the circumstances by which an advanced practice registered nurse (APRN) may certify, sign, or otherwise document medical information in specified situations, where previously only a physician could sign. The specific situations are set forth below. Under the Act, an APRN may certify that:
  - A high school student is excused from physical education as medically contraindicated;
  - A student enrolling in a higher education is exempt from immunization proof requirements for measles, rubella, mumps, or varicella, or that such student's presence at school will not endanger others;
  - A student's physical condition medically contraindicates vaccination against meningitis, exempting the student from certain disease-related campus housing rules for colleges and universities;
  - Someone is totally disabled and thus unable to appear before the town assessor to provide evidence of eligibility for property tax exemptions available to service members, veterans, blind, or totally disabled persons, and certain family members of such people;
  - Someone is ill or incapacitated, for purposes of the person applying for an extension related to various tax relief or tax credit programs;
  - A young child's well-being depends on, or other person's serious illness requires, utilities not be shut off;
  - It would not be injurious to the health of a handicapped person or disabled veteran to work extended hours in manufacturing, mechanical, or mercantile establishments, restaurants, and various other settings;
  - Someone with partial incapacity is unable to perform usual work but is able to perform other work, for purposes of calculating workers' compensation benefits;
  - A municipal employee's proposed organ or bone marrow donation and the probable duration of the person's recovery, for purposes of the person seeking medical leave for the donation; and
  - Whether there is a qualifying event (e.g., a medical condition expected to result in death within a year) for purposes of accelerated benefits under a life insurance policy.
• An APRN may also:
  o Document that someone has a physical or mental impairment that is chronic or expected to be long-term or permanent, for purposes of assessing eligibility for unemployment compensation;
  o Provide a statement that a policy owner is of sound mind and under no constraint or undue influence, before a life settlement provider can enter into a contract with a policy owner who is also the insured and who is terminally or chronically ill;
  o Determine that a policy owner's physical or mental disability prevents the person from working full-time, for purposes of an exception to the general prohibition on someone entering into a life settlement contract before, when, or within two years of purchasing a life insurance policy; and
  o Provide the APRN's identification number, signature, and billing contact information on the standard Health Care Financing Administration 1500 (HCFA 1500) health insurance claim form, for purposes of providing, along with various other information, the minimum information needed for a healthcare provider's claim for payment to be complete.

The Act also:

• Requires all APRN applicants to either have a graduate degree in nursing or a related field, or be licensed (at the time of licensure application) as an APRN by another state that requires a master's degree in nursing or a related field, and, on or before December 31, 2004, to have completed an APRN program recognized by a national certifying body for certification as a nurse practitioner, clinical nurse specialist, or nurse anesthetist.

• Creates an advisory council to raise awareness of and provide education on organ and tissue donation, and to increase the number of donations and donor registrations. The council membership includes:
  o The commissioners (or their designee) from DPH and the Department of Motor Vehicles; the executive director (or designee) of Donate Life Connecticut; a representative of each in-state organ procurement organization; a transplant center health professional; five people who have experience with organ or transplant, (e.g., a recipient, donor, or deceased donor's family member) one each appointed by the Governor, the Senate President Pro Tempore, and the House Speaker, one appointed jointly by the House and Senate majority leaders, and one appointed jointly by the House and Senate minority leaders; and the CEO (or designee) of the Connecticut Hospital Association.

  o The council's first meeting will be held by December 1, 2012, and the council must meet at least four times per year and as requested by the chairperson or a majority of council members.

  o The council must report annually to the Public Health and Transportation Committees, with the first report due July 1, 2013.

• Adds "pathology reports" to the mandatory items reported to the tumor registry.

• Eliminates certain data from fetal death certificates that is otherwise required on certificates of live birth (e.g., marital status, paternity registry information).

Other sections of interest to hospitals include that the Act:

• Allows DPH to have reciprocal agreements with other states regarding transport and treatment of patients with tuberculosis.
- Removes the requirement that the director of the Office of Oral Public Health have a graduate degree, but adds that he or she must have public health experience.

- Deletes a requirement that rape crisis centers follow DPH program criteria.

- Relaxes the requirements for qualifying as a youth camp physician, removing reference to specialist in certain medical fields.

- Changes “Connecticut Association of Not-For-Profit Providers for the Aging” references to reflect its name change to “LeadingAge Connecticut, Inc.”

- Requires athletics departments at institutions of higher learning to have automated external defibrillators nearby and available for various sports and sports-related activities, maintain them, and train staff in how to use them.

- Extends until July 1, 2013, the deadline for the Interagency and Partnership Advisory Panel on Lupus to submit to DPH and the Public Health Committee its initial comprehensive lupus education and awareness plan.

- Changes the continuing education requirements for dentists, expanding the options for completing five hours of subject-specific credit hours (of twenty-five total hours, every two years) for select mandatory topics. DPH will list ten, instead of five, mandated topics that can satisfy the five hours of subject-specific training.

- Relaxes the requirements for licensure as an alcohol and drug counselor, providing more flexibility in completing the prerequisite training hours. (Effective upon passage)

- Adds physiatrists to the list of pain management specialists able to provide pain management treatment that health insurers must cover. (Effective upon passage)

- Increases licensure requirements for acupuncturists to add higher levels of practical experience and specific training.

- Adds a child psychiatrist and an oncologist to the membership of the Pharmaceutical and Therapeutics Committee, increasing the Committee’s membership from 14 to 16. The Act also reduces the minimum required Committee meetings from quarterly to biannually.

- Makes changes to the detail required in annual reports due from HITE-CT to the Governor and Connecticut General Assembly to include information on the development of privacy practices and procedures used in the collection and use of “patient health information” in the statewide health information exchange. The Act also clarifies that HITE-CT, as a quasi-public entity, does not offer employees identical benefits or rights to those that may be available for state workers. (Effective upon passage)

Effective Date: October 1, 2012, unless otherwise indicated

State Budget and Budget Implementation Bills, and State Government Operations

Bill Number, Public or Special Act Number: SB 27 (PA 12-92)

Title: An Act Transitioning The Regulations Of Connecticut State Agencies To An Online Format

Summary:

- This Act requires that state agency regulations be posted on the Office of the Secretary of the State’s and regulating agency’s Internet websites rather than published in the Connecticut Law Journal.

- Agencies are required to post online certain policy manuals and guidance documents, as well as policies that have been implemented while in the process of being adopted in regulation form.
Lastly, the Act creates an 11-member Regulation Modernization Task Force to develop, after consulting with the secretary of the state and either the state librarian or public records administrator, an implementation plan for publishing regulations online.

Effective Date: July 1, 2013. Provisions of the Act that (1) grant the Secretary of the Office of Policy and Management authority to seek licensing agreements with various entities to post their codes or standards online and (2) establish a Regulations Modernization Task Force are effective from passage.

Bill Number, Public or Special Act Number: HB 5557 (PA 12-104)
Title: An Act Making Adjustments To State Expenditures For The Fiscal Year Ending June 30, 2013
Summary:

This Act makes modifications to the appropriations for state agencies and programs for FY 2013. It balances the FY 2013 budget by combining cuts to state programs, borrowing, and using transportation reserves and other special funds. The administration would divert debt service payments and use funds originally designed for state employee raises to close the current fiscal year’s budget deficit.

Specifically of note, the Act:

- Does not include any reduction to hospital Medicaid rates or changes to the hospital tax scheme.
- Makes reductions to Medicaid for Low-Income Adult (MLIA) enrollment.
  - The budget makes three changes to the MLIA program, including seeking a waiver limiting enrollment to people with assets below $10,000 (excluding an automobile or home); counting family income in determining eligibility for applicants who are under age 26; and limiting nursing home stays to 90 days. The Governor’s budget proposal would have set a $25,000 asset limit (excluding an automobile or home); counted family income when determining eligibility for individuals under the age of 26 and either living with their parents or claimed as a dependent for tax purposes; and imposed limits on certain medical services.
  - Proposed changes in the MLIA program will require DSS to seek a federal waiver. The waiver must be approved by the Appropriations and Human Services Committees, and approved by the Centers for Medicare & Medicaid Services (CMS).
- Retains the Appropriations Committee recommendation to partially restore funding in DMHAS for uncompensated care in hospitals and FQHCs.
  - The budget maintains the Appropriations Committee proposal that reduced funding by $944,263, where Governor Malloy’s proposal would have reduced funding by $2.9 million.
- Eliminates funding to the LifeStar Air Ambulance program.
  - The budget eliminates the $600,000 appropriation to the LifeStar program.

Click here to view CHA’s testimony on HB 5014, An Act Making Adjustments To State Expenditures And Revenues For The Fiscal Year Ending June 30, 2013, Governor Malloy’s original budget proposal.

Effective Date: October 1, 2011
Bill Number, Public or Special Act Number: SB 501 (PA 12-2, June Special Session)
Title: An Act Implementing Certain Provisions Concerning Government Administration
Summary:

• This Act includes many different issues and bills not enacted during regular session.

• The Act clarifies that Good Samaritan protections will be extended to certain trained medical and first responder professionals who follow the American Red Cross and the American Heart Association’s published guidelines (rather than “standards”) relating to cardiopulmonary resuscitation training.

Effective Date: July 1, 2012

Bill Number, Public or Special Act Number: HB 6001 (PA 12-1, June Special Session)
Title: An Act Implementing Provisions Of The State Budget For The Fiscal Year Beginning July 1, 2012
Summary:

• This Act implements provisions of the state budget for the Fiscal year beginning July 1, 2012.

• With respect to hospitals, it: (1) clarifies the rate of the hospital tax, the base year upon which the tax is imposed, and that the tax exemptions will remain unchanged through September 30, 2013; (2) requires an independent, certified disproportionate share audit of federal fiscal year data for interim payments, effective October 1, 2012; (3) directs the DSS commissioner to seek a Section 1115 Medicaid waiver to modify eligibility and coverage for Medicaid low-income adults to (a) establish an asset limit of $10,000, (b) count the income and assets of the parent of an applicant who is under age 26 if the applicant lives with that parent or is declared as a dependent for income tax purposes, and (c) limit nursing home coverage to 90 days; and (4) makes other technical changes to the hospital rate statute.

• The Act also:
  o Permits a registered nurse to delegate the administration of medications (except by injection) to homemaker-home health aides who have been certified for medication administration (administration may not be delegated when the prescribing physician specifies that a nurse must administer the medication);
  o Requires that, by October 1, 2013, the chief state's attorney report to the Appropriations Committee on its Division of Criminal Justice’s monetary recoveries resulting from its investigations of fraud in DSS medical assistance programs;
  o Requires the state comptroller to pay the difference, up to $13.5 million per fiscal year, between the state fringe benefit rate for UCHC employees and that for the state's private hospitals.
  o Adds a requirement that anyone who conducts business in Connecticut and who, in the ordinary course of business, owns, licenses, or maintains computerized data that includes personal information (as defined in the Act), must also disclose a security breach without unreasonable delay to the attorney general in addition to state residents whose personal information has been, or is reasonably believed to have been, accessed by an unauthorized person. Failure to provide such notice constitutes a Connecticut Unfair Trade Practices Act (CUTPA) violation;
  o Requires, starting January 1, 2013, all healthcare providers who administer vaccines to children under the volunteer state vaccine program to obtain those vaccines from DPH, unless DPH directs the provider to procure the vaccine from another source.
  o Makes the Healthcare Advocate a voting member of the Connecticut Health Insurance Exchange Board, increases from six to seven the number of board members that constitutes a quorum, expands outside employment and affiliations restrictions applicable to Exchange Board members and staff, lengthens the term of the House majority leader's healthcare economist Board appointee from one year to two years, and allows Exchange employees to enroll in the state employee health plan if the Exchange pays the enrollment costs.

2012 Legislative Summary
Workforce

Bill Number, Public or Special Act Number: SB 78 (PA 12-75)
Title: An Act Concerning The Learn Here, Live Here Program
Summary:

- This Act expands the Learn Here, Live Here Program to any student graduating from a healthcare training school, including a hospital-based occupational school, in addition to any student graduating from a public or private college or university located in Connecticut, or a regional-vocational-technical school. The Learn Here, Live Here Program provides incentives to students to buy their first home in Connecticut.

- Under the Act, healthcare training schools include medical or dental schools, chiropractic colleges, optometry schools or colleges, chiropody or podiatry schools or colleges, occupational therapy schools, hospital-based occupational schools, naturopathy schools or colleges, dental hygiene schools, physical therapy schools, and any other healing arts' school or institution.

- Click here to view CHA’s testimony on this bill.

Effective Date: Upon Passage
**Emergency Medical Services**

**Bill Number, Public or Special Act Number:** **HB 5526**  
**Title:** *An Act Concerning The Membership Of The Emergency Medical Services Advisory Board And An Emergency Services Policy Council*  
**Summary:**

- This bill would have significantly reduced the size of the membership of the Emergency Medical Services (EMS) Advisory Board. The reduction of the Board would have eliminated CHA’s representation on the EMS Advisory Board, replacing it with quality assurance employees from a hospital with more than 100 beds and a hospital with less than 100 beds.

- The bill would have also required the DPH Office of Emergency Medical Services to study the establishment of an emergency services policy council and report the results to the Public Health Committee. The report would have included recommendations on the council’s role in emergency medical technician certification and training, and the development of emergency services policies, procedures, and clinical protocols.

- Lastly, the bill’s provisions would not have limited the requirement that a patient-receiving hospital develop and implement a process for EMS patients presented to the hospital.

**Effective Date:** Not Enacted

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**Healthcare Reform and Insurance Coverage**

**Bill Number, Public or Special Act Number:** **HB 5450**  
**Title:** *An Act Establishing A Basic Health Program*  
**Summary:**

- This bill would have required DSS to establish and implement a Basic Health Program (Program). Under the Program, rather than moving individuals into health insurance exchanges, the state would have provided federally subsidized health insurance to individuals under age 65 and with incomes up to 200% of the federal poverty level who did not qualify for Medicaid and otherwise meet the federal eligibility criteria. The bill would have required the Program to offer the same benefit levels and limited cost sharing (e.g., co-pays) that are offered to Medicaid recipients, unless the state’s cost exceeded the federal subsidies available.
• A similar bill, SB 425, An Act Establishing A Basic Health Program, was raised, but also was not enacted.

• Click here to view CHA’s testimony on this bill.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5485
Title: An Act Concerning The Connecticut Health Insurance Exchange
Summary:

• This bill would have amended the existing Connecticut Health Insurance Exchange by having the Insurance and Real Estate Committee select the benchmark plan for purposes of establishing the standard for qualified health plans and for plans sold outside the Exchange.

• Click here to view CHA’s testimony on this bill.

Effective Date: Not Enacted

Hospital Operations

Bill Number, Public or Special Act Number: SB 187
Title: An Act Concerning The Electronic Death Registration System
Summary:

• This bill would have required anyone authorized to complete the medical certification portion of a death certificate to complete and submit such certification through DPH’s Electronic Death Registration System.

• Click here to view CHA’s testimony on this bill.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5064
Title: An Act Concerning The Department Of Mental Health And Addiction Services’ Reporting Requirements
Summary:

• This bill would have combined various DMHAS reporting requirements into one report submitted every three years, and would have eliminated hospitals’ annual reporting requirement regarding established protocols for screening patients for alcohol and substance abuse.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5387
Title: An Act Concerning Health Insurance Claim Forms And The Development Of A Uniform Treatment Authorization Form For Mental Health Services
Summary:

• This bill would have allowed healthcare providers to submit their National Provider Identifier, instead of a federal tax identification number, on the standard Health Care Financing Administration 1500 health insurance claim form.

• The bill also would have required DPH to develop a uniform treatment authorization form for mental health services, to be used by healthcare providers and hospitals when obtaining patient authorization and information for the provision of mental health services.

Effective Date: Not Enacted
2012 Legislative Summary

Bill Number, Public or Special Act Number: HB 5435
Title: An Act Concerning "Do Not Resuscitate" Orders
Summary:

- This bill would have required DPH to have regulations for “Do Not Resuscitate” orders, dictating the form, recognition, and transfer of a physician’s orders relating to a patient's end-of-life care by emergency medical service providers.

Effective Date: Not Enacted

Hospital Reimbursement and Finances

Bill Number, Public or Special Act Number: HB 5339
Title: An Act Extending The Reporting Requirements For And Expanding The Membership Of The Task Force To Study The Distribution Of State Funds To Municipalities
Summary:

- This bill would have expanded the membership of the task force created to study the distribution of state funds to municipalities and extended its reporting deadline. The expanded membership of the task force would have included the chief executive officer, or her designee, of the Connecticut Hospital Association.

- Click here to view CHA’s testimony on this bill.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5481
Title: An Act Concerning An Increase In Rates For Certain Chronic Disease Hospitals
Summary:

- This bill would have increased the rate paid to freestanding chronic disease hospitals that receive more than 50 percent of patient-service revenue from the Medicaid program. The increase would have been equal to, or greater than, the most recent rehabilitation, psychiatric, long-term care market basket update percentage.

Effective Date: Not Enacted

Licensing, Certification Standards, and Scope of Practice

Bill Number, Public or Special Act Number: SB 370
Title: An Act Concerning Services Provided By Genetic Counselors
Summary:

- This bill would have required DPH to establish licensure and supervision requirements for genetic counselors.

- Click here to view CHA’s testimony on this bill.

Effective Date: Not Enacted
Malpractice

Bill Number, Public or Special Act Number: **SB 243**
Title: *An Act Concerning Certificates Of Merit*

Summary:

- The bill would have drastically altered the certificate of good faith process for pre-suit expert evaluation of medical liability claims. Specifically, the bill would have:
  - Eliminated the requirement for a detailed pre-suit opinion letter.
  - Allowed any medical expert to provide a pre-suit opinion, regardless of whether such expert was a similar healthcare provider.
  - Made dismissal for failure to provide a good faith certificate discretionary and curable.

- Click [here](#) to view CHA’s testimony on this bill.

Effective Date: Not Enacted

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Medicaid

Bill Number, Public or Special Act Number: **SB 236**
Title: *An Act Concerning Reimbursement Of Emergency Room Physicians For Treatment Of Medicaid Recipients*

Summary:

- This bill would have required DSS to set and pay a separate rate for emergency room physicians who provide professional services to Medicaid beneficiaries in the emergency room.

Effective Date: Not Enacted

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Bill Number, Public or Special Act Number: **HB 5434**
Title: *An Act Concerning The Professional Standard Of Care For Emergency Medical Care Providers*

Summary:

- This bill would have increased the burden of proof to “clear and convincing” evidence of a deviation from the standard of care in most medical malpractice actions involving care and treatment provided in a hospital emergency department.

- A version of this bill also would have raised the threshold for liability to “reckless disregard” for healthcare providers who rendered emergency care in hospitals, and for those who rendered emergency care as Good Samaritans.

- Click [here](#) to view CHA’s testimony on this bill.

Effective Date: Not Enacted

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Pharmacy

Bill Number, Public or Special Act Number: **SB 92**
Title: *An Act Concerning The Disposal And Collection Of Unused Medication*

Summary:

- This bill would have prohibited healthcare institutions from discharging, disposing of, flushing, pouring, or emptying unused medication into a wastewater collection or septic system. Hospitals were exempted from the provisions of the bill.
• Also, the bill would have required the DCP, in consultation with various other agencies, to establish a program for collecting unwanted pharmaceuticals.

• Click here to view CHA’s testimony on this bill.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: SB 436
Title: An Act Concerning Prescription Drug Monitoring
Summary:

• This bill would have required all practitioners who distribute, administer, or dispense controlled substances to register for access to the DCP’s electronic prescription drug monitoring program, in a manner determined by the DCP.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5056
Title: An Act Concerning The Electronic Prescription Drug Monitoring Program
Summary:

• This bill would have expanded the electronic prescription drug monitoring program to include out-of-state pharmacies that ship, mail, or deliver prescription drugs into the state and other drug dispensers, including anyone permitted to dispense a controlled substance.

• Also, the bill would have allowed DCP to identify additional products (e.g., herbal products) to be included in the program.

Effective Date: Not Enacted

Public Health

Bill Number, Public or Special Act Number: HB 5129
Title: An Act Concerning The Regulation Of Ionizing Radiation And Stream Channel Encroachment Lines By The Department Of Energy And Environmental Protection
Summary:

• This bill would have made changes in the radiation and radioactive materials law, including those used in hospitals, by expanding the list of prohibited acts, and providing the Department of Energy and Environmental Protection (DEEP) with expanded authority over licensees.

• The bill also would have repealed DEEP’s authority to establish stream channel encroachment lines, which are rules affecting certain inland waterways.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5506
Title: An Act Concerning Good Samaritan Protections
Summary:

• This bill would have provided Good Samaritan protection to various individuals who establish, or provide assistance at, temporary emergency shelters after the Governor has declared a civil preparedness emergency.

Effective Date: Not Enacted
**State Government**

**Bill Number, Public or Special Act Number:** SB 36  
**Title:** An Act Concerning Revisions To The State Codes Of Ethics  
**Summary:**

- This bill proposed to make several changes to the State Codes of Ethics for Public Officials and Lobbyists, including an expanded exemption for participation by a public official or a state employee at an event that furthers a state or quasi-public agency function. This new language would have removed concern about DPH staff attending training at CHA and member facilities.

Click [here](#) to view CHA’s testimony on this bill.

**Effective Date:** Not Enacted

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**Bill Number, Public or Special Act Number:** SB 315  
**Title:** An Act Prohibiting The Unnecessary Collection Of Social Security Numbers  
**Summary:**

- This bill would have prohibited certain businesses in Connecticut from requesting or collecting Social Security Numbers. Healthcare entities would have been exempt.

- Violators would have been subject to a fine of up to $500 for a first offense, and up to $1,000 for each subsequent offense.

- Click [here](#) to view CHA’s testimony on this bill.

**Effective Date:** Not Enacted

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**Bill Number, Public or Special Act Number:** SB 63  
**Title:** An Act Concerning The Timing Of Tests For Blood Alcohol Levels In Operating Under The Influence Cases  
**Summary:**

- This bill would have allowed blood alcohol tests taken after the two-hour statutory deadline to be admissible as evidence if supported by expert testimony.

**Effective Date:** Not Enacted

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**Workforce**

**Bill Number, Public or Special Act Number:** SB 275  
**Title:** An Act Concerning Workplace Violence Prevention And Reporting  
**Summary:**

- This bill would have established a clear threshold for when a hospital-based incident of workplace violence must be reported to police. The threshold for mandatory police notification would have included: death, loss of consciousness, choking of a person such that air or blood is cut off, or any injury that requires medical attention (beyond first aid), as well as any verbal threat of inflicting any of those injuries or harm when a healthcare employer reasonably believes the threat is real, immediate, and that the aggressor is capable of carrying out the threat.

- Click [here](#) to view CHA’s testimony on this bill.

**Effective Date:** Not Enacted
2012 Legislative Summary

Bill Number, Public or Special Act Number: SB 405
Title: An Act Concerning Targeted Health Areas
Summary:

- This bill would have opened the Small Business Express Program to licensed physicians and physician offices in up to 10 state-designated Targeted Health Areas (THAs). The Small Business Express Program provides funding to qualifying individuals.

- Targeted Health Areas would have been municipalities selected by the Commission of Economic and Community Development, in consultation with DPH and DSS, and a representative of the Connecticut State Medical Society.

- To be qualified as a THA, a municipality would have to have a medically underserved population or a population with a high rate of chronic disease.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5235
Title: An Act Concerning An Employee's Right To Inspect, Copy Or Dispute The Contents Of His Or Her Personnel File
Summary:

- This bill would have made several changes to how an employer must maintain and make accessible to an employee his or her personnel file. The bill would have:
  
  - Specified how quickly an employer must provide access to a personnel file;
  
  - Required employers to provide employees with copies of documentation of any disciplinary action or termination; and
  
  - Required employers to notify employees that they can include a written statement in their personnel file disagreeing with the employer's discipline, evaluation, or termination of the employee.

Effective Date: Not Enacted

Bill Number, Public or Special Act Number: HB 5247
Title: An Act Concerning The Penalty For Assault Of Public Safety, Emergency Medical, Public Transit Or Health Care Personnel
Summary:

- This bill would have imposed a mandatory minimum two-year prison term for assaulting emergency room physicians or nurses, employees of an emergency medical service organization, or other healthcare employees.

Effective Date: Not Enacted