

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



2005 LEGISLATIVE SUMMARY

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2005 Legislative Summary
Department of Public Health

Sources of Information

The following summaries have been compiled from the Office of Legislative Research bill analyses and tailored specifically for the Department of Public Health. Only Public Acts affecting, or of interest to the Department were included in this issue.

For Further Information

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Availability on the U:/Drive

The 2005 Legislative Summary is available on the LAN at the following site:
<u:/legalert/2005legis/summary/summary.doc>

Availability on the Internet

The 2005 Public Acts and reports are available through the Connecticut General Assembly's web site:
<http://www.cga.state.ct.us/>

Acknowledgments

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DEPARTMENT OF PUBLIC HEALTH

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**THE EXPENDITURES OF THE
DEPARTMENT OF SOCIAL
SERVICES**

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**CREATING THE OFFICE OF
STATE ETHICS AND THE
CITIZEN'S ETHICS ADVISORY
BOARD**

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**GOVERNMENT
ADMINISTRATION**

*

**AUTHORIZING BONDS OF THE
STATE FOR CAPITAL
IMPROVEMENTS AND OTHER
PURPOSES**

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**THE BUDGET FOR THE
BIENNIUM ENDING JUNE 30,
2007, AND CERTAIN TAXES AND
OTHER PROVISIONS RELATING
TO REVENUE**

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**THE IMPLEMENTATION OF
VARIOUS BUDGETARY
PROVISIONS**

DEPARTMENT OF PUBLIC HEALTH
ADOPTED BUDGET 2005-2006
PUBLIC ACT 05-251, HOUSE BILL 6940
PUBLIC ACT 05-280, HOUSE BILL 7000
AS OF JULY 8, 2005

	2005-06	2005-06		
	Governor's	Approp.	2005-06	
SID	Recommended	Committee	Adopted	Notes
10010 Personal Services	\$ 27,139,380	\$ 27,218,880	\$ 27,218,880	+13 pos. from DOIT; +1 pos. for DOC contract; +1.5 pos. for athl. trainers, etc.
10020 Other Expenses	\$ 5,099,677	\$ 5,202,177	\$ 5,202,177	-\$202,798 in postage; +\$2,500 athl. trainers; +\$100,000 (1 yr.) drug reimportation
10050 Equipment	\$ 1,000	\$ 4,000	\$ 4,000	+\$3,000 for athl. trainers
12100 Needle and Syringe Exchange	\$ 459,587	\$ 481,306	\$ 476,678	4% COLA for 9 mos.; restore Governor's recommended reduction
12112 Community Svs. Supp.-Persons with AIDS	\$ 187,400	\$ 195,280	\$ 193,402	4% COLA for 9 mos.; restore Governor's recommended reduction
12126 Children's Health Initiative	\$ 1,008,684	\$ 1,047,608	\$ 1,038,870	4% COLA for 9 mos.; continue Easy Breathing at \$500,000***;+\$75,000 pilot asthma program with CT Coalition for Env. Justice ***
12227 Childhood Lead Poisoning	\$ 228,554	\$ 240,729	\$ 238,414	4% COLA for 9 mos.; restore Governor's recommended reduction
12236 AIDS Services	\$ 4,305,098	\$ 4,597,121	\$ 4,555,365	4% COLA for 9 mos.; +\$510,326 med. Adherence; +\$125,000 treatment van in Waterbury
12255 Breast & Cerv. Cancer Detection & Treatment	\$ 1,603,376	\$ 1,667,512	\$ 1,651,478	4% COLA for 9 mos.
12259 Svs. for Children affected by AIDS	\$ 247,435	\$ 259,154	\$ 256,662	4% COLA for 9 mos.; restore Governor's recommended reduction
12264 Children with Spec. Hlth. Care Needs	\$ 1,282,620	\$ 1,345,644	\$ 1,332,705	4% COLA for 9 mos.; restore Governor's recommended reduction
12268 Medicaid Administration	\$ 3,459,154	\$ 3,459,654	\$ 3,459,529	Turnover; 4% COLA for 9 mos. (\$375)
16060 Community Health Services	\$ 5,114,633	\$ 6,088,296	\$ 6,030,716	+\$172,740 COLA; +100,000 for Community Health & Wellness Ctr. of Greater Torrington; restore Governor's recommended reduction
16085 Emergency Medical Services Training	\$ 82,197	\$ 85,485	\$ 84,663	4% COLA for 9 mos.
16089 Emergency Medical Services Regional Offices	\$ 475,584	\$ 494,608	\$ 489,852	4% COLA for 9 mos.
16103 Rape Crisis	\$ 402,429	\$ 418,527	\$ 414,503	4% COLA for 9 mos.
16112 X-Ray Screening and Tuberculosis Care	\$ 689,661	\$ 699,303	\$ 697,090	4% COLA for 9 mos.; restore Governor's recommended reduction

16121 Genetic Diseases Program	\$ 483,647	\$ 511,126	\$ 506,211	4% COLA for 9 mos.; restore Governor's recommended reduction
16133 Loan Repayment Program	\$ 122,620	\$ 122,620	\$ 122,620	
16136 Immunization Services	\$ 7,100,000	\$ 7,100,000	\$ 7,100,000	
17009 Local and District Departments of Health	\$ 4,195,374	\$ 4,397,970	\$ 4,195,374	
17013 Venereal Disease Control	\$ 203,885	\$ 212,657	\$ 210,612	4% COLA; restore Governor's recommended reduction
17019 School-based Health Clinics **	\$ 5,946,587	\$ 6,721,760	\$ 6,519,099	+\$65,000 6-month funding for Rippowam (Stamford--\$27,500) and Friendship School (Waterford--\$37,500) (these amounts double in '07); +\$298,386 to restore funding level; +\$75,000 annualize Norwich, Kelly Midd., Tchrs Midd.; 4% COLA for 9 months (\$187,984); restore Governor's recommended reduction;
Total	\$ 69,838,582	\$ 72,571,417	\$ 71,998,900	
Stem Cell Research			\$ 20,000,000	From '05 surplus. Can only spend \$10 million each year. Will be in a non-lapsing account.
** SID 17019 includes a one-time transfer in '05 of \$75,000 from DSS. This amount is continued in '06.				
*** From Tobacco Settlement Fund				
7/8/05				

HB 7000 (Public Act 05-280)

AN ACT CONCERNING THE EXPENDITURES OF THE DEPARTMENT OF SOCIAL SERVICES

Effective Date: July 1, 2005 or Upon Passage

Action Required:

Sec. 57

Establishes a Board of Directors on the operations of the critical access hospital. Develop Bylaws for the Board; establish meeting times/location(s); Commissioner to be Chairman of Board; Commissioner to appoint 2 Board members one from a hospital less than 500 beds and another from a hospital with more than 500 beds. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54 of the general statutes, to implement critical access hospital policies and procedures for isolation care and emergency services.

Section 68

Requires the department to convene a working group to study a program to allow the purchase of prescriptions drugs through pharmacies located in Canada or other countries. The Commissioner must report to the General Assembly not later than January 1, 2006.

Administration

Public Act 05-183

SB 1

AN ACT CREATING THE OFFICE OF STATE ETHICS AND THE CITIZEN'S ETHICS ADVISORY BOARD

Effective Date: July 1, 2005, except for the provisions on the interim executive director and staff transfers, which are effective upon passage.

Summary:

This act abolishes the nine-member State Ethics Commission (SEC) and establishes the Office of State Ethics (OSE) and a nine-member Citizen's Ethics Advisory Board as its successor. The board is located within the office, which is an independent state agency. The act requires the governor, Senate president, and House speaker to jointly appoint an interim executive director to oversee the transfer of duties and responsibilities. It also requires the administrative services commissioner to transfer current SEC staff to other state agencies.

Once established, the OSE, like the SEC, will administer and enforce the Code of Ethics for Public Officials and the Code of Ethics for Lobbyists. Unlike prior law, the act clearly delineates the responsibilities of the board and OSE staff. OSE staff must primarily perform the day-to-day administrative functions that, in practice, were performed by SEC staff, and the board must perform the functions of the former nine-member commission. The OSE must follow similar procedures as the SEC. However under the act, a judge trial referee, rather than the new office, holds probable cause hearings and determines if probable cause exists to believe that an ethics violation was committed. Another significant difference from current law is that the act requires the board to delay the effect of any decision for up to seven days upon the request of any aggrieved party.

The act requires the chief court administrator to designate and make available to the OSE 10 judge trial referees to hold probable cause hearings, make probable cause determinations, and preside over violation hearings.

Background:

Related Act

PA 05-3, June Special Session, permits a member of the SEC on June 30, 2005 to serve on the Citizen's Ethics Advisory Board from July 1, 2005 to September 30, 2005. After July 1, 2005, all board members, including vacancies, must be appointed consistent with the provisions in PA 05-183. Any SEC member who elects to serve on the board during the three-month period is considered to fill a vacancy and after the term expires he is eligible for appointment to one full four-year term.

If the advisory board does not have enough members from July 1, 2005 to September 1, 2005 to constitute a quorum, the governor can appoint members that the Senate president and House speaker approve. Like the SEC members who elect to serve on the board, the gubernatorial appointees are considered to fill vacancies and after their terms expire they are eligible for appointment to one full four-year term.

The bill requires all board members to be in place and serving their initial terms, which begin on October 1, 2005, before they hire the executive director.

Public Act 05-287

SB 96

AN ACT CONCERNING GOVERNMENT ADMINISTRATION

Effective Date: Upon passage, except for (1) the ban on unethical bidding and contracting procedures, most changes to the codes of ethics, CORE-CT reporting, and changes in the location of the victim and child advocates and the Board of Accountancy for administrative purposes, which are effective on July 1, 2005; (2) the reduction in required training hours for affirmative action officers, which is effective on October 1, 2005; and (3) the expanded recording requirement for planning and zoning commission meetings, which is effective on January 1, 2006.

Summary:

This act makes changes to laws affecting state contracts. It:

1. subjects certain large contractors to state ethics laws and civil or criminal penalties for violating them,
2. requires state agencies to obtain from certain contractors an affidavit identifying consultants who work with them on that contract,
3. authorizes certain contract extensions,
4. modifies the process for awarding state contracts,
5. requires a study on certified professional estimators, and
6. requires that additional contracts go through the competitive bidding process.

The act also makes several changes to state ethics laws. It:

1. tightens gift restrictions and reporting requirements;
2. expands ethics reporting requirements;
3. prohibits former public officials and state employees who are convicted of crimes related to employment from working as lobbyists;
4. requires the appointment of agency ethics compliance officers and liaisons;
5. expands the State Ethics Commission's (SEC's) jurisdiction to include out-of-state residents and contractors;
6. eliminates the SEC's ability to employ an executive director, a general counsel, and additional staff to administer and enforce the codes of ethics;
7. expands the attorney general's authority to bring civil actions against ethics violators; and
8. protects whistleblowers from civil liability for good faith disclosures made to the SEC about alleged ethics violations.

The act makes several changes to state whistleblower laws. Among other things, it (1) specifies the scope of the attorney general's investigation of state agency whistleblower complaints, (2) expands the whistleblower statutes' applicability, (3) subjects large state contracts for public buildings or public works to the whistleblower provisions, and (4) bars civil liability for good faith disclosures made to the attorney general or auditors of public accounts.

The act changes public access to records and meetings. It (1) exempts from disclosure certain e-mail addresses and (2) expands recording requirements for planning and zoning commissions.

It establishes a Disabled and Disadvantaged Employment Security Policy Group to study and recommend policies to benefit disabled and disadvantaged workers and the state contractors who employ them.

The act expands the people who may participate in the Department of Public Work's (DPW's) process to fulfill their need for additional space. It also changes notification requirements for the transfer of state-owned property.

It decreases, from 10 to five, the hours of training that the Commission on Human Rights and Opportunities (CHRO) and the Permanent Commission on the Status of Women must provide to (1) affirmative action officers and (2) people who represent state agencies, departments, boards, or commissions in front of CHRO or the Equal Employment Opportunity Commission. The reduction does not apply to the officer's or representative's first year in that position.

Background:

State Projects

By law, "project" means any state program requiring consultant services if (1) the cost of those services is estimated to exceed \$50,000 or, in the case a state higher education system program, \$300,000, and (2) the construction costs are estimated to exceed \$500,000 or, in the case of a state higher education system program, \$2 million.

E-mail Address Disclosure

The Office of the Public Records Administrator and State Archives said in General Letter 98-1 that only permanent or permanent archival e-mail messages are public records subject to disclosure under FOI. DOT's web site has a feature that allows visitors to sign-up for transportation updates via e-mail.

Related Acts

PA 05-183 abolishes the SEC and replaces it with a new Office of State Ethics (OSE). It transfers the SEC's powers and authority to the OSE.

PA 05-286, vetoed by the Governor, also establishes grounds for contractor disqualification, including violation of the state ethics code.

Action Required:

The Administration Branch will implement changes in contract process.

Special Act 05-1

SB 2003

AN ACT AUTHORIZING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS AND OTHER PURPOSES

Effective Date: July 1, 2006

Summary:

The act increases net General Obligation bond authorizations by \$ 351. 4 million in FY 06 and \$ 423. 6 Million in FY 07. It also changes the language of various prior authorizations.

For the Department of Public Health: Grants-in-aid to community health centers, primary care organizations and municipalities for the purchase of equipment, renovations, improvements and expansion of facilities, including acquisition of land or buildings, not exceeding \$ 8,000,000, provided \$ 1,000,000 shall be used for school-based health clinics.

Public Act 05-3

SB 7502

THE IMPLEMENTATION OF VARIOUS BUDGETARY PROVISIONS

Effective Date: *Upon Passage: Sec. 1, Sec. 34, Sec. 84, July 1, 2005: Sec. 81*

Summary:

Sec. 1: FEDERAL BLOCK GRANT APPROVAL PROCESS

The bill eliminates a requirement that the Appropriations Committee and the committee of cognizance hold a public hearing on the governor's recommended allocations for federal block grants. Under current law, the hearing must be held within 15 days after the committees' receive the recommendations from the House speaker and Senate president pro tempore. The bill retains the current requirement for the committees to submit their approval or changes within 30 days of receiving the governor's recommendations.

Sec. 34: HEALTH EFFECTS OF THE EXPOSURE TO HAZARDOUS MATERIAL TASK FORCE

The act establishes a task force to study, within available appropriations, the health effects of the exposure to hazardous material, including depleted uranium, as it relates to military service. The task force must, within available appropriations, (1) commission a study to consider the health of service members who may have been exposed to hazardous materials since August 2, 1990 and conduct a scientific conference on those health effects; (2) initiate a health registry for veterans and military personnel returning from Afghanistan, Iraq, or other countries in which depleted uranium or other hazardous material may be found; (3) develop a plan for outreach to, and follow-up, of military personnel; (4) prepare a report for service members about potential exposure to depleted uranium and other toxic substances and precautions recommended in combat and noncombat conditions while in a combat zone; and (5) make any other recommendations. The task force must report by January 31, 2006 to the Veterans' Affairs Committee. It dissolves after it files this report.

The task force must commission the study with the approval of the Senate president pro tempore and the House speaker. The person retained to conduct the study must disclose to these officials any research he has conducted (1) on matters related to depleted uranium or (2) that was funded by an entity engaged in manufacturing processes that use depleted uranium.

The task force consists of:

1. the veterans' affairs commissioner or a designee;
2. the public health commissioner or a designee;
3. six legislators, one each appointed by the Senate president pro tem, House speaker and the House and Senate majority and minority leaders;
4. two veterans who have experience or knowledge of hazardous material, one each appointed by the Senate president pro tem and the House speaker; and
5. four doctors or scientists who know about, or have experience in, the detection or health effects of exposure to depleted uranium or other hazardous material, appointed one each by the House and Senate majority and minority leaders.

Appointments must be made within 30 days after the act takes effect. Appointing authorities are responsible for filling vacancies. The Senate president pro tem and House speaker must select one senator and one representative to be chairpersons. The chairpersons must schedule the first meeting no later than 60 days after the act takes effect. The administrative staff of the Veterans' Affairs Committee serve as administrative staff of the task force.

The task force must submit a report on its findings and recommendations to the Veteran's Affairs Committee by January 31, 2006. The task force terminates when the task force submits its report or on January 31, 2006, whichever is earlier.

Sec. 81: PRESCRIPTION DRUG PURCHASING PROGRAM STUDY

The act amends § 68 of HB 7000 by adding the commissioners of consumer protection and social services, or their designees, to the working group that must study whether the state should contract for development of a prescription drug purchasing program or enter into an existing program, that allows Connecticut residents to purchase drugs through pharmacies in Canada or other countries. The working group's membership includes the public health commissioner, the Public Health Committee chairpersons or their designees, the Attorney General or his designee, an OPM representative, and any other person the health commissioner and Public Health Committee chairpersons deem necessary.

Sec. 84: GEOSPATIAL INFORMATION SYSTEMS (GIS) COUNCIL

Purpose

The act establishes a 21-member council to coordinate, within available appropriations, a GIS capacity for the state, regional planning agencies, municipalities and others as needed. In doing so, the council must consult with these parties. The capacity must guide and assist state and local officials involved in transportation; economic development; land use planning; environmental, cultural, and natural resource management; delivering public services; and other areas as necessary.

In coordinating the GIS capacity, the council specify how the GIS must created, maintain, and disseminate geographic information or imagery that (1) precisely identifies certain locations or areas or (2) creates maps or information profiles in graphic or electronic form about them. The council must also promote a forum where GIS information can be centralized and distributed. The council may apply for or accept and spend federal funds on the state's behalf through OPM.

Composition

As the table shows, the council consists mostly of state officials and specific GIS users appointed by legislative leaders. The council can add more members, as it deems necessary. The appointing authority

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must fill any vacancies. The members are not paid for their services but are reimbursed for necessary expenses they incur while working on the council.

Geospatial Information System Council Membership

<i>Appointee</i>	<i>Appointing Authority</i>
OPM Secretary	Statutory
Environmental Protection Commissioner	Statutory
Economic and Community Development Commissioner	Statutory
Transportation Commissioner	Statutory
Public Safety Commissioner	Statutory
Public Health Commissioner	Statutory
Public Works Commissioner	Statutory
Agriculture Commissioner	Statutory
Emergency Management and Homeland Security Commissioner	Statutory
Social Services Commissioner	Statutory
Department of Information Technology Chief Information Officer	Statutory
Connecticut State University System Chancellor	Statutory
University of Connecticut President	Statutory
Connecticut Siting Council Executive Director	Statutory
Public Utility Control Authority Chairman	Statutory
Military Department Adjacent General	Statutory
GIS User representing town with over 60,000 people	Senate President Pro Tempore
GIS User representing a regional planning agency	Senate Minority Leader
GIS User representing a town with between 30,000 and 60,000 people	Governor
GIS User representing a town with fewer than 30,000 people	House Speaker
GIS User	House Minority Leader

The act requires the governor to select the council's chairman from among its members. The chairman must administer the council's affairs.

Meetings

The council must meet at least once a month and may hold additional meetings as its rules require. The chairman or any three members can call special meetings if they notify the other members in writing at least 48 hours before the meeting.

Technical Assistance Program

The council must, within available appropriations, provide technical assistance to towns and regional planning agencies for developing GISs. It must recommend how the GIS it developed can be improved.

Report

Beginning January 1, 2006, the council must report annually on its activities to the Planning and Development Committee.

Action Required:

The Commissioner is required to appoint a designee to the Exposure to Hazardous Material Task Force, the Drug Purchase program study and the Geospatial Information Systems Council Exposure to Hazardous Waste Material Task force

ANALYSIS OF AGENCY PROPOSALS

DEPARTMENT OF PUBLIC HEALTH

2005 Legislative Summary

**PUBLIC HEALTH
PREPAREDNESS**

**REVISIONS TO THE
DEPARTMENT OF PUBLIC
HEALTH STATUTES**

**PHYSICIAN PROFILES AND
CONTINUING MEDICAL
EDUCATION**

**STRIKE CONTINGENCY PLANS
FOR HEALTH CARE
INSTITUTIONS**

**ACCESS TO ORAL HEALTH
CARE**

**THE EMERGENCY MEDICAL
SERVICES AND THE
CERTIFICATE OF NEED
PROCESS**

Analysis of Agency Proposals

Public Act 05- 259

SB 1208

AN ACT CONCERNING PUBLIC HEALTH PREPAREDNESS

Effective Date: Upon passage

Summary:

This act places emergency medical technicians and paramedics who are part of the (1) Connecticut Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of the Department of Public Health (DPH) or (2) Connecticut Urban Search and Rescue Team, under the Department of Public Safety, under the active surveillance, medical control, and direction of the chief medical officer of such team or corps while involved in officially authorized civil preparedness duty or training. The act specifies that licensed or certified emergency medical service (EMS) personnel are part of the statutory definition of “civil preparedness forces.”

By law, a physician assistant (PA) must work under the supervision of a licensed physician registered with the DPH as a supervising physician. This act allows a PA to work under the supervision of an unregistered physician if the PA (1) is part of the Connecticut Disaster Medical Assistance Team, Medical Reserve Corps, or Connecticut Urban Search and Rescue Team and (2) engaged in officially authorized civil preparedness duty or training conducted by such teams or corps.

The act requires the state to provide immunity from liability, under certain circumstances, to certain hospitals and their staff who oversee the training, distribution, and quality assurance of nerve antidote kits. It also provides immunity from liability, in certain situations, to any person voluntarily operating an automatic external defibrillator.

Finally, the act specifies that the scope of practice of certified or licensed emergency medical technician (EMT)-basic, EMT-intermediate, and EMT-paramedic can include treatment modalities not specified in state regulations if they are (1) approved by the Office of Emergency Medical Services (OEMS) Medical Advisory Committee and DPH commissioner and (2) administered at the medical control and direction of a sponsor hospital.

Action Required:

Approval of treatment modalities not specified in state regulations.

Public Act 05-272

HB 6713

**AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC
HEALTH STATUTES**

Effective Dates:

Upon Passage

Sections: 6, 13, 17, 19, 20, 21, 29, 31, 33&34, 36, 37-38, 39, 40, 41, 42, 43

July 1, 2005

Sections 16, 45

October 1, 2005

Sections 1, 2, 3, 4, 5, 7, 9, 10-12, 14, 18, 22-28, 30, 32, 35

Section 15

Takes effect on the later of October 1, 2000 or the date the DPH commissioner publishes notice in the Connecticut Law Journal that the licensing of athletic trainers and physical therapist assistants is being implemented.

Summary:

This act makes a number of substantive and technical changes related to various health care practitioners, institutions, and activities regulated by the Department of Public Health (DPH), Department of Social Services (DSS), and the Department of Consumer Protection (DCP).

Sec. 1

Changes the procedure for amending a birth certificate in the case of a gestational agreement. The act changes the procedure for amending a birth certificate in the case of a gestational agreement by specifying that the hospital must record the name of the birth mother on the birth record regardless of whether a court order has been issued. By law, it is DPH's responsibility to follow up on the court order and subsequently make a replacement birth record to reflect the names of the intended parents.

Sec. 2

Expands reporting requirements regarding the prevalence of asthma among students. The law requires each local or regional school board to report to the local health department and DPH the number of pupils per school and per district with an asthma diagnosis as recorded on the required student health assessment forms. By law, students must undergo health assessments when they enroll, in either grade six or seven, and in either grade 10 or 11. This act requires reporting of an asthma diagnosis, whether or not it is recorded on the health assessment form, at the intervals listed above.

Sec.3

Directs the DSS commissioner to disclose to any authorized representative of the DPH commissioner information to carry out his responsibilities under programs regulating child day care services or youth camps.

Sec. 4

Changes one of the requirements for reciprocity for emergency medical technicians from other states. The law allows DPH to issue an emergency medical technician (EMT) certificate to an applicant presenting satisfactory evidence of (1) current certification in good standing in any New England state, New York, or New Jersey; (2) completion of an initial training program consistent with the U. S. Department of Transportation, National Highway Traffic Safety Administration paramedic curriculum; and (3) no pending disciplinary action or unresolved complaint.

The act amends the second criterion by referencing the “emergency medical technician” curriculum instead of the “paramedic curriculum.”

Sec. 5

Addresses protection and access to medical records in the possession of health care institutions when they cease operations. The act requires each licensed health care institution ceasing operations to give DPH, at the time it turns over its license to the department, a certified document specifying where patient records will be stored and how patients, former patients, and authorized representatives can access them.

Sec.6

Removes incorrect language concerning “no charge” for certain health care institution licenses because another statute (CGS § 19a-491(a)) lists a fee schedule.

Sec. 7

Allows medical school graduates in internships, residencies, and clinical clerkships to participate in hospital-based programs. Existing law on permits issued to medical school graduates allows them to participate in graduate medical education as interns, residents, or medical officer candidates in a hospital. The law governing clinical clerkships also allows medical students to participate in training in a hospital. The act allows them to participate in graduate medical education as interns, residents, or medical officer candidates or in clinical clerkships outside of the hospital in “hospital-based” programs.

Sec. 9

Specifies conditions under which veterinarians can practice under temporary permits. The act allows DPH to issue a 120-day temporary permit to a veterinarian license applicant seeking licensure without examination who holds a license in good standing from another state or jurisdiction. The applicant must complete an application form, pay a \$450 fee, provide a copy of his license from another state or jurisdiction of the United States, and present a notarized affidavit attesting to its validity. The temporary permit is not renewable. DPH cannot issue a temporary permit to an applicant facing professional disciplinary action or who is the subject of an unresolved complaint.

Sec 10-12, 31

Deletes an obsolete reference to passage of an equivalency examination contained in the licensing statutes for barbers, and hairdressers and cosmeticians, and requires licensure of a foreign barber for a limited time under certain circumstances (§§ 10-12, effective October 1, 2005; § 31, effective upon passage);

The act requires DPH to license, within 30 days of this provision’s effective date, a barber who (1) was employed under the direction of a professional barber in Portugal for at least five years, (2) served for at least three years in the Portuguese armed forces before January 1978 and before his barber employment, and (3) completed a minimum 600 hour course in an approved school.

Sec. 13

Directs a town registrar of vital statistics to issue a permit for disinterment to a licensed funeral director or embalmer upon an order of a probate judge.

Sec. 14, 15, 18, 22-28

The act redefines the practice of speech pathology to mean speech and “language” pathology, which also includes the application of principles, methods and procedures related to feeding and swallowing or other upper aerodigestive functions.

One of the requirements for licensure as a speech pathologist or audiologist is a minimum of 36 weeks and 1,080 hours of full-time or a minimum of 48 weeks and 1,440 hours of part-time professional employment in speech pathology or audiology under the supervision of a licensed or certified speech pathologist or audiologist. This act waives the supervised employment requirements for those meeting the January 1, 2007 Standards for the Certificate of Clinical Competence in Audiology of the American Speech-Language Hearing Association, or its successor.

Sec. 16

Requires an amendment to the protocol on collecting evidence in sexual assault investigations.

By law, the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations must recommend to the chief state’s attorney to adopt as regulations a protocol known as the “Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault.” The act requires the protocol to include nonoccupational post-exposure prophylaxis for human immunodeficiency virus as recommended by the federal Centers for Disease Control.

Sec. 17

Requires DPH to amend the rate schedule of ambulance services under certain conditions. By law, DPH sets the maximum allowable rates for ambulance services. Requests for rate increases can be made no more than once a year. The act requires DPH to immediately amend the ambulance services’ rate schedule when its maximum allowable rates fall below its Medicare allowable rates so that the ambulance service rates are at or above the Medicare allowable rates.

Sec. 19

Requires that protocols between nurse midwives and OB/GYNs be written and made available upon request to, rather than filed with, DPH.

Sec. 20

Allows a dental office to be operated by certain professional service corporations in the event of a dentist’s death or incompetency and subjects those providing dental services in a location in violation of the law to disciplinary action.

By law, a dental office can only be operated by a licensed dentist or a professional service corporation organized to render professional dental services. The act subjects any other licensed practitioner providing dental services in a dental office or other location in violation of the law to disciplinary action by the Dental Commission. Discipline can include license suspension or revocation, probation, or a civil penalty.

The act allows a professional service corporation whose capital stock is held by or under control of a personal representative or the estate of a deceased or incompetent dentist to operate a dental office or other location for providing dental services for up to 18 months from the date of the dentist’s death or date the dentist is lawfully determined incompetent, as applicable.

Sec. 21

Sets conditions under which out-of-state massage therapists may provide services in this state during Special Olympics or other similar competitions for people with disabilities.

The act allows certain out-of-state massage therapists to provide uncompensated massage therapy during the Special Olympics or similar competitions for people with disabilities if the massage therapist (1) does not represent himself as Connecticut-licensed, (2) provides therapy under the supervision of a Connecticut-licensed massage therapist, and (3) provides therapy only to those participating in the competition. It applies to out-of-state massage therapists who are (1) licensed or certified in another state with standards substantially equivalent to Connecticut's or (2) if a license or certificate is not required in the other state, members in good standing of the American Massage Therapy Association.

Sec. 29

The act requires the DCP commissioner to convene a working group responsible for submitting recommendations to the governor and the Public Health Committee on the development and implementation of a program to authenticate the pedigree of prescription drugs distributed in Connecticut. The group consists of the commissioners of consumer protection and emergency management and homeland security or their designees; a member of the pharmacy commission; the chairs of the Public Health Committee or their designees; and representatives of retail drug establishments, independent pharmacies, and pharmaceutical manufacturers.

Under the act, "authenticate" means to affirmatively verify, before any distribution of a prescription drug occurs, that each transaction listed on the pedigree has occurred. "Pedigree" means a document or electronic file containing information that records each distribution of any given prescription drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesale distributor or repackager, to final sale to a pharmacy or other person dispensing or administering the drug. A "prescription drug" is any drug, including any biological product, except for blood and blood components intended for transfusion or biological products that are also medical devices required by federal law or regulations to be dispensed only by a prescription. It includes dosage forms and bulk drug substances subject to the federal Food, Drug and Cosmetic Act.

Sec.30

The act requires the best practices subcommittee of DPH's Quality of Care Advisory Committee to review and make recommendations, by January 1, 2006, concerning best practices for when breast cancer screening should be done by using comprehensive ultrasound screening or mammogram examinations.

Sec. 32

Adds continuing education courses offered or approved by the Association for Long Term Care Financial Managers to those accepted for required continuing education for nursing home administrators.

Sec. 33& 34

Exempts facilities accepting bodies for anatomical donation from the laws on funeral directing.

Sec. 35

Amends PA 05-144 on emergency use of cartridge injectors. The act exempts private providers from the requirement imposed by PA 05-144 that the owner or operator of a before- or after-school program select and supervise an identified staff member trained to administer medication with a cartridge injector to a child in attendance who has a medically diagnosed allergic condition that may require prompt treatment in order to protect him against serious harm or death. The act limits this requirement to programs administered in school buildings or grounds by local or regional boards of education and municipal agencies. The act also specifies that the programs be administered, rather than offered, by a school board or municipality.

Prior law required the staff member to be trained in cartridge injector use by a physician, physician assistant, advanced practice registered nurse, or registered nurse and to complete a first aid course. This act instead requires either the training or the first aid course.

Sec. 36

It amends the stem cell research act (PA 05-149) to add a penalty for research conducted in violation of the act's requirements. The act amends the Stem Cell Research act (PA 05-149) to impose a fine of up to \$50,000, imprisonment up to five years, or both, on any person conducting embryonic stem cell research after gastrulation occurs. "Gastrulation" is the process whereby the hollow ball of cells representing the early embryo undergoes a complex and coordinated series of movements resulting in formation of the three primary germ layers.

Sec. 37-38

Amends PA 05-187 to require nursing home plans for employee fire safety training to be submitted to the Labor Department and comply with the Occupational Safety and Health Administration (OSHA) standards.

The act amends PA 05-187 to require each nursing home to submit a plan for employee fire safety training and education to the Labor Department as well as to the departments of public health and public safety. Under the act, the plan must minimally comply with standards adopted by the federal OSHA.

Sec. 39

The act establishes an ad hoc committee to help the DPH commissioner examine and evaluate the feasibility of a nurse intervention program as an alternative, voluntary, and private mechanism for the rehabilitation of any licensed nurse (1) with a chemical dependency or mental or physical illness, (2) who does not pose a threat to the health and safety of anyone in her nursing practice while participating in the program, and (3) agrees to have her rehabilitation monitored by program staff in lieu of disciplinary action. The committee includes the chairpersons and ranking members of the Public Health Committee or their designees, and the following members appointed by the DPH commissioner: (1) two DPH employees, (2) two Department of Mental Health and Addiction Services employees, (3) two representatives of the Connecticut State Board of Examiners for Nursing, (4) two representatives of a registered nurse professional organization in the state, (5) two representatives of a licensed practical nurse organization in the state, and (6) two representatives from the nursing community at large with a background in substance abuse issues among nurses. The commissioner is an ex-officio member with full voting rights. He may expand the committee's membership from related fields if determined useful.

The commissioner must report the results of his examination with recommendations for any statutory changes by February 1, 2006 to the governor and Public Health Committee.

Sec. 40

Exempts drop-in programs administered by a nationally chartered Boys and Girls Club from daycare licensing requirements (the law already exempts recreation operations in boys and girls clubs).

Sec. 41.

Specifies that DCP regulatory procedures regarding electronic data intermediaries are consistent with the law's purpose.

By law, DCP must adopt regulations governing its approval of electronic data intermediaries that include procedures these intermediaries must use to transmit and keep prescription data and the mechanisms they must use to safeguard data confidentiality. The act specifies that the regulations must ensure that these procedures and mechanisms are consistent with the law's purposes. Electronic data intermediaries provide the computer infrastructure that connects prescribers with pharmacies.

Sec. 42

The act subjects personally identifiable data in DPH's traumatic brain injury registry to the law governing confidentiality of DPH morbidity and mortality records, which generally precludes their use for any purpose but research and specifically makes them inadmissible as evidence in any court or administrative action. Under prior law, personally identifiable data in the registry could not be disclosed without the consent of the person or his authorized representative. The law governing DPH records confidentiality permits the department to disclose personal information to other government agencies or private research organizations, provided the recipient does not disclose it further.

Sec. 43.

Requires DPH to publish a list of all the abnormal conditions for which DPH screens newborns under its newborn screening program.

Sec. 44

Amends PA 05-118 concerning the acceptance of electronic signatures by the DSS commissioner when auditing home health care and homemaker-home health aide agencies' reimbursement claims.

PA 05-118 requires DSS, when it processes or audits home health care and homemaker-home health aide agencies' reimbursement claims, to accept electronic records and records containing the electronic signature of an individual the agency has authorized to submit such records. This act instead requires DSS to accept those electronic records and signatures of a licensed physician or licensed health care practitioner that has been submitted to the agency. The act also provides that, if the transmitted electronic record or signature is illegible or DSS cannot determine its validity, DSS must review additional evidence of its accuracy or validity including (1) the original of the record or signature or (2) a written statement, made under penalty of false statement, from (a) the licensed physician or practitioner who signed it or (b) if the physician or practitioner is unavailable, the agency's medical director who verified the accuracy of the record or signature. DSS must determine whether the signature or record is valid.

PA 05-118 requires, DSS, when auditing such agencies' claims, to consider a physician's or other licensed practitioner's signature on the patient's care plan to be timely if the agency received the signed document before it sought reimbursement from DSS. The act specifies that the signature is considered timely if (1) the document was signed prior to the time the agency sought DSS reimbursement and (2) verbal or telephone orders from the physician or practitioner were received before services covered by the care plan began and the orders were subsequently documented. The act specifies that it does not limit DPH's powers to enforce state and federal regulations concerning patients' care plans and medication administration.

Sec. 45

Repeals a revolving loan program to provide loans to federally qualified health centers (FQHCs) to establish pharmacies or contract pharmacy arrangements with community pharmacies or other pharmacy contractors.

Action Required:

Section 5

Amends 19a-490b and authorizes DPH to require documentation specifying the location and process for individuals to access medical records for entities that have ceased operations.

Section 30

Adds a requirement that the Best Practices Subcommittee review and make recommendations concerning when ultra sound should be used for breast cancer screening.

Section 38

Amends Section 2 of PA 05-187 and provides that the DPH as well as Department of Public Safety and the Labor Department review nursing home employee training and safety education plans.

Section 43

Requires Laboratory branch to publish a list of all the abnormal conditions for which DPH screens newborns under its newborn screening program.

Update application materials and copies of statutes mailed with applications to reflect the following:

- Medical residency programs can occur in hospitals or in a hospital based program
- Graduates of foreign veterinary schools accredited by the American Veterinary Medical Assoc. no longer need certification by the ECFVG to qualify for licensure
- DPH is authorized to issue temporary permits to veterinarians
- Remove obsolete references to 8th grade equivalency examinations for barbers and hairdressers
- Change references to “speech pathologists” to “speech and language pathologist” and clarify that their scope of practice includes feeding and swallowing evaluations
- Nurse midwives are only required to submit copies of physician protocols upon the request of the department
- A professional service corp. may operate the dental office of a deceased or incompetent practitioner for a period not to exceed 18 months
- Licensed massage therapists from other states who come into CT to provide services for no compensation during special Olympics or similar events do not need to be licensed in CT

Failed

HB 6714

**AN ACT CONCERNING PHYSICIAN PROFILES AND CONTINUING
MEDICAL EDUCATION**

Summary: Failed

This act amends the physician profile law to require more information about adverse licensure actions in other states, professional liability insurance, and active involvement in patient care. It also requires physicians to report any changes or updates in mandatory reporting information.

The act establishes continuing education requirements for physicians as a condition of license renewal. It establishes exemptions from continuing education under certain conditions. Physicians currently are not required to complete mandatory continuing education as a condition of license renewal.

The act also requires a physician whose license becomes void for failure to renew while on active duty in the armed forces to complete continuing education requirements in order to have his license renewed.

Public Act 05-172

HB 6715

**AN ACT CONCERNING STRIKE CONTINGENCY PLANS FOR HEALTH
CARE INSTITUTIONS**

Effective Date: October 1, 2005

Summary:

By law, a health care institution notified by a labor organization representing its employees of its intention to strike must file a strike contingency plan with the health commissioner. This act requires the institution to file the plan no later than five days before the scheduled strike, rather than immediately after receiving a strike notice.

The act allows the Department of Public Health (DPH) commissioner to issue a summary order to any nursing home failing to file within the specified time period. The order must require the home immediately to file a plan complying with the act and DPH regulations. A noncomplying nursing home is subject to a civil penalty of up to \$10,000 for each day of noncompliance.

The act requires the commissioner to adopt regulations (1) establishing requirements for a strike contingency plan and (2) for imposing the civil penalty upon a nursing facility. The regulations must include a requirement that the plan contain documentation that the institution has arranged for adequate staffing and security, food, pharmaceuticals, and other essential supplies and services necessary to meet patients' needs if there is a strike. Prior law required the commissioner to adopt regulations to establish requirements for the contingency plans, but did not specify what the plans should include.

Background:

Health Care Institution

“Health care institution” includes hospitals, residential care homes, health care facilities for the handicapped, nursing homes, rest homes, home health care agencies, homemaker-home health aide agencies, mental health facilities, substance abuse treatment facilities, outpatient surgical facilities, infirmaries operated by educational institutions, facilities providing services for the diagnosis and treatment of human health conditions, and residential facilities for the mentally retarded.

AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE

Effective Date: October 1, 2005

Summary:

This act revises the scope of practice for dentists, dental hygienists, and dental assistants, including establishing conditions under which licensed dentists can practice oral and maxillofacial surgery. It allows a candidate for a dentist's license to substitute a year of post-graduate training for the practical portion of the licensing exam and provides a way for foreign-trained dentists to become licensed as dentists or dental hygienists. And it creates continuing education requirements for dentists.

Background:

Revised Definition of Dentistry

The Dental Practice Act was last updated in 1968. In evaluating the current practice of dentistry in Connecticut and working toward revising the dental practice act, the Department experimented with a new approach toward mediating scope of practice issues. Along with our professional partners from the dental and medical communities, we retained the services of a mediator to assist in developing the revised definition of dentistry.

The new definition clarifies that the practice of dentistry involves the diagnosis, evaluation, prevention or treatment by surgical or other means, of an injury, deformity, disease or condition of the oral cavity or its contents, or the jaws or the associated structures of the jaws. The revised dental practice act also contains specific provisions to allow licensed dentists who have completed specialized postdoctoral training programs to diagnose, evaluate, prevent or treat by surgical or other means, injuries, deformities, diseases or conditions of the hard and soft tissues of the oral and maxillofacial area, or its adjacent or associated structures, and if such dentist has hospital privileges, perform surgical treatment of sleep apnea involving the jaws, salivary gland surgery, the harvesting of donor tissue, and frontal and orbital surgery and nasoethmoid procedures to the extent that such surgery or procedures are associated with trauma.

Licensure of Foreign-trained Dentists

The Department will be authorized to issue a dental license to a foreign-trained dentist provided the applicant:

Is a graduate of a dental school located outside the United States and has received the degree of doctor of dental medicine or surgery, or its equivalent;

Has passed the national dental board examinations and a clinical performance test;

Has successfully completed not less than 2 years of graduate dental residency training in an accredited program; and

Has successfully completed 2 years of residency or fellowship training in a community or school-based health center that is affiliated with and under the supervision of a school of dentistry in Connecticut, or has served as a full-time faculty member of a school of dentistry in this state for not less than 3 years

Administration of Local Anesthesia by Dental Hygienists

Licensed dental hygienists will be authorized to administer local anesthesia, limited to infiltration and mandibular block, under the indirect supervision of a licensed dentist, provided the dental hygienist has successfully completed a course in basic and current concepts of local anesthesia and pain control in a program accredited by the Commission on Dental Accreditation. "Indirect supervision" means a licensed dentist authorizes and prescribes the use of local anesthesia for a patient and remains in the dental office or other location where the services are being performed.

Mandatory Continuing Education for Dentists

On and after October 1, 2007, dentists who are applying for license renewal will be required to earn a minimum of 25 hours of continuing education within the preceding 24-month period. Qualifying providers of continuing education include but are not limited to the American Dental Association and affiliated state or local dental associations and societies. Eight hours of volunteer practice at a public health facility may be substituted for one hour of continuing education, up to a maximum of 10 contact hours in one 24-month period.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website.

Failed

HB 6821

**AN ACT CONCERNING EMERGENCY MEDICAL SERVICES AND THE
CERTIFICATE OF NEED PROCESS**

Summary: Failed

To allow certified or licensed emergency medical service providers to add one emergency vehicle to its service per calendar year without undergoing a needs assessment by the Office of Emergency Medical Services.

HEALTH CARE SYSTEMS

DEPARTMENT OF PUBLIC HEALTH

2005 Legislative Summary

- STATE LICENSING FOR CHANGE OF USE OF GROUP HOMES
*
- REQUIRING NOTIFICATION OF CRIMINAL CHARGES AGAINST
CONNECTICUT PHYSICIANS
*
- THE PRACTICE OF PODIATRIC MEDICINE
*
- CLARIFYING LICENSING REQUIREMENTS FOR OUTPATIENT
SURGICAL FACILITIES
*
- MEDICAL MALPRACTICE
*
- FIRE SPRINKLERS IN NURSING HOMES
*
- MEDICATION ADMINISTRATION IN THE DEPARTMENT OF
RETARDATION RESIDENTIAL FACILITIES AND PROGRAMS
*
- HOSPITAL PATIENTS' RIGHTS
*
- EXTENDED REPORTING PERIOD COVERAGE UNDER MEDICAL
MALPRACTICE INSURANCE POLICIES
*
- QUALITY OF CARE IN CHRONIC DISEASE HOSPITALS
*
- PRESCRIPTIVE AUTHORITY OF PHYSICIAN ASSISTANTS
*
- RESTRICTING THE SALE OF COSMETIC CONTACT LENSES
*
- ELECTRONIC PRESCRIPTIONS AND ELECTRONIC MEDICAL
RECORDS
*
- MEDICAL TESTING BY RESPIRATORY THERAPISTS
*
- MAKING PERMANENT THE ACQUIRED OR TRAUMATIC BRAIN
INJURY GROUP HOME PILOT PROGRAM
*
- IMPLEMENTING THE RECOMMENDATIONS OF THE
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS
COMMITTEE RELATIVE TO PHARMACY REGULATION
*
- OPTOMETRY AND OPHTHALMOLOGY
*
- APPOINTMENT OF TEMPORARY CONSERVATORS
*
- NURSING OVERSIGHT OF PATIENTS RECEIVING HOME HEALTH
SERVICES
*
- DIALYSIS PATIENT CARE TECHNICIANS
*
- A COLLABORATIVE DRUG THERAPY MANAGEMENT
AGREEMENT PILOT PROGRAM
*

Health Care Systems

Public Act 05-71

SB 42

AN ACT CONCERNING STATE LICENSING FOR CHANGE OF USE OF GROUP HOMES

Effective Date: October 1, 2005

Summary:

This act requires a child care facility licensed by the Department of Children and Families (DCF) to apply for a new license if it changes the types of children it serves. It requires the DCF commissioner to notify the chief executive officer of the town where the facility is located of the new application and specifies that she must not disclose any confidential client information.

DCF-licensed child care facilities include group homes, residential treatment facilities, emergency shelters, and other residential facilities that serve children with mental health and substance abuse problems and those in the juvenile justice system.

Public Act 05-67

SB 111

AN ACT REQUIRING NOTIFICATION OF CRIMINAL CHARGES AGAINST CONNECTICUT PHYSICIANS

Effective Date: October 1, 2005

Summary: This act requires the Office of the Chief State's Attorney to immediately notify the Department of Public Health (DPH) in writing when criminal charges are brought against a licensed physician for (1) reckless endangerment within the physician's scope of practice, (2) manslaughter, or (3) murder. After notification, DPH can begin an investigation of the physician, while the criminal charges are pending, to determine if the department should take any disciplinary action, including license suspension.

Existing law allows the Connecticut Medical Examining Board to take action against a physician's license if the physician has been found guilty or convicted of a felony. The law also allows a person to file a petition against a physician if that individual has information that appears to show that the physician is unable to practice with reasonable skill or safety.

AN ACT CONCERNING THE PRACTICE OF PODIATRIC MEDICINE

Effective Date: Upon Passage

Summary:

The Commissioner of Public Health shall establish an ad hoc committee for the purpose of assisting the commissioner in examining and evaluating the definition of "podiatric medicine" in section 20-50 of the general statutes. The committee shall hold its first meeting not later than July 15, 2005. The committee shall focus on examining and evaluating possible statutory changes that would (1) revise the definition of "podiatric medicine" to include the diagnosis and treatment of ailments of the ankle, and (2) improve access to podiatric care. Other topics may be included at the discretion of the commissioner.

The ad hoc committee shall consist of eight members appointed by the commissioner (A) two of whom shall be employees of the Department of Public Health, (B) three of whom shall be podiatrists recommended by the Connecticut Podiatric Medical Association, one who works in private practice, one who works in the public sector and one who is an educator, and (C) three of whom shall be orthopedists, two who shall be recommended by the Connecticut Orthopedic Society and one who shall be recommended by the Connecticut Medical Society. The Commissioner of Public Health, or the commissioner's designee, shall be an ex-officio member with full voting rights.

The Commissioner of Public Health may expand the membership of the ad hoc committee to include representatives from related fields if the commissioner decides such expansion would be useful.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website. Establish Ad Hoc Committee to examine and evaluate the definition of podiatric medicine.

On or before February 1, 2006, the Commissioner of Public Health shall submit, in accordance with section 11-4a of the general statutes, the results of the examination, with specific recommendations for any necessary statutory changes, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

AN ACT CLARIFYING LICENSING REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

Effective Date: Upon Passage

Summary:

The law allows an outpatient surgical facility to operate without a Department of Public Health (DPH) license until March 30, 2007 if the facility can show it (1) was operating before July 1, 2003 and (2) received an Office of Health Care Access (OHCA) determination by that date that a certificate of need (CON) was not required. The facility must be licensed by March 30, 2007 in order to continue operating after that date.

Under the act, only one of the conditions specified above must be met in order for the facility to operate without a license until March 30, 2007.

Background:

Outpatient Surgical Facilities

By law, an outpatient surgical facility is one (1) established, operated, or maintained by an entity, individual, firm, partnership, corporation, limited liability company, or association, other than a hospital (hospital-based outpatient surgical facilities are already subject to DPH and OHCA requirements), and (2) providing surgical services that include the use of moderate or deep sedation or analgesia or general anesthesia. It also includes facilities providing diagnostic procedures that use moderate or deep sedation, analgesia, or general anesthesia. An outpatient surgical facility does not include a medical office owned and operated exclusively by a licensed physician or physicians if certain statutory conditions are met.

Certificate of Need

CON is a regulatory process, administered by OHCA, for reviewing certain proposed capital expenditures by health care facilities, acquisition of major medical equipment, institution of new services or functions, termination of services, transfer of ownership, or decreases in bed capacity. Generally, a CON is a formal OHCA statement that a health care facility, medical equipment purchase, or service change is necessary. The law allows an outpatient surgical facility to operate without a Department of Public Health (DPH) license until March 30, 2007 if the facility can show (1) it was operating before July 1, 2003 and (2) received an Office of Health Care Access (OHCA) determination by that date that a certificate of need was not required. The facility must be licensed by March 30, 2007 in order to continue operating after that date.

Under the bill, only one of the conditions specified above must be met in order for the facility to operate without a license until March 30, 2007.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website.

AN ACT CONCERNING MEDICAL MALPRACTICE

Effective Date: Upon passage, except for the provision requiring captive insurers to provide information, which takes effect July 1, 2005 (Sec. 16), DPH disciplinary guidelines (Sec. 17), continuing education (Sec. 21, 24), and the physician profile (Sec. 22, 23), and continuing education (Sec. 21, 24, 25) which take effect October 1, 2005.

Summary:

This act makes numerous changes in the laws dealing with civil litigation, primarily relating to medical malpractice; medical malpractice insurance regulation and oversight; and the regulation, oversight, and disciplining of doctors.

Sec. 17

The act requires that, by January 1, 2006, the DPH, with the assistance of the Connecticut Medical Examining Board and relevant medical professional associations, establish guidelines for the physician disciplinary process. The guidelines, must include, at a minimum:

1. identification of each type of violation;
2. a range of penalties for each type of violation;
3. additional conditions the board may impose;
4. identification of factors the board must consider to determine what penalty to apply;
5. conditions, such as mitigating factors or other facts, that the board may consider in deviating from the guidelines; and
6. a requirement for the board to specify its reason for any deviation.

The act specifies that the guidelines may not be considered regulations.

Sec. 18 & 19- Affects PHHO

Expands the pool of people who may serve as members of DPH hearing panels from 18 to 24, specifies that at least eight, instead of eight, must be physicians, and at least one, instead of one, must be a physician assistant, and requires that one member must be a physician or a physician assistant, as appropriate.

By law, DPH must investigate charges that a physician may be unable to practice medicine with reasonable skill or safety. If it finds probable cause, it refers the matter to the Medical Examining Board, which must refer it to a three-member hearing panel within 60 days of receiving it. The panel makes a recommendation to the board after conducting a hearing on the charges. The board may restrict, suspend, or revoke a physician's license or limit his right to practice for certain misconduct.

The act expands the pool of people who may serve as members of such panels from 18 to 24. It specifies that at least eight, instead of eight, must be physicians, and at least one, instead of one, must be a physician assistant.

By law, the three-member medical hearing panel must include a board member and a public member. The act requires that one member must be a physician or a physician assistant as appropriate.

Sec. 20

Under prior law, the DPH commissioner could, with the Connecticut Medical Examining Board's advice and assistance, establish regulations to carry out his physician licensing duties. The act instead requires the commissioner to establish guidelines, which will not be considered regulations, to carry out these duties.

By January 1, 2006, the commissioner must establish guidelines:

1. for screening complaints about physicians' competence to determine which complaints DPH will investigate and in what order;
2. for conducting investigations to ensure prompt action when it appears necessary;
3. to determine when an investigation should be broadened beyond the initial complaint to include sampling patient records to identify patterns of care, reviewing office practices and procedures, and reviewing performance and discharge data from hospitals; and
4. to protect and ensure the confidentiality of patient and provider identities when an investigation is broadened

Sec. 22 & 23

The act amends DPH's physician profile program to require physicians to report adverse licensure actions taken in other states. Prior law only required them to report disciplinary actions taken by DPH or the Medical Examining Board. The act requires the physician also to report (1) whether he is actively involved in patient care and (2) the name of his professional liability insurance carrier.

The law requires the physician periodically to update certain information in his profile about practice specialty and location, board certifications, languages spoken, hospital and nursing home privileges, and any felony convictions. The act requires periodic updating of additional profile elements, including appointments to Connecticut medical school faculties; professional services, activities, and awards; hospital disciplinary actions; and malpractice judgments, arbitration awards, and settlements.

Sec. 21, 24, & 25

Establishes continuing education requirements for physicians as a condition of license renewal, along with exemptions from these requirements under certain conditions.

Requirements and Acceptable Education and Activities

Beginning October 1, 2007, the act requires a physician applying for license renewal to have completed at least 50 contact hours of continuing education during the previous 24 months. A "contact hour" means a minimum of 50 minutes of continuing education activity. It must (1) be in the physician's practice area; (2) reflect the physician's professional needs in order to meet the public's health care needs; and (3) include at least one contact hour of training or education in infectious diseases (e. g. AIDS, HIV), risk management, sexual assault, and domestic violence.

Under the act, acceptable continuing medical education includes courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent bodies in other jurisdictions; education sponsored by hospitals and other health institutions; and courses offered by regionally accredited academic institutions, or a state or local health department.

Attesting to Continuing Education When Renewing a License

The act requires a physician applying for license renewal to sign a statement that he satisfied the continuing education requirements. The physician must keep attendance records or certificates of completion showing compliance with the requirements for at least three years following the year in which they were completed. He must provide the records to DPH for inspection within 45 days it requests them.

Exemptions

A first-time applicant for license renewal is exempt from the continuing education requirements. Also exempt is a physician not actively practicing during a one-year registration (license renewal) period if he provides DPH, before the period ends, a notarized application for exemption on a DPH form. DPH may

require other documentation. The application must include a statement that the physician cannot practice until he meets the continuing education requirements.

A physician exempt from the requirements for less than two years must complete 25 contact hours of continuing education within the 12 months immediately preceding his return to active practice. A physician exempt for two or more years must complete the Special Purpose Examination of the Federation of State Medical Boards before returning to active practice.

Medical Disability or Illness Waiver

The act allows the DPH commissioner to waive the continuing education requirements or grant an extension to a physician in the case of medical disability or illness. The physician must apply to DPH for a waiver or extension on a DPH form and provide a licensed physician's certification of the disability or illness, as well as other documentation the commissioner may require. DPH can grant a waiver or extension for up to one registration period. It can grant additional waivers or extensions if the disability or illness continues beyond that period and the physician applies for the additional waiver or extension.

Failure to Renew License

A physician whose license lapses and who applies for reinstatement must document to DPH successful completion of the 25-hour continuing education requirement within the year preceding the application.

Sec. 25

If a physician's license becomes void for nonrenewal because he is on active duty in the armed forces, the act requires DPH to renew it within one year from the discharge date upon the physician's completion of the 25 contact hours of continuing education. The physician must apply to DPH and provide any documentation required. Under prior law, DPH had to renew a license in such a situation within six months from the discharge date, upon completion of any continuing education or refresher training required to renew the license.

Sec. 26

The act requires each hospital and outpatient surgical facility to develop protocols for accurate identification procedures they must use before surgery. The protocols must include (1) procedures to identify the patient, the surgical procedure to be performed, and the body part on which it is to be performed and (2) alternative identification procedures in urgent or emergency circumstances or where the patient cannot speak or is comatose, incompetent, or a child. After January 1, 2006, no hospital or outpatient surgical facility may anesthetize a patient or perform surgery unless the protocols have been followed. Each health care facility must make a copy of its protocols available to the commissioner upon request. DPH must report to the Public Health Committee by October 1, 2006 and describe the protocols developed.

Sec. 27

By January 1, 2006, the act requires each hospital to (1) contract with a patient safety organization to gather medical or health care related data from the hospital and make recommendations to it on ways to improve patient care and safety and (2) provide documentation to DPH, in whatever form and manner DPH requires, that the hospital has complied. The organization must do this by collecting, aggregating, analyzing, or processing medical or health care-related information it receives from health care providers. By law, a "patient safety organization" is any public or private organization, or part of one, whose primary activity is improving patient safety and quality of health care delivery for patients.

Sec. 28

The act eliminates the voluntary Medical Malpractice-Screening Panel. Under prior law, the parties had to consent to use the panel. With their mutual agreement, the insurance commissioner or her designee selected panel members from lists of names submitted by the Connecticut State Medical Society and the Connecticut Bar Association. The panel was composed of two doctors and one attorney with trial experience in personal injury cases who acted as chairman. One of the doctors had to practice in the same specialty as the defendant. Panel members could not be from communities in which the defendant doctor or the parties' attorneys practice. Panel members were not compensated. The panel held confidential hearings and made transcripts available at cost to either party.

The panel's conclusion as to liability was outlined in a finding signed by the members and recorded by the insurance commissioner. The panel did not address the issue of damages. Each party received a copy of the panel's findings. If a trial was subsequently held, only unanimous panel findings were admissible. The court or jury determined the weight assigned to such findings. No member could be compelled to testify.

Background:

"Similar Health Care Provider"

By law, if the defendant health care provider is not certified by the appropriate American board as a specialist, is not trained and experienced in a medical specialty, or does not hold himself out as a specialist, a "similar health care provider" is one who is (1) licensed by the appropriate regulatory agency in Connecticut or another state requiring the same or greater qualifications and (2) trained and experienced in the same discipline or school of practice. Such training and experience must be a result of active involvement in practicing or teaching medicine within the five-year period before the incident giving rise to the claim.

If the defendant health care provider is certified by the appropriate American board as a specialist, is trained and experienced in a medical specialty, or holds himself out as a specialist, a "similar health care provider" is one who is (1) trained and experienced in the same specialty and (2) certified by the appropriate American board in the same specialty. But, if the defendant health care provider is providing treatment or diagnosis for a condition that is not within his specialty, a similar health care provider is a specialist trained in the treatment or diagnosis of that condition.

Sanctions if Certificate Not Filed in Good Faith

By law, the court must impose an appropriate sanction on the person who signed the certificate stating that malpractice occurred if it determines, after discovery is completed, that the certificate was not made in good faith and that no valid issue was presented against a health care provider who fully cooperated in providing informal discovery. It may also sanction the claimant. The sanction may include an order to pay to the other party or parties the reasonable expenses incurred because of the filing of the pleading or motion, including a reasonable attorney's fee. The court also may submit the matter to the appropriate authority for disciplinary review of the attorney who submitted the certificate.

Licensed Health Care Providers and Institutions

The provisions of the act relating to evidence of damages awarded (§ 8) and expressions of sympathy (§ 9), apply to medical malpractice lawsuits filed against the following licensed health care providers:

1. doctors,
2. chiropractors,
3. natureopaths,
4. podiatrists,
5. athletic trainers,
6. physical and occupational therapists,
7. substance abuse counselors,
8. radiographers and radiologic technologists
9. midwives,
10. nurses and nurses aides,
11. dentists and dental hygienists,
12. optometrists and opticians,
13. respiratory care practitioners,
14. pharmacists,
15. psychologists,
16. marital therapists and professional counselors, and
17. clinical social workers.

The provision dealing with expressions of sympathy also apply to lawsuits against

1. veterinarians,
2. massage therapists,
3. electrologists,
4. hearing instrument specialists speech pathologist and audiologists,
5. ambulance drivers, and
6. emergency medical technicians and communications personnel.

The provisions also apply to the following health care institutions: hospitals; outpatient surgical facilities; residential care homes; health care facilities for people with disabilities; nursing homes; rest homes; home health and homemaker-home health aide agencies; mental health and substance abuse treatment facilities; college infirmaries; diagnostic and treatment facilities, including those operated and maintained by a state agency, except facilities for the care or treatment of mentally ill or substance abusing people; and intermediate care facilities for the mentally retarded.

Action Required:

Sec. 17

On or before 1/1/06, establish guidelines for use in the disciplinary process.

Sec. 18

PHHO shall establish a list of the 24 persons who may serve as members of medical hearing panels.

Sec. 20

On or before 1/1/06 establish guidelines for screening and prioritizing complaints.

Sec. 22 & 23

Effective 10/1/05, expand the type of information collected as part of the physician profile and the frequency of collecting profile data.

Sec.24 & 25

Effective 10/1/05, implement mandatory continuing education provisions.

Sec. 26

On or before January 1, 2006 all hospitals and outpatient surgical facilities must develop and utilize surgical identification protocols and make them available to the DPH upon request.

Not later than October 1, 2006 DPH must file a report with the Public Health Committee describing the surgical identification protocols.

Sec. 27

On or before January 1, 2006, each hospital must contract with a Patient Safety Organization and provide proof of compliance to DPH.

Public Act 05-187

SB 1088

AN ACT CONCERNING FIRE SPRINKLERS IN NURSING HOMES

Effective Date: Upon passage, except for the CHEFA requirements, which take effect July 1, 2005.

Summary:

This act extends the deadline for nursing homes to install automatic fire extinguishing systems, expands the scope of reporting requirements, and adds employee fire training requirements. Under prior law, each nursing home had to have an automatic fire extinguishing system approved by the state fire marshal on each floor by July 1, 2005. The act extends the deadline to July 31, 2006, specifies that the system should be complete, and requires it to be installed throughout the nursing home instead of on each floor. It requires the Connecticut Health and Educational Facilities Authority (CHEFA) to create and administer a loan program to help pay for the cost of installation.

Background:

Installation Plans

Under existing law, by July 1, 2004, the owner or authorized agent of each nursing home must have submitted plans for the installation of the system, signed and sealed by a licensed professional engineer. He must have sent the plans to the local fire marshal and building official within the jurisdiction where the home is located, or to the state fire marshal, and must have applied for a building permit to install the system.

By law, anyone who fails to install an automatic fire extinguishing system in a nursing home as required above is subject to a civil penalty of up to \$1,000 for each day the violation continues. The attorney general, upon request of the state fire marshal, must institute a civil action to recover the penalty.

CHEFA

By law, CHEFA assists institutions of higher education, health care institutions, nursing homes, childcare or child development facilities, and qualified nonprofits in the construction, financing, and refinancing of projects or other authorized purposes. It issues bonds to finance projects for qualified hospitals, health care centers, nursing homes, and other health care institutions.

Related Acts

HB 6713, (Sec. 37-38) Requires nursing home plans for employee fire safety training to be submitted to the Labor Department as well as to the departments of public health and public safety and comply with the Occupational Safety and Health Administration (OSHA) standards.

Action Required:

Section 2 requires the Department of Public Health and the Department of Public Safety to review the employee fire safety training and education program of each nursing home. Such review is also required by both agencies when there is a change of ownership or the training program undergoes revision.

Public Act 05-150

SB 1092

**AN ACT CONCERNING MEDICATION ADMINISTRATION IN
DEPARTMENT OF MENTAL RETARDATION RESIDENTIAL FACILITIES
AND PROGRAMS**

Effective Date: October 1, 2005

Summary:

This act permits people who receive special training to administer medication to people receiving individual and family support services from the Mental Retardation, Children and Families, Mental Health and Addiction Services, and Correction departments. A licensed physician, dentist, advanced practice registered nurse, or physician assistant must prescribe the medication. The law already permits people with special training to administer medication to people in any of these agencies' residential facilities and day programs that are not licensed by the Public Health Department and to children in Judicial Department juvenile detention centers.

The agencies that license individual and family support programs or have authority over people who receive such services must adopt regulations governing medication administration and training.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website.

The Commissioner is required to participate in an advisory board with the agencies that license the residential or treatment programs under the jurisdiction of DCF, DOC, DMR and DMHAS to consult on potential regulatory amendment.

AN ACT CONCERNING HOSPITAL PATIENTS' RIGHTS

Effective Date: October 1, 2005

Summary:

This act requires hospitals to notify each patient of his rights under the hospital's conditions of participation in Medicare. Notification must be made upon the patient's admission and can be made to his guardian or representative as allowed by state and federal law. The notice must (1) be written; (2) specifically state the rights identified in the Medicare conditions of participation; and (3) provide information on how the patient can complain, including contacting the Department of Public Health.

Background:

Medicare and Patients' Bill of Rights

In 1999, the federal Health Care Financing Administration (now the Center for Medicare and Medicaid Services) published the Patients' Rights Condition of Participation (COP), which hospitals must meet to be approved for, or to continue participation in, Medicare and Medicaid. Generally, the COP addresses a patient's right to:

1. notification of his rights,
2. exercise those rights in regard to his care,
3. privacy and safety,
4. confidentiality,
5. freedom from use of restraints for hospital care unless clinically necessary
6. freedom from seclusion and restraints used in behavior management unless clinically necessary.

The first standard listed above (notice of rights) means that the hospital must notify the patient or his representative of his right to:

1. file a grievance;
2. participate in the development of his plan of care;
3. make decisions concerning his care;
4. be informed of his health status;
5. formulate advance directives;
6. maintain personal privacy;
7. receive care in a safe setting;
8. have medical records kept confidential; and
9. be free from restraints and seclusion in any form as a means of coercion, discipline, convenience, or retaliation.

Action required:

Notification to licensed hospitals.

**AN ACT CONCERNING EXTENDED REPORTING PERIOD COVERAGE
UNDER MEDICAL MALPRACTICE INSURANCE POLICIES**

Effective Date: October 1, 2005

Summary:

This act requires that under certain circumstances, professional liability insurance policies issued on a claims-made basis provide coverage for prior acts and unlimited extended reporting period coverage without additional charge to insured. The requirement applies if, while an insured is covered under the policy, (1) the insurer stops offering the policy in Connecticut for any reason and the insured is over the age of 55 and has been insured by the insurer for the seven consecutive years immediately preceding the discontinuance or (2) the insured dies, becomes permanently disabled and unable to carry out his or her practice, or retires permanently from practice. (The act overrides current regulations relating to physicians, advanced practice registered nurses, or physician assistants who retire—(see BACKGROUND-Related Regulation);

The act applies to policies delivered, issued for delivery, or renewed in Connecticut on or after October 1, 2005, to a physician or surgeon, advanced practice registered nurse, physician assistant or hospital

The act makes prior acts coverage and unlimited extended reporting period coverage enforceable against an insurer that stops offering such policies in Connecticut for any reason before the insured's death, disability, or retirement, if the insured is covered under the policy on the date the insurer stops offering the policy. The act requires the insurer to provide such coverage upon death, disability, or retirement in the same manner as if the insurer continued offering it in Connecticut.

Background:

Claims Made Policy

By law, “claims-made policy” means an insurance policy or an endorsement to an insurance policy that covers liability for injury or damage that the insured is legally obligated to pay (including injury or damage occurring before the effective date of the policy, but after the retroactive date, if any), arising out of incidents, acts, or omissions, as long as the claim is first made during the policy period or any extended reporting period (Conn. Agencies Reg. § 38a-327-1). (It is not clear if this definition will apply to the act.)

Related Laws

The law requires that every professional liability insurance policy issued on a claims-made basis contain (1) a provision for the purchase of coverage for prior acts and (2) a contractual right of the insured to purchase at any time during the policy period (or within 30 days after it) equivalent coverage for all claims occurring during an insured policy period regardless of when made (CGS § 38a-394).

Anyone required by law to have a medical malpractice insurance policy who has a claims-made policy may not lose the right to unlimited additional extended reporting period coverage after he permanently retires from practice because he provides free professional services at a tax-exempt clinic (CGS § 20-11b).

Related Regulation

Under an Insurance Department regulation, which applies to all claims-made policies for professional liability, unlimited additional extended reporting period coverage must be provided without additional cost to the insured if, while covered by a claims-made professional liability policy, the insured dies or becomes permanently disabled and unable to carry out his practice. It also applies if the insured retires permanently from practice:

1. at or over age 65 having been insured with the same insurer on a claims-made basis for at least the five consecutive years immediately preceding retirement, or
2. at or over age 62 having and has been insured with the same insurer on a claims-made basis for at least the 10 consecutive years immediately preceding retirement (Conn. Agencies Reg. § 38a-327-3(e)).

Regarding professional liability insurance, “additional extended reporting period coverage” means coverage for the period specified in the policy during which claims first made after termination of coverage, for injury or damage that occurs on or after the retroactive date, if any, but before the policy term expires is considered made during the policy term (Conn. Agencies Reg. § 38a-327-1(f)(2)).

If a policy has no aggregate liability limit, the insurer must offer additional extended reporting period coverage without an aggregate liability limit. If a policy contains an aggregate liability limit, the insurer must offer additional extended reporting period coverage with a limit at least equal to that specified in the policy (Conn. Agencies Reg. § 38a-327-3(f)).

Public Act 05-80

HB 5169

AN ACT CONCERNING QUALITY OF CARE IN CHRONIC DISEASE HOSPITALS

Effective Date: October 1, 2005

Summary:

This act requires the medical director of a chronic disease hospital to determine that the hospital and its staff are capable of adequately caring for and treating prospective patients, consistent with the hospital’s by-laws, before they can be admitted. The director must have access to patients’ records before making these determinations and may examine patients.

The act also eliminates obsolete language concerning the Department of Public Health directly operating chronic disease hospitals. Under the act, the public health commissioner remains responsible for planning and contracting for statewide chronic disease control and treatment programs. And the act allows, rather than requires, him to provide and maintain facilities and personnel to diagnose and treat chronic diseases or contract for such services.

Action Required:

Verify on inspection that this requirement is being fulfilled.

Public Act 05-219

HB 5814

AN ACT EXPANDING THE PRESCRIPTIVE AUTHORITY OF PHYSICIAN ASSISTANTS

Effective date: October 1, 2005

Summary:

This act expands the prescriptive authority of physician assistants by allowing them to prescribe and renew schedules II through V controlled substances in all settings. The act requires that in all cases where a physician assistant prescribes a schedule II or III controlled substance, the supervising physician must document his approval of the order in the patient's medical record within one calendar day, instead of cosigning the order within 24 hours, as under prior law.

Under prior law, a physician assistant, as delegated by the supervising physician, could (1) prescribe and administer schedules IV and V controlled substances in all settings; (2) renew prescriptions for schedules II and III controlled substances in outpatient settings; and (3) prescribe and administer schedules II and III controlled substances to an inpatient in a short-term or chronic disease hospital, emergency room satellite of a general hospital, or after evaluation by a physician, in a chronic and convalescent nursing home.

Background:

Controlled Substances

Controlled substances are grouped in schedules I through V according to their decreasing tendency to promote abuse or dependency. Schedule I is the most addictive.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website; disseminate this information to nurse surveyors in FLIS and to BOEN and CMEB.

Public Act 05-119

HB 6302

AN ACT RESTRICTING THE SALE OF COSMETIC CONTACT LENSES

Effective Date: October 1, 2005

Summary:

This act permits plano cosmetic contact lenses (nonprescription contact lenses with colors or patterns) to be sold at retail, but only under the supervision of a licensed optician and in a registered optical establishment, office, or store. The act also specifies that it is not meant to restrict the ability of (1) licensed physicians trained and specializing in eye diseases or (2) licensed optometrists, from dispensing contact lenses.

The act makes retail selling of plano cosmetic contact lenses or optical glasses or related products, except under the supervision of a licensed optician and in a registered optical establishment, an unfair trade practice under the Connecticut Unfair Trade Practice Act (CUTPA).

Background:

CUTPA prohibits businesses from engaging in unfair and deceptive acts or practices. It allows the consumer protection commissioner to issue regulations defining what constitutes an unfair trade practice, investigate complaints, issue cease and desist orders, order restitution in cases involving less than \$5,000, enter into consent agreements, ask the attorney general to seek injunctive relief, and accept voluntary statements of compliance. The act also allows individuals to sue. Courts may issue restraining orders; award actual and punitive damages, costs, and reasonable attorneys fees; and impose civil penalties of up to \$5,000 for willful violations and \$25,000 for violation of a restraining order.

Public Act 05-168

HB 6557

AN ACT CONCERNING ELECTRONIC PRESCRIPTIONS AND ELECTRONIC MEDICAL RECORDS

Effective Date: October 1, 2005

Summary:

This act allows licensed prescribing practitioners to use electronic prescribing systems. The Department of Consumer Protection (DCP) may, within available appropriations, help them comply with this voluntary effort.

The act allows licensed health care institutions to create, maintain, or use medical records or medical record systems in electronic format, paper, or both if the system can store medical records and patient health care information in a reproducible and secure manner.

It requires the Office of Health Care Access (OHCA), using its discretion, to exempt from certificate of need (CON) review any health care facility or institution proposing to purchase or operate an electronic medical record system after September 30, 2005.

The act also makes conforming changes.

Background:

CON is a regulatory process, administered by OHCA, for reviewing certain proposed capital expenditures by health care facilities, acquisition of major medical equipment, institution of new services or functions, termination of services, transfer of ownership, and decreases in bed capacity. Generally, a CON is a formal OHCA statement that a health care facility, medical equipment purchase, or service change is needed.

Existing Law

PA 04-107 (codified at CGS § 20-614(d)) allows electronic data intermediaries to transfer data between a licensed prescribing practitioner and a pharmacy chosen by the patient and licensed in the United States. It defines “electronic data intermediaries” as entities that provide the infrastructure to connect a prescribing practitioner’s computer system or other electronic devices with those of a pharmacy to transmit (1) electronic prescription orders, (2) refill authorization requests, (3) communications, and (4) other patient care information. It requires electronic data intermediaries to obtain the DCP commissioner’s approval to adopt regulations setting approval criteria.

Action Required:

Information is to be shared with staff as well as a notification of affected providers.

Public Act 05-8

HB 6586

**AN ACT CONCERNING MEDICAL TESTING BY RESPIRATORY
THERAPISTS**

Effective Date: October 1, 2005

Summary:

This act allows licensed respiratory care practitioners to perform purified protein derivative tests to identify tuberculosis (TB) exposure.

This test, a tuberculin skin test, is used to see whether a person exposed to someone with active TB is infected with the bacteria (has latent TB). The test will be positive if the person has ever had a TB infection.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website.

Public Act 05-9

HB 6646

**AN ACT MAKING PERMANENT THE ACQUIRED OR TRAUMATIC BRAIN
INJURY GROUP HOME PILOT PROGRAM**

Effective Date: October 1, 2005

Summary:

This act makes permanent the Department of Mental Health and Addiction Services' community-based, group home pilot program for people with acquired brain injury, which is scheduled to end on October 1, 2005.

Action Required:

Develop standards for the operation of these facilities.

Public Act 05-212

HB 6791

**AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE
RELATIVE TO PHARMACY REGULATION**

Effective Date: Upon Passage

Summary:

This act authorizes long-term care facilities and outpatient surgical facilities to dispose of excess controlled substances. It also authorizes pharmacists to administer flu shots.

The act requires the Department of Consumer Protection (DCP) to (1) inspect retail pharmacies at least once every four years, (2) report to the General Law Committee on its pharmacy inspections and investigations, and (3) compile a quarterly regulatory action report. It requires the UConn Health Center to report to the Program Review and Investigations Committee on drug administration deficiencies in correctional institutions.

Background:

Controlled Substances

Controlled substances are grouped in Schedules I through V, according to their decreasing tendency to promote abuse or dependency. Schedule I substances are the most strictly controlled because of their high potential for abuse. State and federal laws authorize prescribing drugs on Schedules II through V; most Schedule I drugs do not have any approved medical use. The law requires medical practitioners who distribute, administer, or dispense controlled substances to register with DCP.

Action Required:

The public act requires that by September 1, 2005, the Commissioner of Consumer Protection, in consultation with DPH, will adopt regulations regarding administration of flu vaccinations by licensed pharmacists. This will require DPH to identify staff resources to assist in the development of the required regulations. Additionally, DPH will need to inform providers and our staff of the new destruction process in nursing homes and outpatient surgical facilities.

Public Act 05-36

HB 6820

AN ACT CONCERNING OPTOMETRY AND OPHTHALMOLOGY

Effective Date: October 1, 2005

Summary:

This act allows licensed optometrists and ophthalmologists to delegate to trained people the use and application of ocular agents. The delegated activity may be performed only under the supervision, control, and responsibility of the optometrist or ophthalmologist. Prior law prohibited an optometrist from delegating to anyone the use, application, or prescription of any ocular agent-D or ocular agent-T. The law continues to allow a patient, under an optometrist's care and direction, to self-administer ocular agents.

Background:

Ocular Agents

“Ocular agents-D” are topically administered agents used for diagnosing visual defects, abnormal conditions, or diseases of the eye and eyelid; certain vision training or optical devices; and fluorescein and similar dyes used in fitting contact lenses (CGS § 20-127(a)(4)).

“Ocular agents-T” are (1) topically administered ophthalmic agents and orally administered antibiotics, antihistamines, and antiviral agents used for treating or alleviating the effects of eye disease or abnormal conditions of the eye or eyelid and (2) orally administered analgesic agents for alleviating pain caused by these conditions or diseases (CGS § 20-127(a)(5)).

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website.

Public Act 05-154

HB 6849

**AN ACT CONCERNING THE APPOINTMENT AND DUTIES OF TEMPORARY
CONSERVATORS**

Effective Date: Upon passage

Summary:

This act restricts the powers of temporary conservators and requires additional court oversight of their activities. It restricts the probate court's authority to appoint them and requires the court to hold a hearing within 72 hours of making an ex parte (without advance notice and a hearing) appointment. By law, interested parties may file applications with the probate court, accompanied by medical documentation, to place people unable to take care of their own financial or health care needs under conservatorship. Temporary conservators are appointed in cases involving potential irreparable harm. They serve for up to 60 days or until a permanent conservator is appointed, whichever occurs first.

Public Act 05-64

HB 6897

AN ACT CONCERNING NURSING OVERSIGHT OF PATIENTS RECEIVING HOME HEALTH SERVICES

Effective Date: Upon passage

Summary:

This act directs that any state regulations defining minimum service quality standards for home health care agencies and homemaker-home health aide agencies require a registered nurse (RN) to visit and assess each patient receiving homemaker-home health aide services at least once every 60 days. The RN must complete the assessment while the aide is providing services in the patient's home. By law, the Department of Public Health (DPH) can require home health care and homemaker-home health aide agencies to meet minimum service quality standards as a condition of licensure. If DPH requires this, it must adopt regulations defining these standards. Existing state regulations require an assessment at least every four weeks (Public Health Code, § 19-13-D69(a)(3)(J)).

Action Required:

Revision of state regulations to reflect the sixty-day time frame is required.

Public Act 05-66

HB 6947

AN ACT CONCERNING DIALYSIS PATIENT CARE TECHNICIANS

Effective Date: October 1, 2005, except for the provision giving DPH regulatory responsibility for the technicians, which takes effect on and after the later of October 1, 2000 or the date DPH publishes notice in the *Connecticut Law Journal* indicating that it is implementing the licensing of athletic trainers and physical therapy assistants.

Summary:

This act allows dialysis patient care technicians employed in outpatient dialysis units to administer, as necessary, saline, heparin, or lidocaine if (1) the ratio of on-duty direct patient care staff to dialysis patients is at least three to nine and (2) at least one of the three on-duty direct care staff is a state-licensed registered nurse. These medications are used for initiating or terminating a patient's dialysis.

The act (1) defines a "dialysis patient care technician" as a person certified as such by an organization approved by the Department of Public Health (DPH) and (2) gives DPH regulatory responsibility for dialysis patient care technicians.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials and statutes that are provided to the practitioners via mail and website.

Notification of department staff concerning increased scope of practice of dialysis technicians. Review of dialysis unit protocols and technician training during onsite visits will be required.

**AN ACT ESTABLISHING A COLLABORATIVE DRUG THERAPY
MANAGEMENT AGREEMENT PILOT PROGRAM**

Effective Date: October 1, 2005, except that the pilot program provisions take effect upon passage.

Summary:

This act expands the settings in which pharmacists and physicians can enter into collaborative practice agreements to manage patients' drug therapy.

Under existing law, physicians and hospital pharmacists, as well as physicians and pharmacists working in nursing homes, can enter into such collaborative agreements. Hospital-based agreements are limited to inpatient drug therapies. These agreements must be (1) based on patient-specific written protocols and (2) approved by the hospital and nursing home, respectively. The protocols can authorize a pharmacist to implement, modify, or discontinue a drug therapy the physician prescribes, order associated lab tests, and administer drugs. The law requires the hospital or nursing home facility employing the pharmacist to determine his competency to participate in the collaborative agreement.

This act allows hospital pharmacists to enter into written protocol-based collaborative drug therapy agreements to manage the drug therapy of patients receiving outpatient hospital care or services for:

1. diabetes,
2. asthma,
3. hypertension,
4. hyperlipidemia,
5. osteoporosis,
6. congestive heart failure, or
7. smoking cessation.

Patients include those who qualify as targeted beneficiaries under the new Medicare Part D prescription drug benefit. The protocols must be patient-specific and established by the treating physician in consultation with the pharmacist. The hospital must determine the pharmacist's competency to participate.

The act also establishes a pilot program for collaborative drug therapy arrangements between physicians and community pharmacies.

Action Required:

Education of staff and notification of affected providers is required.

Multicultural Health Comprehensive Cancer

DEPARTMENT OF PUBLIC HEALTH

2005 Legislative Summary

HEALTH INSURANCE COVERAGE FOR BREAST CANCER

*

Multicultural Health and Comprehensive Cancer

Public Act 05-69
SB 30

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST CANCER SCREENING

Effective Date: October 1, 2005

Summary:

This act requires a health insurance policy to cover a physician-recommended comprehensive ultrasound screening of an entire breast or breasts for a woman classified as category 2, 3, 4, or 5 on the American College of Radiology's Breast Imaging Reporting and Database System (BI-RADS), subject to any policy provisions applicable to other covered services.

The act applies to individual and group health insurance policies that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including those provided by HMOs. The act also applies to individual policies that cover (1) accidents only and (2) limited benefits.

Background:

Table 1

<i>BI-RADS Category</i>	<i>Finding and Recommendation</i>
0	Need additional imaging evaluation
1	Negative – continue annual mammogram screening
2	Benign (non-cancerous) – continue with annual mammogram screening
3	Probably benign – six-month follow-up mammogram
4	Suspicious abnormality – biopsy should be considered
5	Highly suggestive of malignancy – appropriate action should be taken (e. g. , biopsy)

Related Act

HB 6713, (PA 05-272) requires the Department of Public Health to review when breast cancer screening should be done using comprehensive ultrasound screening or mammogram examination and make best practices recommendations by January 1, 2006.

Operations

DEPARTMENT OF PUBLIC HEALTH

2005 Legislative Summary

RENEWAL OF LAPSED PARAMEDIC LICENSES

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Operations

Public Act 05-55

HB 6184

AN ACT CONCERNING RENEWAL OF LAPSED PARAMEDIC LICENSES

Effective Date: October 1, 2005

Summary:

This act allows a paramedic whose license has lapsed to (1) be recertified on a temporary basis as an emergency medical technician (EMT) under certain conditions and (2) apply for renewal of his paramedic license or for recertification as an EMT before the temporary certificate expires. The temporary certification is valid for up to one year and is not renewable.

Action Required:

The Office of Practitioner Services Licensing Certification will update application materials for certification as well as statutes that are provided to the practitioners via mail and website. Temporary EMT certificates will be issued and EMT licenses renewed before the temporary license expires. Recertification of people as an EMT with a temporary certificate will also be required.

Planning

DEPARTMENT OF PUBLIC HEALTH

2005 Legislative Summary

**HEALTH INSURANCE COVERAGE
FOR INFERTILITY TREATMENT
AND PROCEDURES**

*

CIVIL UNIONS

*

**THE CUSTODY OF REMAINS OF
DECEASED PERSONS AND ANNUAL
MEETINGS AND FINANCIAL
STATEMENTS OF CEMETERY
ASSOCIATIONS**

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**DISPOSITION OF UNCLAIMED
CREMATED REMAINS BY FUNERAL
DIRECTORS**

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**THE IMPROVEMENT OF CARDIAC
CARE**

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Planning

Public Act 05-196
SB 508

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR INFERTILITY TREATMENT AND PROCEDURES

Effective Date: October 1, 2005

Summary:

This act requires individual and group health insurance policies to cover the medically necessary costs of diagnosing and treating infertility. It specifies permissible coverage limitations and requirements. It also permits religious employers and individuals to exclude infertility coverage if it is contrary to their religious tenets. Prior law required insurers and HMOs to offer infertility coverage to group plan sponsors, who could have rejected or accepted it.

The act requires a clinical practice that performs insurance-covered in-vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT), or zygote intra-fallopian transfer (ZIFT) procedures to report certain information to the Department of Public Health (DPH) by February 1 following any year it performs the procedures.

The act applies to policies delivered, issued, amended, renewed, or continued on and after October 1, 2005 that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including HMOs.

Background:

Infertility Procedures

Ovulation induction uses medication to stimulate development of one or more mature follicles (where eggs develop) in a woman's ovaries. IVF uses a drug to stimulate a woman's egg production. Once mature, the eggs are removed to a culture dish and fertilized with sperm. After fertilization, embryos are placed in the woman's uterus.

In GIFT, egg and sperm are placed in a woman's fallopian tubes where fertilization can occur naturally. ZIFT involves placing embryos in a woman's fallopian tubes. Low tubal ovum transfer involves transferring eggs past a blocked or damaged section of the fallopian tube to an area closer to the uterus. Uterine embryo lavage is a procedure by which the uterus is flushed to recover a preimplantation embryo from a donor and then transferring it to the woman who is to bear the child.

Action Required:

The Planning branch will collect and analyze:

1. The number of such procedures performed;
2. The number of multiple births or conceptions with a breakdown of the number of births or conceptions per pregnancy;
3. The number of procedures attempted before a successful implantation (A) per patient on average, and (B) grouped by the number of attempts required;
4. The number of embryos implanted (A) per patient on average, and (B) grouped by the number of attempts required;
5. The pregnancy rate (A) per patient on average, and (B) grouped by the number of attempts required; and
6. The rates of complications.(B) Such information shall be submitted on such forms as the department prescribes.

Public Act 05-10

SB 963

AN ACT CONCERNING CIVIL UNIONS

Effective Date: October 1, 2005

Summary:

This act authorizes same sex couples to enter into civil unions, granting them the same legal benefits, protections, and responsibilities as married couples. It incorporates civil unions by reference in most statutes that use or define terms indicating a spousal relationship. It establishes eligibility, application, and licensing criteria; specifies who can perform civil union ceremonies; and prescribes record-keeping requirements. The act (1) restricts civil unions to emancipated minors and couples over age 18 and (2) exempts people authorized to perform civil union ceremonies from liability for failing or refusing to do so. Otherwise, the act's substantive provisions and penalties are identical to current marriage statutes.

The act also defines "marriage" as the union of one man and one woman. It establishes circumstances under which the state will recognize civil unions performed in other countries.

Action Required:

Vital Records section will be responsible for creating, printing and distributing the civil union license to the 169 municipalities. The Vital Records section will also be responsible for processing the license upon receipt from the towns, including filing, indexing and registering. Data Processing will need to be involved in revising the registration system.

Public Act 05-197

SB 1124

AN ACT CONCERNING THE CUSTODY OF REMAINS OF DECEASED PERSONS AND ANNUAL MEETINGS AND FINANCIAL STATEMENTS OF CEMETERY ASSOCIATIONS

Effective Date: October 1, 2005

Summary:

This act (1) expands the law governing advance directives people can create regarding the disposition of their bodies and (2) imposes financial reporting and conflict-of-interest rules on cemetery associations. It permits advance directives to include disposal options other than cremation (including burial, interment, or cryogenic preservation) or to designate someone to make decisions on the deceased's behalf. It also simplifies the process for creating advance directives, includes a model form, and eliminates a requirement that a Public Health Department-authorized form be used.

The act limits the steps funeral directors must take before honoring the advance directive. Existing law governs the custody and disposal of remains when the decedent has died without an advanced directive or when the designated representative or next of kin cannot be located or refuses to take custody of the remains.

Public Act 05-81

HB 5799

DISPOSITION OF UNCLAIMED CREMATED REMAINS BY FUNERAL DIRECTORS

Effective Date: July 1, 2005

Summary:

This act establishes a process and requirements for funeral directors to dispose of the cremated remains of a deceased person, including unclaimed or unaccepted remains. It requires a funeral director to complete a written form when the person with custody and control of the deceased requests cremation or the deceased had executed a cremation authorization form according to law. The written form must state the place and time of cremation and the method of disposal of the remains. If the cremated remains are not accepted as agreed to in the written form, the act allows the funeral director to dispose of them using a number of specified methods after a certain time has passed and proper notice is sent to the responsible party.

The act establishes a parallel process for disposal of remains already in a funeral director's possession on July 1, 2005.

Finally, the act directs the Department of Public Health (DPH) to provide space on cremation permits for recording information about the intended manner of disposing of cremated remains.

Action Required:

The Department will need to revise the cremation permit to capture information about the intended manner of disposition of the cremated remains.

Public Act 05-167

HB 6304

AN ACT CONCERNING THE IMPROVEMENT OF CARDIAC CARE

Effective Date: Upon passage

Summary:

This act requires the Department of Public Health's (DPH) Quality of Care Advisory Committee to examine and evaluate (1) possible ways that an existing data collection system can be used to measure cardiac outcomes and (2) the potential for statewide use of a cardiac outcome data collection system. The committee advises DPH on quality of care issues involving health care facilities, such as data collection and reporting and performance measurement. It must report its results and recommendations to the governor and Public Health Committee by December 1, 2007.

Action Required:

Bureau members are represented on the Quality in Health Care Advisory Committee, and typically write reports by the committee and its sub committees.

P.A. 05-167 requires the Advisory Committee to:

Examine and evaluate (A) possible approaches that would aid in the utilization of existing data collection system for cardiac outcomes, and (B) the potential for state-wide use of a data collection system for cardiac outcomes, for the purpose of continuing the delivery of quality cardiac care services in the state.

On or before December 1, 2007, the advisory committee shall submit, in accordance with the provisions of section 11-4a, the results of the examination authorized by this subsection, along with any recommendations, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health

Public Health Initiatives

DEPARTMENT OF PUBLIC HEALTH

2005 Legislative Summary

**THE MEMBERSHIP ON THE CHILD
FATALITY REVIEW PANEL**

*

**PERMITTING STEM CELL RESEARCH
AND BANNING THE CLONING OF
HUMAN BEINGS**

*

**REVISIONS TO THE OFFICE OF
HEALTH CARE ACCESS STATUTES**

*

**FOOD ALLERGIES AND THE
PREVENTION OF LIVE-THREATENING
INCIDENTS IN SCHOOLS**

*

THE POWERS OF SPECIALS DISTRICTS

*

CHILD RESTRAINT SYSTEMS

Public Health Initiatives

Public Act 05- 157

SB 898

AN ACT CONCERNING THE MEMBERSHIP ON THE CHILD FATALITY REVIEW PANEL

Effective Date: Upon passage

Summary:

This act increases, from seven to 13, the number of permanent Child Fatality Review Panel members by adding (1) the chief medical examiner; (2) an attorney, appointed by the Senate Minority leader; (3) a psychologist, appointed by the House majority leader; and (4) the commissioners of the departments of Children and Families, Public Health, and Public Safety, or their designees. It substitutes a social work professional (appointed by the Senate minority leader) and an injury prevention representative (appointed by the House minority leader) for the former public child welfare practitioner and medical examiner slots, respectively.

It also increases, from two to three, the number of temporary experts or interested parties the panel can select and eliminates a requirement that these appointees review a specific death only.

The panel reviews and issues reports on unexplained or unexpected circumstances leading to the death of a child who has received services from state child welfare, social services, or juvenile justice agencies.

Action Required:

The Commissioner is required represent or to appoint a designee to represent the Child Fatality Review Panel.

**AN ACT PERMITTING STEM CELL RESEARCH AND BANNING THE
CLONING OF HUMAN BEINGS**

Effective Date: Upon passage

Summary:

This act permits research in the state involving embryonic stem cells if (1) it is conducted with full consideration of its medical and ethical implications and before gastrulation; (2) before beginning the research, the researcher provides documentation to the Department of Public Health (DPH) commissioner, on a form and in a way he prescribes, verifying that any human embryos, embryonic stem cells, human unfertilized eggs, or human sperm used were donated voluntarily; (3) the general research program under which the stem cell research is conducted is reviewed and approved by an institutional review committee as required by federal law; and (4) the specific protocol used to derive stem cells from an embryo is reviewed and approved by an institutional review committee.

“Gastrulation” means the process immediately following the blastula state when the hollow ball of cells representing the early embryo undergoes a complex and coordinated series of movements resulting in the formation of the three primary germ layers (ectoderm, mesoderm and endoderm). PA 05-272 imposes a fine of up to \$50,000, imprisonment up to five years, or both, for conducting embryonic stem cell research after gastrulation occurs.)

The act also:

1. requires physicians or other health care providers treating a patient for infertility to provide her with timely, relevant, and appropriate information sufficient to allow her to make an informed and voluntary choice about the disposition of any embryos or embryonic stem cells remaining after an infertility treatment;
2. prohibits a person from knowingly (a) engaging or assisting, directly or indirectly, in cloning a human being, (b) implanting human embryos created by nuclear transfer into a uterus or device similar to a uterus (“nuclear transfer” means replacing the nucleus of a human egg with the nucleus from another human cell); or (c) facilitating human reproduction through clinical or other use of human embryos created by nuclear transfer (violating any of these provisions results in a fine of up to \$100,000, imprisonment up to 10 years, or both, with each violation a separate offense);
3. requires the DPH commissioner to enforce the provisions on information for infertility patients, cloning prohibitions, nuclear transfer, informed consent for donations, and research procedures and standards; allows him to adopt regulations to administer and enforce these provisions; and allows him to ask the attorney general to petition the Superior Court for appropriate enforcement orders;
4. establishes a “Stem Cell Research Fund,” appropriates \$20 million from the General Fund to it for FY 05, and directs that \$10 million be disbursed from the Tobacco Settlement Fund to the Stem Cell Research Fund for each of FYs 08 to 15;
5. requires that for each of FYs 06 to 15, at least \$10 million be available from the research fund for grants to eligible institutions for embryonic or human adult stem cell research, with any balance remaining in a fiscal year carried forward to the next year;

6. establishes a nine-member Stem Cell Research Advisory Committee responsible for (a) establishing and administering, in consultation with the DPH commissioner, a program to provide stem cell research grants; (b) directing the commissioner on awarding the grants; (c) monitoring grant-funded research; (d) developing, in consultation with DPH, a donated funds program for stem cell research; and (e) reporting to the governor and General Assembly on stem cell research in the state; and
7. establishes a five-member Stem Cell Research Peer Review Committee responsible for reviewing all grant applications and making recommendations to DPH and the advisory committee on the ethical and scientific merits of applications.

Background:

National Academies Guidelines

The National Academies is an independent organization chartered by Congress to advise the government on scientific, engineering, and health matters. In April 2005, it released guidelines and recommendations for human embryonic stem cell research to advance the science in a responsible manner. These guidelines are intended for use by the scientific community, including researchers in academic, industry, or other private sector organizations.

Action Required:

Establish a “Stem Cell Research Fund” within the General Fund.

Establish a Stem Cell Research Advisory Committee

Establish a Stem Cell Research Peer Review Committee

The Commissioner of Public Health shall serve as the chairperson of the Stem Cell Research Advisory Committee (Section-3b).

The Stem Cell Research Peer Review Committee shall consist of five members appointed by the Commissioner of Public Health (Section-4a).

The Commissioner of Public Health shall consultant with the Stem Cell Research Advisory Committee. Specifically, “The Stem Cell Research Advisory Committee shall:

Develop, in consultation with the Commissioner of Public Health, a donated funds program to encourage the development of funds other than state appropriations for embryonic and human adult stem cell research...”

Establish and administer, in consultation with the Commissioner of Public Health, a stem cell research grant program which shall provide grants-in-aid to eligible institutions for the advancement of embryonic or human adult stem cell research.” (Section-3e).

“The Commissioner of Public Health shall enforce the provisions of this section and may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes.” (Section-1e).

The Commissioner of Public Health may make grants-in-aid from the Stem Cell Research Fund

Public Act 05-151

SB 1145

**AN ACT CONCERNING REVISIONS TO THE OFFICE OF HEALTH CARE
ACCESS STATUTES**

Effective Date:

October 1, 2005, except for the provisions on hospitals submitting financial data and price lists and repealing obsolete statutes, which are effective July 1, 2005.

Summary:

This act makes several changes in the laws concerning applications and data that hospitals and other health care providers must submit to the Office of Health Care Access (OHCA). It extends penalties for failure to file to a wider range of health care entities. It revises OHCA's authority concerning hospital funds and eliminates a report OHCA's must make on graduate medical education. It also eliminates obsolete language about school-based health centers and repeals several obsolete statutes.

Public Act 05-104

SB 1312

**AN ACT CONCERNING FOOD ALLERGIES AND THE PREVENTION OF
LIFE-THREATENING INCIDENTS IN SCHOOLS**

Effective Date: Upon passage

Summary:

This act requires the State Department of Education (SDE), in conjunction with the Department of Public Health (DPH), to develop guidelines for managing students with life-threatening food allergies and make them available to boards of education by January 1, 2006. The guidelines must include:

1. education and training for school personnel on managing students with life threatening food allergies, including training in the administration of medication by cartridge injector in accordance with existing law;
2. procedures for responding to life-threatening allergic reactions to food;
3. a process for developing individualized health care and allergy action plans for every student with a life-threatening food allergy; and
4. protocols to prevent exposure to food allergens.

By July 1, 2006, boards must implement a plan, based on the guidelines, for students with life-threatening food allergies enrolled in schools in their jurisdictions.

Action Required:

The Department of Education in conjunction with the Department of Public Health shall develop and make available to each local and regional board of education guidelines for the management of students with life-threatening food allergies.

Public Act 05-58

HB 6660

AN ACT CONCERNING CHILD RESTRAINT SYSTEMS

Effective Date: October 1, 2005

Summary:

This act (1) with one exception, extends child restraint system use requirements from children under age four weighing less than 40 pounds to children under age seven or who weigh less than 60 pounds, regardless of age; (2) requires any child under age one or weighing less than 20 pounds to be transported in his child restraint system in a rearward-facing position; and (3) requires children restrained in booster seats to be anchored by a seat belt that includes a shoulder belt.

Background:

Student Transportation Vehicles

The law defines a “student transportation vehicle” as any motor vehicle, other than a registered school bus, used by a carrier for transporting students, including children requiring special education. A “carrier” is (1) a local or regional school district; any educational institution providing elementary or secondary education; or any person, firm, or corporation under contract to such a district or institution engaged in the business of transporting school children; (2) any person, firm, or corporation providing transportation for compensation exclusively to people under age 21; or (3) any corporation, institution, or nonprofit organization providing transportation as an ancillary service primarily to people under age 18.

Regulatory Services

BI-STATE LONG ISLAND SOUND COMMITTEE

*

PESTICIDES AT DAY CARE FACILITIES

*

**ESTABLISHING A CONNECTICUT CLEAN DIESEL
PLAN**

*

**REVISION OF CERTAIN DEPARTMENT OF THE
CHILDREN AND FAMILIES STATUTES**

*

**AMENDING CERTAIN MOTOR VEHICLES
STATUTES**

*

MINIMUM WATER FLOW REGULATION

*

**INCREASING CERTAIN BOND AUTHORIZATIONS
FOR CAPITAL IMPROVEMENTS, CONCERNING THE
COLLECTION OF THE COSTS BY THE PROBATE
COURT AND CONCERNING A HOUSING TRUST
FUND**

*

**AUTHORIZATION OF STATE GRANTS
COMMITMENTS FOR SCHOOL BUILDING
PROJECTS AND OTHER MISCELLANEOUS
PROVISIONS**

*

**THE IMPLEMENTATION AND RECOMMENDATIONS
OF THE CHILD POVERTY COUNCIL**

*

**MILK REGULATION BOARD AND A STUDY OF THE
CONNECTICUT DAIRY INDUSTRY**

*

THE EMERGENCY USE OF CARTRIDGE INJECTORS

*

IDENTIFICATION OF A LANDLORD

*

RESTAURANT SAFETY

*

**THE TRANSFER OF TITLE IN THE ACQUISITION OF
A WATER COMPANY**

*

FOOD ALLERGIES

*

RESTAURANT SAFETY

*

**THE REVISION AND MODERNIZATION OF MILK
REGULATION STATUTES**

*

**THE CONVEYANCE OF CERTAIN PARCELS OF
STATE LAND**

*

Regulatory Services

Public Act 05-137

SB 637

AN ACT CONCERNING A BI-STATE LONG ISLAND SOUND COMMITTEE

Effective Date: Upon the enactment by New York state of similar legislation.

Summary:

This act replaces the Connecticut-New York Bi-State Long Island Sound Marine Resources Committee with the Bi-State Long Island Sound Committee. It requires the new committee to recommend legislation to avoid, minimize, and mitigate the impact of the proposed industrialization and private use of the Sound's public trust resources. Like the Sound Committee, the new committee has 18 members, nine each from Connecticut and New York, appointed by the same appointing authorities.

Background:

Marine Resources Committee

The Marine Resources Committee was created in 1973, effective on New York's adoption of similar legislation. New York adopted legislation on September 1, 1988. According to the Connecticut Department of Environmental Protection, this committee has not met for several years.

Public Act 05- 252

SB 916

AN ACT CONCERNING PESTICIDES AT DAY CARE FACILITIES

Effective Date: October 1, 2005, except for the provisions affecting schools, which take effect January 1, 2006.

Summary:

Existing law restricts the use of pesticides generally on the (1) grounds of any school, other than a regional vocational agriculture center, and (2) buildings or grounds of child day care centers and group and family day care homes. This act specifically restricts the use of lawn care pesticides at (1) public and private preschools and elementary schools and (2) child day care centers and group day care homes. Under the act, a lawn care pesticide is a pesticide registered by the U. S. Environmental Protection Agency (EPA) and labeled according to the Federal Insecticide, Fungicide and Rodenticide Act for lawn, garden, and ornamental use.

Background:

Pesticide Application at Schools

By law, only a certified pesticide applicator may apply pesticide within any building or grounds of a school, other than a regional vocational agriculture center. But someone other than a certified applicator may apply a pesticide in an emergency to eliminate an immediate human health threat where it is impractical to obtain the services of a certified person. A restricted use pesticide cannot be used, even in an emergency.

Pesticide Application at Day Center Centers

The law prohibits anyone from applying pesticides in the building or on the grounds of any child day care center, group day care home or family day care home (six or fewer children) during regular business hours, unless it must be applied during that time to eliminate an immediate human health threat. No restricted use pesticide may be used in such an emergency. No child may enter the day care center or home until it is safe to do so, as indicated by the provisions on the pesticide label.

Special Act 05-7

SB 920

AN ACT ESTABLISHING A CONNECTICUT CLEAN DIESEL PLAN.

Effective Date: Not later than January 15, 2006

Summary:

The Commissioner of Environmental Protection shall, in accordance with the provisions of this section, develop a Connecticut diesel emission reduction strategy.

The Connecticut diesel emission reduction strategy shall recommend programs, policies and legislation for achieving reductions of diesel particulate matter consistent with reduction targets for diesel particulate matter indicated in the Connecticut Climate Change Action Plan 2005. The strategy shall fulfill multiple objectives.

In developing the report, the commissioner shall make draft recommendations available to the public on an Internet web site, provide opportunity for public comment, at times and locations to maximize public participation, and provide a forum for ongoing written public comment on the strategy.

Not later than January 15, 2006, the commissioner shall submit, in accordance with the provisions of section 11-4a of the general statutes, a report containing the strategy to the joint standing committee of the General Assembly having cognizance of matters relating to the environment, and recommendations for legislation to implement such strategy. The strategy shall contain an addendum of all public comments received by the commissioner. The commissioner shall post a copy of the strategy and the addendum on an Internet web site.

AN ACT CONCERNING REVISION OF CERTAIN DEPARTMENT OF CHILDREN AND FAMILIES STATUTES

Effective Date: July 1, 2005 for the accreditation provisions; for others, October 1, 2005 unless otherwise specified below.

Summary:

This act makes numerous changes in statutes applicable to the Department of Children and Families (DCF). It:

1. replaces DCF's six regions with an unspecified number of area offices and makes personnel, advisory council, and conforming changes;
2. changes the manner in which DCF and the attorney general prosecute abuse and neglect cases, and adds protecting the safety of abused and neglected children, rather than their best interests only, as a goal of abuse and neglect prosecutions;
3. transfers from DCF to the Children's Trust Fund Council responsibility for operating the Nurturing Families Network program statewide;
4. simplifies the agency's obligation to prepare plans for children in its voluntary services program;
5. allows probate court-appointed attorneys to consent to their minor client's voluntary commitment for mental health treatment;
6. requires DCF to wait to notify a school about a substantiated finding of abuse or neglect involving one of its employees until the commissioner has recommended that his name be placed on the abuse and neglect registry;
7. requires DCF to seek accreditation from the Council on Accreditation;
8. makes minor changes concerning child placement facilities; and
9. eliminates the Family Violence Coordinating and Out-of-Home Placements Advisory councils.

*Senate Amendment "A" replaces the bill's reference to "Healthy Families Connecticut" with "Nurturing Families Network" to reflect the organization's name change.

*House Amendment "A" restores provisions in statute (1) allowing DCF to assign cases to social work trainees and (2) requiring DCF to prepare plans for children at CJTS, which the original bill had eliminated.

*House Amendment "B" requires the agency to become accredited.

*House Amendment "C" adds the school employee provisions.

FACILITY PLACEMENTS

The act permits:

1. DCF to place children in facilities licensed by the Department of Mental Retardation, conforming statute to practice;
2. DCF to place children in unlicensed homes if a licensed child placing agency has approved them;
3. trained staff in residential facilities dually licensed by DCF and the Department of Public Health to administer medication to children (they can already do this in facilities under DCF jurisdiction).

Action Required:

Educating licensing staff regarding the new law's applicability to dually licensed residential facilities.

Public Act 05-218

SB 1116

AN ACT AMENDING CERTAIN MOTOR VEHICLE STATUTES

Effective Date: *Camp Vehicle Provisions (Sec. 3, 5 & 6):*

July 1, 2005- for the definition provisions

October 1, 2005- for the license endorsement requirement

Summary:

This act changes the motor vehicle laws in a number of areas, including:

Defining camp vehicles and requiring a special license endorsement for their drivers. The act defines a “camp vehicle” as a motor vehicle that is regularly used to transport passengers under age 18 in connection with the activities of a youth camp. It requires anyone who drives a camp vehicle to have an “A” endorsement on his driver’s license.

By law, a youth camp is a regularly scheduled program or organized group activity advertised as a camp or operated by a public or private entity for recreational or educational purposes accommodating five or more children under age 18 who are (1) not bona fide personal guests in a person’s private home and (2) living apart from their relatives, parents, or legal guardian for three or more days, or portions of days, per week provided a relative, parent, or guardian employed by the camp may not be considered in the position of *loco parentis* to his child.

Action Required:

Information is to be shared with staff as well as a notification of affected programs.

Public Act 05-142

SB 1294

AN ACT CONCERNING THE MINIMUM WATER FLOW REGULATIONS

Effective Date: October 1, 2005

Summary:

The act requires the Department of Environmental Protection (DEP) commissioner to revise water flow regulations for all rivers and streams where a dam impounds or diverts the water flow. It expands the scope of these regulations to all such rivers and streams, rather than just those DEP has stocked with fish.

Under prior law, the regulations had to (1) provide for stream and river ecology, aquatic life, wildlife, and public recreation, and (2) be consistent with the needs and requirements of public health, flood control, industry, public utilities, water supply, public safety, agriculture, and other lawful water uses. Under the act, the regulations must provide for such needs and requirements and be based, to the greatest extent possible, on natural variations in water flow and water levels and the best available science. It specifies that aquatic life means natural aquatic life.

The act exempts from the new regulations (1) any flow management plan in a resolution, agreement, or stipulated judgment to which the state, acting through the commissioner, is a party and (2) the management plan for the Lake Whitney Water Treatment plant. The act extends the commissioner’s power to regulate dams to those owned and operated by municipalities, and subjects the municipalities to the new regulations. It requires the commissioner to order any town violating the regulations to comply with them according to a specific schedule, and authorizes her to ask the attorney general to take legal action against any municipality that subsequently fails to comply.

AN ACT INCREASING CERTAIN BOND AUTHORIZATIONS FOR CAPITAL IMPROVEMENTS, CONCERNING THE COLLECTION OF COSTS BY THE PROBATE COURT AND CONCERNING A HOUSING TRUST FUND.

Summary:

MUNICIPAL WATER AUTHORITIES (Sec 23 - 35)

Sec. 23

Creation of Municipal Water Authorities

The act allows any municipality with a population greater than 100,000 (Bridgeport, Hartford, New Haven, Stamford, or Waterbury) to create, by ordinance, a water authority and transfer all or part of its water supply system to the authority. The transfer is subject to the provisions of the municipal charter governing the transfer of municipal property, including any requirements for a referendum. But the creation of the authority is not subject to municipal bidding requirements. The ordinance creating the authority must include a brief statement of purpose and set forth the authority's articles of incorporation.

The municipality must, by ordinance, prepare a preliminary operational plan for the proposed authority. The plan must be reviewed and approved by the departments of Environmental Protection and Public Health, in consultation with the Office of Policy and Management. The departments must approve or reject the plan within 60 days of receiving it. These approvals are the only state approvals needed to create the authority and transfer the system to the authority.

The authority is created once the ordinance is adopted and the plan is approved. It must promptly reimburse the municipality for its costs in creating the authority. It remains in existence until terminated by law or as prescribed in its articles of incorporation.

In connection with the transfer of the system from the municipality to the authority:

1. the system employees must either be transferred to the authority, with all of their leave and pension benefits, or stay with the municipality;
2. employees remaining with the municipality must provide services to the authority under an agreement between it and the municipality;
3. the authority must assume all of the pension obligations of the municipality with regard to current and former employees, other than those retained by the municipality;
4. the authority must observe the municipality's collective bargaining agreements and personnel policies with regard to all of the transferred employees;

The authority is subject to the municipal employee labor relations law. However, the authority has normal management prerogatives with regard to such things as promotion, demotion, and discharge of employee.

Sec. 24

Authority Powers

The act gives the authority a wide range of powers, including the ability to:

1. acquire real and personal property by purchase, gift, or condemnation;
2. sell and lease property that it no longer needs, including, under narrow conditions, class I and II water company land (land located close to water supply sources such as reservoirs);
3. locate, own, operate, and maintain its water supply system;

4. build, replace, and extend such systems;
5. enter into contracts for (a) professional services; (b) system construction, operation, and management; and (c) the provision of water;
6. adopt bylaws, rules, and regulations consistent with the authority's articles of incorporation;
7. invest fund, borrow money and issue bonds;
8. issue loans from the bond proceeds for planning, designing, and building the authority's water supply system;
9. establish fees and charges on the system's users and levy assessments on property that benefits from the system, with unpaid amounts treated as unpaid taxes; and
10. employ a staff and retain legal and other professional advisors.

Sec. 25

Authority Tax Status

The authority's property is exempt from property taxes, but it must make equivalent payments in lieu of taxes (PILOT). If the authority does not have funds to make its PILOTs, it must adjust its rates and charges in order to do so. In addition, the authority must reimburse the municipality for its expenses in providing services to improvements made by the authority, other than water pipes.

The authority is exempt from state taxes, other than the gift and estate tax.

Sec. 26

Audits

The authority must be audited annually by a certified public accountant it selects.

Sec. 27

Independence from Department of Public Utility Control

The Department of Public Utility Control does not have jurisdiction over the authority's rates or charges.

Sec. 28

Authority Rights

The authority has all of the rights as a municipality, including the right to take and use water supply sources. In condemning land it must follow the procedures that municipalities must.

Sec. 29

Assignments

The authority can assign liens it has filed in connection with unpaid rates and charges, for consideration negotiated between the authority and the assignee.

Sec. 30

Authority Liability

Neither the authority nor a person acting on its behalf is subject to personal liability resulting from erecting, maintaining, or operating the water supply system, or from carrying out the authority's powers.

Sec. 31

State Pledges

The state pledges with the authority's bondholders not to limit or alter the authority's rights or to impair the bondholders' rights until the bonds are paid off.

Sec. 32 & 33

Authority Bonds

Public agencies and financial institutions can invest in the authority's bonds. The authority has the same powers as a municipality in issuing bonds.

Sec. 34

Conflict of Laws

If there is a conflict between the act and the statutes, special act, or municipal charter, this act is controlling.

Sec. 35

Judicial Appeals

The act establishes procedures by which a person aggrieved by the authority can appeal to the courts. The authority is not considered an agency for purposes of the Uniform Administrative Procedures Act.

Action Required:

Review of a preliminary plan of operations for a new water authority is required.

Public Act 05-6

SB 2002

**AN ACT CONCERNING AUTHORIZATION OF STATE GRANT
COMMITMENTS FOR SCHOOL BUILDING PROJECTS AND OTHER
MISCELLANEOUS PROVISIONS**

Effective Date: Upon passage

Summary:

Wallingford – Three Projects (Sec. 31)

The act exempts Wallingford from the requirement that the public health commissioner issue a permit to authorize a change in use for Class I watershed lands so it may continue with renovation projects at the Moran Middle, Parker Farms Elementary, and Sheehan High schools

Public Act 05- 244

HB 5482

**AN ACT CONCERNING THE IMPLEMENTATION OF THE
RECOMMENDATIONS OF THE CHILD POVERTY COUNCIL**

Effective Date: July 1, 2005, except for the Child Poverty Council and OPM provisions, which are effective on passage and the promotion of the tax credit provision, which is effective October 1, 2005.

Summary:

This act requires the Office of Policy and Management (OPM), and the Labor (DOL), Social Services (DSS), and Education (SDE) departments to increase outreach and education efforts concerning available services and tax credits that assist low-income families. It also requires OPM to:

1. include performance-based standards and outcome measures in all contracts for services to low-income families;
2. require that at least 30% of the workforce on state construction, transportation, and other appropriate contracts be state residents with incomes up to 200% of the federal poverty level (*i. e.* , \$ 38,700 or less for a four-person household as of February 2005);
3. establish administrative procedures to improve access to services for eligible children and families that reduce poverty or related negative outcomes; and
4. establish a standard assessment protocol for all state agencies concerning barriers to employment, including transportation, child care, education, and substance abuse to expedite referrals and access to services.

The act also requires DOL, DSS, and SDE to incorporate child and family literacy standards and goals in family services center, Temporary Assistance to Needy Families, Jobs First, and other programs they administer, and SDE to provide prioritized after-school program grants for mentoring programs directed at children in poverty.

Finally, the act makes the executive director of the Commission on Human Rights and Opportunities a member of the Child Poverty Council and adds meeting and reporting requirements to the council's charge.

Action Required:

Branch to represent Commissioner at Council subcommittee meetings.

Public Act 05-130

HB 5573

**AN ACT CONCERNING THE MILK REGULATION BOARD AND A STUDY OF
THE CONNECTICUT DAIRY INDUSTRY**

Effective Date: July 1, 2005

Summary:

This act increases the number of appointed members on the Milk Regulation Board, from six to eight, by adding two members actively engaged in milk processing. By law, two of the other six members must be actively engaged in selling and distributing milk; two must be actively engaged in producing milk; and two must have no active or financial interest in producing milk. The governor appoints all eight members. By law, the public health commissioner, or his designee, and the agriculture commissioner are also board members.

The act requires the board to conduct a comprehensive study of the state's dairy industry and submit a report on it to the Environment Committee by January 1, 2006. The study must include the following: (1) milk production cost; (2) state dairy farmers' ability to meet milk supply demand; (3) regional milk price equity; and (4) milk supply and price issues relating to dairy farmers, consumers, processors, and retailers. The commissioner must adopt regulations, in consultation with the board, based on the report's recommendations.

The act also makes a technical change.

Action Required:

The Commissioner is required to appoint a designee to the Milk Regulation Board.

Public Act 05-144

HB 6286

**AN ACT CONCERNING THE EMERGENCY USE OF CARTRIDGE
INJECTORS**

Effective Date: October 1, 2005

Summary:

The act immunizes from civil liability, certain people who provide emergency assistance by using an automatic prefilled cartridge injector on someone who needs it. A "cartridge injector" is a prefilled, automatic device for delivering a standard dose of epinephrine for emergency first aid in response to allergic reactions. Under the act, the person administering the injector is not liable to the person he assisted for any injuries that result from any acts or omissions in using the injector that constitute ordinary negligence. The immunity does not apply to acts or omissions that constitute gross, willful, or wanton negligence.

Under certain circumstances, the act requires the owner or operator of a before- or after-school program, day camp, or daycare facility to select and supervise an identified staff member trained to administer medication with a cartridge injector to a child in attendance who has a medically diagnosed allergic condition that may require prompt treatment in order to protect him against serious harm or death. The staff member must (1) be trained to use a cartridge injector by a licensed physician, physician's assistant, advanced practice registered nurse (APRN), or registered nurse, or (2) complete a first aid course offered

by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health (DPH), or any director of health.

*House Amendment "A" extends the immunity to an identified staff member of a before- or after-school program, day camp, or daycare facility, trained to administer medication with a cartridge injector, eliminates the health commissioner's authority to adopt implementing regulations, and specifies that the definition of a before- or after-school program does not include a program that is licensed by DPH.

Background:

Ordinary Negligence and Gross Negligence

Ordinary negligence is the failure to exercise such care as the great mass of mankind ordinarily exercises under the same or similar circumstances (57 Am. Jur. 2d Negligence, § 98). Gross negligence generally signifies more than ordinary inadvertence or inattention, but less than conscious indifference to consequences (State v. Carty 120 Conn 231; Glorioso v. Police Dept. Of Town of Burlington, 48 Conn. Supp. 1; Prosser on Torts, Gross Negligence).

Willful and Wanton Negligence

The usual meaning assigned to willful and wanton negligence is that the actor has intentionally done an act of unreasonable character, in disregard of a risk known to him or so obvious that he must be assumed to have been aware of it, and so great as to make it highly probable that harm would follow (Second Restatement of Torts, Section 500; 57A Am. Jur 2d, Negligence §§ 271 & 272). It is usually accompanied by such a conscious indifference to the consequences that it almost seemed the actor wanted them to follow. Willful or wanton negligence is an action or omission that amounts to an extreme departure from ordinary care, in a situation where a high degree of danger is apparent. Willful or wanton negligence must be more than mere thoughtlessness, inadvertence, or simple inattention.

Related Laws

The law immunizes from civil liability volunteers associated with, and employees of, certain nonprofit organizations who, under specified conditions, administer a cartridge injector to a child who apparently needs an injection. The nonprofit organizations, which cannot be licensed health care providers, must offer programs to children under age 17. Volunteers must have (1) been trained in using cartridge injectors by a licensed physician, physician assistant, registered nurse, or APRN and (2) obtained parental or guardian consent to use an injector on the child (CGS § 52-557b(e)).

If a trained volunteer or employee uses an injector on a child whose parent or guardian has consented and the child is injured or dies, the act immunizes both the volunteer and the nonprofit organization that trained him against civil damage claims by the child, parent, or guardian that arise from acts or omissions that constitute ordinary negligence. The immunity does not extend to acts or omissions that constitute gross, willful, or wanton negligence.

The law requires the public health commissioner to adopt regulations that specify that a licensed child daycare center or group daycare home:

1. may not deny services to a child on the basis of a known or suspected allergy or because he has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon,
2. must, with three weeks after the child's enrollment, have staff trained in the use of such equipment on-site during all hours when the child is on-site,
3. must require the child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for the medication and injector or injectable equipment when the child is enrolled, and
4. must require a parent or guardian enrolling such a child to replace the medication and equipment before its expiration date (CGS § 19a-79; § 19a-79-9a Regulations of Conn. State Agencies).

Legislative History

On March 29, the House referred the bill to the Public Health Committee, which reported a substitute bill on April 4. The substitute bill limits the portion of the bill relating to day camps and daycare facilities to day camps operated by a municipal agency and unlicensed daycare facilities. On April 26, the House referred the bill to the Appropriations Committee, which reported it unchanged on May 2.

Public Act 05-223

HB 6539

AN ACT CONCERNING IDENTIFICATION OF A LANDLORD

Effective Date: October 1, 2005 for allowing towns to require nonresident rental property owners to maintain their current address on file and upon passage for establishing a penalty for noncompliance with the address provisions.

Summary:

The act allows towns to require nonresident owners of rental property, or their agents, to maintain their current residential addresses on file in the town where the property is located. The property owner or agent must maintain the residential address on file whether the rental property is occupied or vacant. The owner or agent must inform the town when his residential address changes. (It is not clear if “nonresident” refers to the rental property owner or agent not being a resident of the town or the rental property or both.)

If the nonresident owner or agent fails to file his address, the address to which the municipal tax assessor mails the property tax bills for the property is deemed to be his current residential address under the act. The act specifies that a post office box is not considered an address.

Under the act, when the state or a town serves orders for certain reasons to an owner or agent who is required to file his residential address under the act, that action is sufficient proof of service in any subsequent criminal or civil action against him for failure to comply with the orders.

Violators, presumably a nonresident owner or agent whose address is on file as a post office box, commit an infraction (See Table on Penalties). Additionally, any town may, by ordinance, establish a civil penalty for noncompliance with the address reporting requirement. The amount of the penalty may not exceed \$250 for the first violation and \$1,000 for subsequent violations. Anyone who is assessed a civil penalty may appeal to the Superior Court.

Public Act 05-224

HB 6590

**AN ACT CONCERNING THE TRANSFER OF TITLE IN THE ACQUISITION
OF A WATER COMPANY**

Effective Date: Upon passage

Summary:

By law, the Department of Public Utility Control (DPUC) can order a water company to acquire another water company that is failing or has failed to comply with DPUC or Department of Public Health orders. This act requires the acquired company to properly execute and transfer to the acquiring company all documents needed to complete the title transfer of within 60 days after the DPUC order. If it fails to do so, the acquiring company must notify DPUC. The requirement applies to all of the real and personal property subject to the acquisition order, including land, structures, and easements. Upon receiving the notice, DPUC must petition the Superior Court to enforce its order. These provisions do not affect any entity's rights to compensation.

Public Act 05-122

HB 6770

AN ACT CONCERNING FOOD ALLERGIES

Effective Date: October 1, 2005

Summary:

This act directs that Department of Public Health (DPH) regulations require that the test administered to qualified food operators include elements testing their knowledge of food allergies.

Existing DPH regulations require anyone who owns, operates, or manages a Class III or Class IV food service establishment to be a qualified food operator or employ on site at least one qualified food operator in a supervisory position. In order to be designated as such, a qualified food operator must pass a test administered by a DPH-approved testing organization that addresses the individual's knowledge of safe food handling techniques (DPH Regs. § 19-13-B42(s)(4)).

A Class III establishment has on its premises potentially hazardous foods prepared by hot processes and consumed by the public within four hours of preparation. A Class IV establishment is the same except its food is held for more than four hours before public consumption.

Action Required:

This act requires that regulations are amended and that local health officials are informed of the changes. Modification of training of certified food inspectors is necessary. As well as informing the three approved testing organizations of the changes and requesting documentation of compliance.

Public Act 05-134

HB 6804

AN ACT CONCERNING RESTAURANT SAFETY

Effective Date: Upon Passage

Summary:

This act requires food service establishments, other than catering establishments and itinerant vendors, to post signs describing ways to recognize and procedures to follow if a patron is choking. It also revises requirements relating to a patron's ability to take a partially consumed open bottle of wine from a restaurant.

Background:

Food Service Establishments and Food Operators

The Public Health Code defines "food service establishment" as a place where food is prepared and intended for individual service, regardless of whether consumption is on or off the premises or whether there is a charge for the food. It defines "food operator" as a full-time employee who has demonstrated knowledge of safe food handling techniques (Conn. Agencies Reg. § 19-13-B42).

Action Required:

This act requires permissive regulation change as well as revised training for certified food inspectors.

Public Act 05-175

HB 6907

AN ACT CONCERNING THE REVISION AND MODERNIZATION OF MILK REGULATION STATUTES

EFFECTIVE DATE: October 1, 2005 for the milk regulation provisions.

SUMMARY:

This bill (1) makes changes to the milk regulation board and the regulation of milk and milk products and (2) replaces the licensing procedure for, and regulation of, poultry dealers.

The bill (1) eliminates permit requirements for out-of-state milk producers; (2) requires the agriculture commissioner to regulate raw milk producers the same way as pasteurized milk producers; (3) makes processors apply for dealer licenses, eliminating processor permits and adjusting testing they must complete; (4) transfers Department of Public Health (DPH) oversight of milk laboratories to the agriculture department; (5) changes fees for dealers, among others; and (6) modifies and eliminates certain definitions.

- Sec. 1 & 2:* Certified Milk, Milk Screening, or Component Testing Laboratory
- Sec. 4:* Definitions
- Sec. 4 & 5:* Milk Regulation Board
- Sec. 6 & 7:* Retail Raw Licenses for Weighing, Sampling, or Testing Milk or Cream and Permits
- Sec. 4 & 9:* Retail Raw Milk
- Sec. 13:* Milk Dealers and Drug Testing
- Sec. 15:* Milk Dealers, Subdealers, and Cooperative Marketing Associations
- Sec. 17:* Refusal to Grant or Renew
- Sec. 18 & 19:* Milk Dealer License Fees and Waiver

Background:

Related Bills

HB 5573 (Files 285 and 784) adds two members to the Milk Regulation Board. Under current law, the governor appoints six members from specific constituencies as follows: two members actively engaged in selling and distributing milk, two with no active or financial interest in milk production, and two actively engaged in milk production. The bill adds two appointees actively engaged in milk processing. By law, unchanged by the bill, the public health commissioner, or his designee, and the agriculture commissioner are also board members. It requires the board to conduct a comprehensive study of the state's dairy industry and submit a report on it to the Environment Committee by January 1, 2006. The commissioner must adopt regulations in consultation with the board based on the report's recommendations.

Public Act 05-279

HB 6909

AN ACT CONCERNING THE CONVEYANCE OF CERTAIN PARCELS OF STATE LAND

Effective Date: Upon Passage

Summary:

This act authorizes new conveyances of state land.

Sec. 18. (Section 7 of SA 95-25, as amended by section 32 of PA 99-26, is amended to read as follows)

Notwithstanding any provision of the general statutes, [to the contrary,] the Commissioner of Mental Health and Addiction Services shall convey to the city of Middletown, subject to the approval of the State Properties Review Board and at a cost equal to the administrative costs of making such conveyance, two parcels of land located on the Connecticut Valley Hospital campus in the city of Middletown.

The parcel of land described in subdivision (1) of subsection (a) of this section shall be conveyed subject to the following condition: The city of Middletown shall grant easements to the Commissioner of Mental Health and Addiction Services for water mains traversing said parcel and for facilities at the corner of Bartholemew Road and Bow Lane on said parcel which are to be constructed for connecting the water supply for the Connecticut Valley Hospital with the water supply for the city of Middletown.

Notwithstanding the provisions of subsection (c) of this section, the city of Middletown may (1) use, or lease to a third party, a portion of the parcel of land described in subdivision (2) of subsection (a) of this section for private and public use in connection with the location and operation of collector wells and related facilities for a water diversion project as described in a certain application for the diversion of water approved by the Department of Environmental Protection with respect to said parcel, and (2) may grant such easements over said parcel as the city of Middletown may deem necessary or appropriate in connection with the use of the parcel for said water diversion project.

The State Properties Review Board shall complete its review of the conveyance of said parcels of land not later than thirty days after it receives a proposed agreement from the Department of Mental Health and Addiction Services. The land shall remain under the care and control of said department until a conveyance is made in accordance with the provisions of this section. The State Treasurer shall execute and deliver any deed or instrument necessary for a conveyance under this section, which deed or instrument shall include provisions to carry out the purposes of subsections (b), [and] (c) and (d) of this section, and the Commissioner of Mental Health and Addiction Services shall have the sole responsibility for all other incidents of such conveyance.

Vetoed

DEPARTMENT OF PUBLIC HEALTH

2005 Legislative Summary

SCHOOL NUTRITION

*

Vetoed Legislation

Public Act 05-117

SB 1309

AN ACT CONCERNING SCHOOL NUTRITION

Effective Date: None- Vetoed

Summary:

This act requires students in full-day kindergarten and grades one through five to be provided with the opportunity to engage in physical exercise at least 20 minutes per full school day in addition to any physical education requirements. Prior law required boards of education to include a period of physical exercise in the regular school day but did not specify the duration. As under prior law, a planning and placement team may develop a different schedule for a child requiring special education services.

The act allows boards to establish wellness committees to monitor nutrition and physical activity policies required by federal law. It limits the beverages that may be offered in schools and requires boards to implement and enforce a State Department of Education (SDE)-published list of recommended foods that may be offered to students at schools.