

Governor’s Bills

Preventing Prescription Opioid Diversion and Abuse

PA 17-131 (HB 7052)

- Increases data sharing between state agencies regarding opioid abuse or opioid overdose deaths;
- Facilitates the destruction of unused medication by utilizing RNs employed for home health care agencies;
- Increases security of controlled substances prescriptions by requiring scheduled drugs be electronically prescribed, with some exceptions;
- Allows patients to file a voluntary non-opioid form in their medical records indicating that they do not want to be prescribed or administered opioid drugs;
- Expands current law requiring providers to communicate about the risk and signs of addiction, and the dangers of drug interactions to cover all opioid prescriptions, instead of only opioid prescriptions to minors;
- Requires the Department of Public Health (DPH) to put information online about how prescribers can obtain certification for suboxone and other medicines to treat opioid use disorder;
- Requires individual and group health insurers to cover medically necessary detox treatment, as defined by American Society of Addiction Medicine (ASAM) criteria and alcohol and drug treatment facilities to use ASAM criteria for admission guidelines;
- Allows prescribing practitioners to issue standing orders to pharmacists; and
- Requires the Alcohol and Drug Policy Council to examine:
 - Developing a marketing campaign and monthly PSAs regarding the risks of taking opioid drugs, symptoms of opioid use disorder, the availability of opioid antagonists in the state, and services in the state for persons with or affected by opioid use disorder,
 - Establishing a real-time bed reporting mechanism that includes the availability of detox, rehab, and outpatient beds,
 - Statutory or policy changes that would enable first responders or health care providers to safely dispose of a person’s opioid drugs upon their death, and
 - Feasibility of implementing statewide initiatives based on substance abuse treatment referral programs that have been established by municipal police departments to refer persons with an opioid use disorder or persons seeking recovery from drug addiction to substance abuse treatment facilities.

Use of Respectful and Person-First Language

PA 17-202 (SB 796)

Updates outdated or disrespectful language in the general statutes and replaces them with person-first, respectful language, where appropriate.

Health Care Delivery Reforms, Cost Control Measures, and Other Insurance Changes

Contracts Between a Pharmacy and Pharmacy Benefits Manager (PBM)

PA 17-241, §1 (SB 445)

- Prohibits contracts between a pharmacy and a PBM from including provisions that penalize or do not allow pharmacists to disclose (1) cost of prescriptions to individuals; (2) availability of alternative medications that are therapeutically equivalent or (3) alternative methods of purchasing that are less expensive;
- Restricts individual payments for prescriptions to the lesser of: the applicable co-pay, the allowable claim amount, or the price without insurance;
- Makes violation of these provisions unfair trade practices under CUTPA; and
- Allows CID to enforce the provisions of the section and, upon request, audit contracts for compliance.

Right to Enforce Anti-Trust Laws

PA 17-241, §2 (SB 445)

Grants standing to indirect purchasers of pharmaceuticals in anti-trust cases.

Provider and Carrier Contract Disclosures

PA 17-241, §3 (SB 445)

Specifies that the current law regarding the prohibitions of provisions that do not allow certain disclosures in health carrier/provider contracts extends beyond the health care provider to any agent or vendor retained by the health care provider to provide data or analytical services to evaluate and manage health care services provided to the health carrier's participants.

Bidirectional Exchange of Electronic Health Records (EHRs)

PA 17-241, §4 (SB 445)

Requires that hospitals send or receive EHRs upon the request of a patient or her provider, as long it is a secure exchange and does not violate state/federal law or is a security/privacy risk.

Charging of Facility Fees by a Hospital or Health System

PA 17-241, §5 (SB 445)

- Requires facility fee notices to contain a telephone number that a patient may call to get more information on their financial liability, including a facility fee estimate; and
- Requires hospital-based facilities, when scheduling services for which a facility fee may be charged, to tell the patient the facility is part of a hospital/health system, the name of the system, that they may be charged an additional facility fee, and they can contact their insurer for more information.

Providers Accepting New Patients on an Outpatient Basis

PA 17-154 (SB 546)

Expands the 2016 law requiring provider directories to indicate if a provider is accepting new patients to clarify whether the provider is accepting new patients on an outpatient basis.

Prescription Drugs Prescribed to Treat Stage IV Metastatic Cancer

PA 17-228 (HB 7023)

Prohibits health carriers from requiring the use of step therapy for cancer drugs prescribed to treat patients diagnosed with stage IV metastatic cancer, as long as the drugs are FDA approved.

Health Insurance Coverage for Fertility Preservation for Insureds with Cancer

PA 17-55 (HB 7124)

Extends health insurance coverage for fertility preservation by removing the qualifier that the insured must be presumed “healthy” in order to be eligible for such coverage.

Network Adequacy for Dental and Vision Carriers (Insurance Dept. Agency Bill)

PA 17-198, §31 (HB 7183)

Requires dental and vision carriers to abide by network adequacy requirements, which only applied to certain health carriers prior to the passage of this law.

Overpayment of Public Health and Health and Welfare Fees (Insurance Dept. Agency Bill)

PA 17-198, §32-33 (HB 7183)

Requires the Insurance Commissioner to credit an overpayment towards the public health fee if a domestic insurer or HMO overpaid by more than \$5,000 and meet certain notification requirements.

Group Short-Term Care Insurance Policies (Insurance Dept. Agency Bill)

PA 17-198, §4 (HB 7183)

Establishes group short-term care insurance policies and creates filing, disclosure, and other requirements identical to those currently required of individual short-term care policies.

Preferred Provider Network (PPN) Solvency and Licensing (Insurance Dept. Agency Bill)

PA 17-198 §10 (HB 7183)

Increases the solvency requirements for a PPN by requiring that it maintain a minimum net worth of \$500,000, instead of \$250,000, and at least 4 months, instead of 2 months, worth of payments to participating providers.

Promotion of Bioscience and Health Care Industry

Bioscience Education Pipeline

SA 17-20 (SB 959)

Requires the Commerce Committee to convene a working group to conduct an inventory of the educational resources available at public and private colleges across the state to prepare students for careers in the bioscience field and make legislative recommendations to improve and increase the availability of the resources to the committee by January 15, 2018.

Development of Evaluative Metrics for Bioscience Investments in the State

SA 17-2 (SB 962)

Requires Connecticut Innovations, Inc. to contract with a private vendor to develop, not later than January 1, 2018, a set of metrics to evaluate the relationships between the state's investments in bioscience and the economic outcomes resulting from the investments, including increased employment and any multiplier effects.

Health Data Collaborative Working Group

PA 17-85 (SB 968)

Makes the Health Data Collaborative working group, which was originally established under SA 16-20 by the Commission on Economic Competitiveness, permanent and charges it with new tasks including examining and annually reporting on precision medicine and personalized health and the health data issues relating to those fields. The health information technology officer is also added to the group.

Primary Care Physicians and Small Business Express Program

SA 17-22 (SB 820)

Requires DECD, in consultation with the Connecticut State Medical Society, to review the application process for the small business express program to ensure the program facilitates the participation of physicians and physician offices and, if necessary, modify the program to reduce unnecessary barriers to participation.

Changes Relating to Health Care Practitioners and Facilities

Community Health Workers (CHWs)

PA 17-74 (SB 126)

Creates a definition of “community health worker” and requires the SIM Program Management Office (PMO), in consultation with the CHW Advisory Committee and DPH, to study the feasibility of creating a CHW certification program and report back by October 1, 2018.

Phlebotomists and Saline Flushes

PA 17-234 (HB 7174); PA 17-23 (SB 41)

Allows certified phlebotomists to flush peripheral IV lines with prepackaged normal saline under hospital-approved protocols.

Education and Professional Standards for Professional Counselors

PA 17-94 (SB 903)

Strengthens and clarifies qualifications for licensed professional counselors starting on January 1, 2019.

Disclosing Mental Illness Diagnoses to the Department of Public Health (DMHAS Agency Bill)

PA 17-178 (HB 7091)

Removes language requiring health care professionals that have been diagnosed with a mental illness or behavioral/emotional disorder to notify DPH within 30 days of receiving such diagnosis.

Psychology Technicians

PA 17-128 (HB 7169)

Revises requirements for psychology technicians, which received statutory recognition in the 2016 session.

Expands Scope of Practice for Athletic Trainers

PA 17-195 (HB 7171)

Updates the scope of practice for athletic trainers, including redefining trainers’ clients from “athletes” to “physically active individuals”.

Consumer Protection in Eye Care

PA 17-115 (HB 6012)

Requires that patients must have an in-person visit for contact lens prescriptions for the first two prescriptions.

Continuing Education for Dental Hygienists (DPH Agency Bill)

PA 17-146, §§3-4 (HB 7222)

Requires dental hygienists, for registration periods beginning on or after October 1, 2017, to earn at least one contact hour of training or education in cultural competency.

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Statutory Definition of “Do Not Resuscitate” (DNR) Order (DPH Agency Bill)

PA 17-146, §§3-4 (HB 7222)

Defines “DNR” order as an order written by a physician or advance practice registered nurse (APRN) for a particular patients to withhold CPR or ventilation by any assistive or mechanical means.

Provision of Unlicensed Services Post-Supervision (DPH Agency Bill)

PA 17-146, §§9-11 (HB 7222)

Prohibits psychologists, professional counselors, and marital and family therapists from practicing twelve months of completing work experience unless they have passed the appropriate exam for licensure.

Licensed and Alcohol Drug Counselors (LADCs) (DPH Agency Bill)

PA 17-146, §22 (HB 7222)

Clarifies that an LADC can provide counseling services to an individual diagnosed with a co-occurring mental health condition, as long as the counseling services are within the existing scope of practice.

Medical Records Task Force (DPH Agency Bill)

PA 17-146, §44 (HB 7222)

Extends the reporting deadline of the Medical Records Task Force to January 1, 2018. The task force is charged with studying (1) the time frame for a health care provider or health care institution to respond to a request for medical records, (2) the cost for research and copies in response to a request for medical records, and (3) the requirements of 45 CFR 164. 524 concerning individuals' access to their protected health information.

Designation of Stroke Centers and Stroke Triage Assessment Tool (DPH Agency Bill)

PA 17-146, §§40-41 (HB 7222)

Requires (1) hospitals that are certified as stroke centers by certain recognized organizations to report such designation to DPH to be posted online, (2) the CT Emergency Medical Services Advisory Board Committee to recommend for adoption a nationally recognized standardized stroke triage assessment tool and prehospital care protocols related to the assessment, treatment and transport of stroke patients, (3) DPH to distribute copies of the adopted tool and protocols to each EMS provider to develop plans for implementation.

Psychiatry Workforce Shortage Task Force (DPH Agency Bill)

PA 17-146, §46 (HB 7222)

Establishes a task force to study the projected shortage in the psychiatry workforce in the state and report back on recommendations and findings to the Public Health Committee by July 1, 2018.

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Establishment of Medical Order for Life-Sustaining Treatment (MOLST) program (DPH Agency Bill)

PA 17-70 (SB 938)

Replaces the current MOLST pilot program, which is scheduled to end October 2, 2017, with a permanent MOLST program and codifies the MOLST advisory council in statute.

Mobile Integrated Health Care Program (DPH Agency Bill)

PA 17-146, §45 (HB 7222)

Requires DPH, in consultation with the Department of Social Services and the Insurance Department, to convene a working group to implement a mobile integrated health care program that would allow paramedics to provide community-based health care within the existing scope of practice. The work group is charged with identifying:

- areas in the state that would benefit from a mobile integrated health care program due to gaps in the availability of health care services in such areas,
- any patient care interventions that a paramedic may provide within a paramedic's scope of practice,
- any additional education or training that paramedics may need in order to provide community-based health care,
- any potential savings or additional costs associated with the provision of health care coverage for community-based health care that an insured, as defined in section 38a-1 of the general statutes, or the Medicaid program administered by the Department of Social Services, may incur,
- any potential reimbursement issues related to health care coverage for the provision of community-based health care by a paramedic,
- minimum criteria for the implementation of the mobile integrated health care program,
- any statute or regulation that may be impacted by the implementation of the mobile integrated health care program, and
- any successful models for a mobile integrated health care program implemented in other areas of the country.

In addition, the work group must make recommendations on transportation by EMS providers of patients to a destination other than an emergency department, and whether EMS providers would need additional training to make a determination.

Other Public-Health Related Changes

Expansion of Health Care Cabinet Charge

PA 17-151 (SB 444)

Expands the charge of the Health Care Cabinet to include advising the Governor on matter relating to total state-wide health care spending, including methods to collect, analyze and report health care spending data.

Various Smoking-Related Provisions (DPH Agency Bill)

PA 17-146, §§35-39 (HB 7222)

- Revises the definition of vapor products so it does not inadvertently include medicinal or therapeutic products, such as inhalers for asthma;
- Clarifies that sections pertaining to the prohibition of using tobacco products and electronic nicotine delivery systems (ENDs) or vapor products does not apply to medical research sites where smoking or the use of those products is integral to research being conducted;
- Exempts minors who are part of certain scientific studies being conducted to further efforts in tobacco use prevention and cessation from the legal penalties of smoking or using ENDS or vapor products under age; and
- Strengthens penalties for repeat offenders who sell these products to minors by extending the time period in which an enhanced fine can be given.

Task Force to Study Public Health Prevention Efforts

SA 17-17 (HB 6981)

Establishes a task force to examine and make recommendations by July 1, 2018 for improvements to (1) public school curriculum that facilitate disease prevention, (2) insurance coverage for prescribed preventive measures, including, but not limited to, health assessments, treatments, health care services and any equipment required to administer such preventive measures, and (3) incentives for the implementation of proven environmental protection systems.

Protection of Youth from Conversion Therapy

PA 17-5 (HB 6695)

Prohibits providers from engaging in conversion therapy, makes it unprofessional conduct and grounds for disciplinary action, as well as an unfair or deceptive trade practice. Prohibits public funds to be expended for this purpose.