CAPITOL CONSULTING LLC

Connecticut College of Emergency Physicians
2017 Legislative Summary

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The General Assembly adjourned the 2017 legislative session on June 7th at midnight. The 2017 session was historic, with the State Senate evenly split between Democrats and Republicans for the first time in 124-years. With 18-members each, the Senate had to learn how to share power both at the committee level and in the Senate chamber. When the Senate members could not agree on legislation, the Democrats had Lt. Gov. Nancy Wyman available to break the tie vote in favor of the Democrats. Similarly following the 2016 election, the fewest number of Democrats controlled the 151-member State House since the Republicans controlled the chamber after the 1984 Reagan landslide election. On party-line votes the House Democrat caucus can only afford to lose 3 of their 79 members to gain passage of legislation. These slimiest of margins in each chamber lead to difficulty in passing legislation that did not have bipartisan support.

As a result of these tight margins in each chamber, the General Assembly could not agree on a biennial budget during the 5-month session. Therefore, the General Assembly called themselves into a special session to deal with the biennial budget set to begin on July 1, 2017, as well as they will deal with the bond package, school building projects and numerous proposal that will implement the state budget. In addition, many legislators will attempt to have non-budget bills that died during the regular session included in the implementer bills.

The biennial budget deficit, by most calculations, is $2.3 billion in the first fiscal year and $2.8 billion in the second fiscal year. The over $5 billion deficit on a nearly $40 billion biennial budget grew by nearly a billion dollars when income tax revenue fell short of estimates after the April 15th filings.

At the writing of this summary, legislative leaders and Governor Malloy failed to reach an agreement on the state budget by the start of the fiscal year on July 1st. Absent a budget agreement Governor Malloy is operating the state via executive order. The governor will continue run the state by executive order until a biennial budget is approved and signed into law. With a $5 billion deficit legislators and the Governor are left with no good choices

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when it comes to balancing the state's budget. In addition to state employee union concession that have tentatively been agreed upon there will be drastic cuts to budget line items, revenue increases are still on the table and we could see fee increases and sweeps of numerous off budget accounts.

We will send you updates on the state budget and provide you information on any issues that impact CCEP.

During the 2017 regular session Capitol Consulting tracked 262 bills for the CCEP. Find below a summary of the major bills of interest.

Legislation of Interest that Passed

HB 7052 An Act Preventing Prescription Opioid Diversion and Abuse

This bill was introduced by Governor Malloy to continue the fight against the opioid epidemic. HB 7052 makes various changes to prevent and treat opioid drug abuse. CCEP participated in Opioid Working Group prior to the start of the 2017 session. This working group focused on issue of prescribing to minors. The recommendations of this working group were included in the legislation.

HB 7052:

- allows the Department of Consumer Protection (DCP) commissioner to share certain prescription drug monitoring program information with other state agencies for certain drug abuse studies;
- generally requires prescriptions for controlled substances to be transmitted electronically to a pharmacy, which must have the technology to accept such prescriptions;
- limits access to controlled substances by allowing certain registered nurses employed by home health care agencies to destroy or dispose of them, creating a process for patients to request to not be prescribed opioids, and generally reducing the amount of opioid drugs a minor may be prescribed;
- requires practitioners, when prescribing opioids, to discuss with all patients, rather than only minors, the risks associated with opioid drug use;
- requires the Alcohol and Drug Policy Council (ADPC) to take certain actions to address opioid drug abuse;
- requires certain individual and group health insurers to cover specified medically necessary, inpatient detoxification services for an insured or enrollee diagnosed with a substance use disorder;
- requires alcohol or drug treatment facilities to use admissions criteria developed by the American Society of Addiction Medicine;
- extends the date by which municipalities must amend their local emergency medical

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services (EMS) plans to require at least one EMS provider likely to arrive first on the scene of a medical emergency to carry an opioid antagonist and complete a training on how to administer it; and
- allows a prescribing practitioner authorized to prescribe an opioid antagonist to issue a standing order to a licensed pharmacist for an opioid antagonist under certain conditions.

The General Law and Public Health Committees as well as the House and Senate approved this bill without opposition.

Public Act – 17-131
Effective Date – Upon Passage
Governor's Signature – June 30, 2017

HB 7080 An Act Concerning Legal Protections for Persons Entering Passenger Motor Vehicles to Render Emergency Assistance to Children

Under certain circumstances, this act provides an affirmative defense against civil damages or criminal penalties for entering another person's passenger motor vehicle, including forcibly, to remove a child. It covers the person's actions or omissions in removing the child as long as the person:
- reasonably believes, at the time of entry, that entering the vehicle is necessary to remove the child from imminent danger of serious bodily injury;
- uses no more force than is reasonably necessary, under the circumstances the person knows at the time, to enter the vehicle to remove the child;
- reports the entry and related circumstances to a law enforcement or public safety agency within a reasonable time after entering the vehicle; and
- takes reasonable steps to ensure the child's safety, health, and well-being after removing the child from the vehicle.

The affirmative defense provided under the act is in addition to defenses or immunities available under federal, state, or common law but does not apply to acts or omissions constituting gross, willful, or wanton negligence. Under the act, a person may still be liable for civil damages if he or she attempts to provide aid to the child in addition to the actions the act authorizes.

Public Act – 17-134
Effective Date – October 1, 2017
Governor's Signature – June 30, 2017

HB 7091 An Act Concerning the Department of Mental Health and Addiction Services' Recommendations Regarding Revisions to the Professional Assistance Program for Regulated Professionals

This act eliminates the requirement that a health care professional notify the Department of Public Health if they are diagnosed with a mental illness or behavioral or emotional disorder.

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Under prior law, the professional had to provide this notice within 30-days of the diagnosis. The professional could satisfy the obligation by seeking intervention with the assistance program for health professionals (currently, the Health Assistance InterVention Education Network (HAVEN)).

Public Act – 17-178
Effective Date – October 1, 2017
Governor's Signature – July 10, 2017

HB 7121 An Act Concerning Revisions to the State's Safe Haven Laws

This act makes various changes to the safe haven law, which requires hospitals to designate a place in their emergency departments where a parent or a parent's legal agent can surrender an infant up to 30-days old without facing arrest for abandonment (CGS § 17a-57 *et seq.*). Among its changes, the act:

- requires the Department of Children and Families (DCF) to identify a prospective adoptive parent for a safe haven infant within one business day after receiving notice of the infant's surrender to the hospital, if such a parent is available;
- specifies circumstances in which the DCF commissioner may require DNA tests to determine the infant's parentage and otherwise requires the department to ask a court to order such testing;
- limits the circumstances in which DCF may remove a safe haven infant from a prospective adoptive parent's home if the infant has been in his or her care for at least 30 consecutive days and allows the prospective adoptive parent to request a hearing before the removal;
- clarifies the information a hospital employee may disclose about a safe haven surrender if the employee believes the infant was abused or neglected; and
- prohibits DCF from disclosing information about the parents of a safe haven infant to a prospective adoptive parent or foster parent without a court order, unless otherwise required by law.

Under the act, a "prospective adoptive parent" is a foster parent awaiting the placement of, or who has, a child or children placed in his or her home under the safe haven law for adoption purposes. A "foster parent" is a person licensed by DCF or approved by a DCF-licensed child-placing agency to care for one or more children in a private home.

Public Act – 17-18
Effective Date – October 1, 2017
Governor's Signature – June 6, 2017

HB 7171 An Act Concerning Athletic Trainers

This act expands and updates the scope of practice for athletic trainers by adding to the definition of "athletic training" in the athletic trainer licensing statutes. CCEP participated on a scope of practice review committee, which reviewed and made recommendations on this issue. The Connecticut Athletic Trainer Association has been preparing and seeking passage of this legislation for years.

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HB 7171 changes the term for athletic trainers' clients, from "athletes" to "physically active individuals," and includes in the definition members of sports teams or other individuals who regularly participate in sports or recreational activities and are deemed healthy by a health care provider. Under prior law, "athletes" generally included members of sports teams or other individuals who participated in sports or recreational activities at least three times per week.

Additionally, the act:

- expands requirements for standing orders between athletic trainers and licensed health care providers to provide care and treatment to physically active individuals;
- adds to the license renewal requirements for athletic trainers who work somewhere other than at a professional, amateur, school, or other sports organization;
- modifies the licensure exemption requirements for athletic training students;
- requires athletic trainers to maintain specified amounts of professional liability insurance, unless their employer maintains such insurance; and
- requires certain athletic trainers to make their client records available, at their employer's request, for quarterly review.

Under prior law, athletic training was the application or provision of specified services with the consent, and under the direction, of a licensed health care provider (a physician, chiropractor, podiatrist, or naturopath). The act adds advanced practice registered nurses to the list of licensed health care providers who may direct athletic trainers.

The act specifies that "consent and direction" means working under a written prescription specifying the plan of care or treatment of musculoskeletal injury or illness or standing order issued by such a provider.

The act also adds the following to the list of permissible services that athletic trainers may provide:

- any physical agent prescribed by a health care provider (the law already allows manual therapy techniques, aquatic therapy, heat, cold, light, electric stimulation, sound, and exercise);
- recognition of potential illness within the trainer's scope of practice, education, and training; and
- wellness care services (biomechanics, conditioning, nutrition and strength training) for physically active individuals who are free of underlying pathologies beyond the athletic trainer's scope of practice.

The act removes from the list of permissible services providing exercise equipment and temporary splinting and bracing. Under prior law, athletic training included the principles,

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methods, and procedures of evaluating, preventing, treating, and rehabilitating athletic injuries. The act specifies that this includes clinical evaluation and adds to the definition the management, emergency care, and disposition of such injuries.

The act also specifies that athletic trainers may offer education and counseling to the community at large, not just athletic communities, on the prevention and care of athletic injuries.

The act permits athletic trainers to provide treatment and care under the standing order of certain licensed health care providers. The act requires that such orders:

- be followed by the athletic trainer under a health care provider's consent and direction;
- be annually reviewed and renewed by the health care provider and athletic trainer to ensure the client's quality of care;
- require the availability of continuing communication between the health care provider and athletic trainer;
- a plan for emergencies;
- appropriate treatments for specific injuries or illnesses;
- instructions for treating and managing concussions;
- a list of conditions requiring the immediate referral of the client to a health care provider, and
- a list of conditions beyond the athletic trainer's scope of practice.

The act also specifies that standing orders apply to the care and treatment of physically active individuals who are members of a sports organization or require emergency treatment, first aid, or care.

This bill was overwhelming approved by the Public Health Committee (26 to 0), the House (146 to 0) and in the final hour of the legislative the Senate (36 to 0).

Public Act – 17-195
Effective Date – October 1, 2017
Governor's Signature – July 5, 2017

HB 7190 An Act Concerning Medicaid Provider Audits and Electronic Visit Verification

This act places limits on Medicaid provider audits by prohibiting the Department of Social Services (DSS) from applying agency policies or other criteria to audits of claims submitted before the policies or other criteria were distributed to providers and temporarily prohibiting DSS from extrapolating overpayments related to electronic visit verification (EVV).

The act also requires DSS to report to the Human Services Committee on the implementation of the state-required EVV system by July 1, 2018. The report must include

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any problems with system implementation, recommendations to resolve identified problems, and cost savings identified due to the EVV system.

Public Act – 17-135
Effective Date – July 1, 2017, except EVV provisions are effective upon passage
Governor's Signature – June 27, 2017

HB 7222 An Act Concerning the Department of Public Health's Various Revisions to the Public Health Statutes

This is the annual public health revision bill, which makes various changes to statutes under the jurisdiction of DPH. Of interest to CCEP are sections 6, 18, 23, 40, 41, 45 and 46.

Section 6 (*Effective October 1, 2017*) adds a statutory definition to the "do not resuscitate" or "DNR" orders. It defines these terms as an order written by a licensed physician or advanced practice registered nurse for a particular patient to withhold cardiopulmonary resuscitation (CPR), including chest compressions, defibrillation, or breathing, or ventilation by any assistive or mechanical means, such as mouth-to-mouth, bag-valve mask, endotracheal tube, or ventilator.

Existing law requires DPH to adopt regulations to provide for a system governing the recognition and transfer of DNR orders.

Section 18 (*Effective October 1, 2017*) under current law the DPH commissioner must establish a Public Health Preparedness Advisory Committee. The bill specifies that the committee's purpose is to advise DPH on responses to public health emergencies.

This section removes an obsolete provision requiring the advisory committee to annually report to the Public Health and Public Safety Committees on the status of its public health emergency preparedness plan and the resources needed to implement it. It instead allows the advisory committee to meet, at the DPH commissioner's request, to review the plan and other matters the commissioner deems necessary.

By law, the advisory committee consists of the DPH and Department of Emergency Services and Public Protection commissioners; six top legislative leaders; the chairs and ranking members of the Public Health, Public Safety, and Judiciary Committees; representatives of municipal and district health directors appointed by the DPH commissioner; and any other organizations or individuals the DPH commissioner deems relevant to the effort.

Section 23 (*Upon Passage*) makes changes to the Rare Disease Task Force established PA 15-242 (§ 35) created a 16-member task force to study rare disease research, diagnoses, treatment, and education and make recommendations for establishing a permanent group of experts to advise DPH on rare diseases. The House Minority is responsible for appointing a physician representing emergency medicine. To date, this appointment is vacant. CCEP should submit letter to House Minority Leader, Rep. Themis Klarides to seek this appoint.

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The bill adds the Public Health Committee chairs, or their designees, to the task force. It also extends the task force reporting deadline from January 1, 2016 until January 1, 2018.

Section 40 & 41 (*Upon Passage*) requires certain stroke-certified hospitals to annually report to DPH, in a form and manner the commissioner prescribes, an attestation of the certification. The requirement applies to any hospital certified as a comprehensive stroke center, primary stroke center, or acute stroke-ready hospital by the American Heart Association, Joint Commission, or any other nationally recognized certifying organization.

Section 45 (*Upon Passage*) requires DPH, within available appropriations and in consultation with the Insurance and Social Services departments, to convene a working group to implement a mobile integrated health care program. The program must allow a paramedic to provide community-based health care (i.e., using patient-centered, mobile resources outside the hospital) within his or her scope of practice and make recommendations regarding non-emergency transportation by emergency medical services (EMS) providers. Capitol Consulting worked with the leadership of the Public Health Committee to amend this section of HB 7222 to include emergency physicians on this working group.

Under the bill, the DPH commissioner must report the working group's findings and recommendations to the Human Services, Insurance, and Public Health committees by January 1, 2019. At the writing of this report Mike Zanker has been nominated by CCEP to serve on this committee.

Section 46 (*Upon Passage*) of this bill establishes a 12–member task force to study the projected shortage in Connecticut's psychiatry workforce, including examining the causes of and potential solutions to avoid or reduce the projected shortage. The House Minority is responsible for appointing a physician representing emergency medicine. CCEP should submit letter to House Minority Leader, Rep. Themis Klarides to seek this appoint. All task force appointments must be made no later than 30 days after the bill's passage.

By July 1, 2018, the task force must report its findings and recommendations to the Public Health Committee. The task force terminates on the date that it submits its report or July 1, 2018, whichever is later. The bill requires the House speaker and Senate president pro tempore to select the task force chairpersons from among its members. The chairpersons must schedule the first meeting of the task force, to be held no later than 30-days after the bill's passage.

The bill requires the Public Health Committee's administrative staff to serve in that capacity for the task force.

Public Act – 17-146
Effective Date – Please see above
Governor's Signature – June 23, 2017

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HB 7309 An Act Concerning Human Trafficking

This act makes various changes in laws that pertain to human trafficking. The act principally:

- adds to the Trafficking in Persons Council's membership and expands its charge;
- adds to the types of conduct punishable as a trafficking in persons crime and increases the penalty for the crime;
- reduces the penalty for patronizing a prostitute when the victim is a trafficking victim;
- creates a new crime ("commercial sexual abuse of a minor"), punishable as either a class A or class B felony and repeals the class C felony penalty for the crime of patronizing a prostitute statute for conduct involving a minor;
- expands the list of people and entities required to post a notice about services for human trafficking victims and imposes a penalty for violations;
- requires the Department of Children and Families (DCF) commissioner to consult with the Department of Emergency Services and Public Protection (DESPP) commissioner in developing an educational and refresher training program related to human trafficking; and
- requires the attorney general to develop and report on a proposed certification to include in state contracts to conform, to the extent legally feasible, with the provisions of federal Executive Order 13627, Strengthening Protections Against Trafficking in Persons in Federal Contracts.

Specifically of interest to CCEP, this act adds to those people and entities required to post a notice developed by the Office of the Chief Court Administrator about services for human trafficking victims. Current law requires posting by any publicly or privately operated service plazas, hotels, motels, similar lodgings, and businesses that offer to sell materials or promote performances for adult audiences. The act also requires operators of the following services to post the notice:

- an acute care hospital emergency room;
- an establishment that provides massage services for a fee;
- a public airport;
- an urgent care facility;
- a passenger rail or bus service station;
- an employment agency that offers personnel services to any operator required to post the notice; and
- an establishment that provides services performed by a nail technician.

With certain exceptions, the law requires someone to post the notice if he or she holds an on-premises consumption permit for the retail sale of alcohol. The act eliminates prior law's exception for railroads and airlines.

Under existing law, the notice must be posted in plain view in a conspicuous location where sales occur. The act expands this to include locations where the labor and services are provided or performed, tickets are sold, and other transactions occur.

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By law, this notice must state the toll-free state and federal anti-trafficking hotline numbers that someone can use if he or she is forced to engage in an activity and cannot leave.

Under the act, anyone who fails to comply with the notice provision is subject to a fine of $100 for the first offense and $250 for a subsequent offense. Additionally, violators are subject to any license, permit, or certificate suspension or revocation proceeding that an appropriate authority may initiate.

Also of interest to CCEP, this act requires the DCF commissioner, in consultation with the DESPP commissioner, to develop and approve an educational and refresher training program to accurately and promptly identify and report suspected human trafficking. The program must include a video presentation that offers awareness of human trafficking issues and guidance to:

- hospital emergency department and urgent care facility staff who have contact with patients
- law enforcement personnel;
- Superior Court judges;
- prosecutors, public defenders, and attorneys who represent criminal defendants; and
- local or regional board of education, University of Connecticut, or Connecticut state college or university employees who have contact with students.

These individuals must complete the initial educational training by July 1, 2018 and refresher training annually thereafter. New hires must complete the initial educational training within six months after their start date, or by July 1, 2018, whichever is later.

Public Act – 17-32
Effective Date – October 1, 2017, except the provision on the attorney general's proposed certification is effective upon passage.
Governor's Signature – June 8, 2017

SB 444 An Act Authorizing the Health Care Cabinet to Recommend Methods to Study and Report on Total State-Wide Health Care Spending

This act requires the state's Health Care Cabinet to advise the governor on total statewide health care spending, including methods to collect, analyze, and report health care spending data. Existing law already requires the cabinet to advise the governor on the:

- design, implementation, actionable objectives, and evaluation of state and federal health care policies, priorities, and objectives related to Connecticut's efforts to improve health care access;
- quality of such care; and
- affordability and sustainability of the state's health care system.

By law, the cabinet is within the Office of the Lieutenant Governor. Its purpose is to advise the governor on the development of an integrated health care system for Connecticut.

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Public Act – 17-151
Effective Date –October 1, 2017
Governor's Signature – July 5, 2017

SB 820 **An Act Concerning Eligibility of Primary Care Physicians Under the Small Business Express Program**

Under current law, a business must have been registered to conduct business for at least 12-months in order to qualify for financial assistance from the Small Business Express (EXP) program. This bill lowers the requirement, from 12-months to six, for in-state physicians or physician offices that provide primary care services to adults or children in the state.

In order to be eligible for EXP assistance under current law and the bill, physicians and physicians' offices, like other types of businesses, must also employ 100 or fewer people on at least 50% of their working days during the preceding 12-months and be in good standing with the payment of all state and local taxes and with all state agencies.

The bill also requires the Department of Economic and Community Development (DECD) commissioner, in consultation with the Connecticut State Medical Society, to review the EXP application process to ensure that EXP facilitates physician and physicians' office participation in the program. If necessary, DECD must modify the application process to facilitate, and reduce unnecessary barriers to, physician and physicians' office participation in EXP. By January 1, 2018, DECD must report the review's findings, results, and any proposed EXP modifications to the Commerce and Public Health Committees.

Special Act – 17-22
Effective Date –October 1, 2017
Governor's Signature – July 11, 2017

SB 842 **An Act Concerning the Department of Public Health's Recommendations Regarding Enforcement Actions Taken Against a Licensed Health Care Professional**

This act allows the DPH and its licensing boards and commissions to issue a restricted license or permit that limits a practitioner's practice, without having to place the person on probationary status.

Existing law already allows DPH and its boards and commissions to limit a practitioner's practice if the person is placed on probationary status. Under the act, as under existing law, DPH or the board or commission may restrict a license or permit on a finding of good cause, based on conduct that occurred before or after the person was issued the license or permit.

Public Act – 17-10
Effective Date –October 1, 2017
Governor's Signature – May 31, 2017

SB 938 An Act Concerning the Department of Public Health's Recommendations for the State-wide Adoption of Medical Orders for Life Sustaining Treatment Program

Under existing law, DPH operates a "medical orders for life-sustaining treatment" (MOLST) pilot program, which is scheduled to end October 2, 2017. This act requires DPH to establish a statewide MOLST program. As under the pilot program, patient participation must be voluntary.

The act requires the DPH commissioner to adopt regulations on various matters to implement the statewide program, such as ensuring that MOLST orders are transferrable and recognized by various types of health care institutions and authorized providers intending to write these orders receive training on specified matters.

The act also establishes, within available appropriations, a MOLST advisory council to make recommendations to the DPH commissioner. The council must meet at least once a year to receive updates on the program's status and advise DPH on possible ways to improve it.

The DPH commissioner must appoint the council members by January 1, 2018. Members must include:

- a public health practitioner;
- two physicians, including one <u>emergency department physician</u>;
- an APRN;
- a PA;
- an emergency medical service provider;
- two patient advocates, including one advocate for persons with disabilities;
- a hospital representative;
- a long-term care facility representative; and
- any person or a representative from any other organization who the commissioner determines is familiar with MOLST issues.

Under the act, a MOLST is a medical order written by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) to effectuate a patient's request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty.

Public Act – 17-70
Effective Date –October 1, 2017
Governor's Signature – June 27, 2017

SB 941 An Act Concerning the Department of Public Health's Recommendations Regarding Local Emergency Medical Services Plans

This act requires municipalities to update their local emergency medical services (EMS) plans at least every five years, rather than when they determine necessary as under prior

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law. It specifies certain information that must be included in the plans' performance standards.

Prior law required DPH, at least every five years, to review local EMS plans and primary service area responders' services provided under them. The act instead requires municipalities to conduct this review and submit the revised plans to the DPH commissioner, who must evaluate each plan on an ongoing basis. Unlike prior requirements for DPH review, the act does not require a municipality's review to include evaluating the responder's compliance with applicable laws and regulations.

The act also makes changes to procedures for DPH's evaluation of the plans, such as requiring prior notice to the municipality and modifying the process for developing performance improvement plans for providers rated as failing.

By law, a primary service area is a specific geographic area to which DPH assigns a designated EMS provider for each category of emergency medical response services. These providers are termed primary service area responders (CGS § 19a-175).

Public Act – 17-84
Effective Date –October 1, 2017
Governor's Signature – June 27, 2017

Legislation of Interest that Failed

HB 7322 An Act Concerning State and Local Revenue

This legislation was introduced by the Finance Committee and sought to repeal the sales tax exemption, making sales of tangible personal property or services to and by not-for-profits charitable hospitals, not-for-profit nursing homes, not-for-profit rest homes and not-for-profit residential care homes subject to the state sales tax. At the public hearing, the Connecticut Hospital Association (CHA) and their members testified at a hearing stating that this proposal will significantly raise the cost of medical care.

CCEP joined CHA, their member institution and health care providers at a press conference to oppose this tax increase. On behalf of CCEP, Dr. Dan Freess spoke at the press conference in opposition to this legislation.

Following the public hearing the Finance Committee took no further action on this legislation. Capitol Consulting will continue to monitor this important issue as budget negotiations continue during the special session.

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SB 426 An Act Concerning Contracts Between Health Carriers and Health Care Providers Agents or Vendors Participating Providers Directories and Surprise Bills

SB 876 An Act Concerning Reimbursement of Out-of-Network Health Care Providers and Liability for Certain Unlawful Billing and Collection Practices

This pair of legislative proposals dealt with the out-of-network billing issue. Physicians specialty groups sought passage of this legislation, which sought parity with emergency physician on out-of-network billing. Capitol Consulting followed this legislation closely to ensure that it didn't backtrack on legislation that was approved during the 2015 session benefiting emergency physicians.

When a compromise proposal could not be drafted in time, it was agreed that a working group would gather before the start of the 2018 session to draft legislation to the satisfaction of specialty groups. Capitol Consulting will ensure that CCEP has a seat at the table when this legislation is negotiated.

SB 940 An Act Concerning a Reduction in Malpractice Costs

This legislation sought to require DPH to convene a working group to evaluate ways to reduce malpractice costs in the state. Under this legislation, the working group must report its findings and recommendations to DPH by January 1, 2019.

The Public Health Committee on a 26 to 0 vote approved this legislation. However, after the Senate referred the bill to the Judiciary Committee for the consideration the committee failed to take action on this proposal.

HB 6025 An Act Allowing Medical Assistants to Administer Vaccines Under Supervision

This bill was amended late in the legislative session with two issues of interest to CCEP. They are the administration of vaccines by medical assistants and the prescribing of medication by naturopathic physicians.

The Bridgeport delegation which is home to a the naturopathic school at University of Bridgeport sought an amendment to this legislation that required DPH, by January 1, 2018 and after consultation with the State Board of Naturopathic Examiners, the Connecticut State Medical Society, the Connecticut Nurses' Association, and the Connecticut Hospital Association, to report to the Public Health Committee on its recommendations for:

- educational, experience, and examination requirements or other qualifications that would allow naturopathic physicians to prescribe and administer non-narcotic prescription drugs, consistent with their scope of practice and
- a naturopathic formulary of over-the-counter medications and prescription drugs that naturopathic physicians who meet such qualifications may use, consistent with their practice and training.

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In the final days of the session this amendment was approved by the House but was not acted upon by the Senate before adjournment. The Bridgeport delegation worked with the leadership of the House and the Public Health Committee to draft this compromise language. Naturopathic physicians pushed for prescriptive authority but this compromise language simply gave them yet another study of the issue to be considered during the 2018 session.

The second issue of interest which was also the subject of a scope of practice review committee sought to require the DPH commissioner, by January 1, 2018 and after consultation with the State Board of Medical Examiners, to report to the Public Health Committee on its recommendations for establishing and implementing educational and examination requirements or other qualifications to allow medical assistants to prepare and administer vaccines consistent with their scope of practice, experience, and training.

Though this bill failed this language may be picked up during the special session in implementation language. Capitol Consulting will monitor this issue during the special session.

HB 6250 An Act Allowing Naturopathic Physicians to Prescribe Medication in Collaboration with a Physician or Advanced Practice Registered Nurse

This bill was introduced by Rep. Ezequiel Santiago (D-Bridgeport) and sought to allow naturopathic physicians to prescribe medication pursuant to a collaborative agreement with a licensed physician or advanced practice registered nurse. Rep. Santiago represents the district, which includes the University of Bridgeport, which is home to a naturopathic school.

This bill failed to be raised for a public hearing before the Public Health Committee.

SB 125 An Act Concerning Naturopathic Physicians

Like HB 6250 this bill introduced by Sen. Terry Gerratana sought to allow licensed naturopathic physicians who meet certain requirements to prescribe medication from an established formulary for their patients. This bill followed a much-contested scope of practice review committee during the fall of 2016. This bill died without receiving a hearing before the Public Health Committee.

SB 314 An Act Allowing Naturopathic Physicians to Prescribe Medication

This bill was introduced by Sen. Cathy Osten (D-Baltic) and sought to allow naturopathic physicians to prescribe medication. This bill died in the Public Health Committee without receiving a public hearing.

HB 6254 An Act Concerning the Administration of Medications by Medical Assistants at Federally Qualified Health Centers

This bill was introduced by Rep. Michele Cook (D-Torrington) and sought to authorize the Commissioner of DPH to permit a medical assistant in a federally qualified health center to

administer medication under the order of a licensed health care provider who is authorized to prescribe medication, provided such medical assistant has completed not less than twenty-four hours of classroom training and not less than eight hours of clinical training regarding the administration of medications.

Following a scope of practice review on this topic during 2015 this bill received a public hearing before the Public Health Committee. Following the hearing, the committee took no action on this legislation. See HB 6025 for more information on medical assistant legislation.

SB 787 An Act Concerning Revenue
This is the Governor's revenue bill, which was considered by the Finance Committee. Of interest to CCEP is section 28, which requires each state agency to make recommendations on fee increases and determine whether the fees under their jurisdiction cover the administrative expenses of such agency. Any recommendation on fee increase should be submitted to OPM for review by December 1, 2017. The secretary of OPM should submit a report to the Finance Committee prior to the start of the 2018 session on increases up to fifty percent of any existing fee provided the total doesn't exceed $20 million.

The Finance Committee approved this bill but the Senate failed to take action on this proposal when the biennial budget and revenue deal fell apart. This provision could find its way into the revenue package during the special session. Indeed, there already have been discussions of fee increases during the special session and the timeline may take place before the 2018 session as legislators begin a search for revenue.

During the special session, Capitol Consulting will monitor these discussions closely for any impact on professional license fees.

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