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**CNA**  
**2013 GOVERNMENT RELATIONS**  
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The 2013 Legislative Session convened on January 9th and adjourned at midnight on June 5th. On February 6, 2013 Governor Malloy delivered his Fiscal Year 2014 - 2015 Biennial Budget Address to a joint session of the General Assembly. His budget proposed to spend \$44 billion over the next biennium, approximately \$1.8 billion less than current services. The Legislature eventually passed a two year \$44 billion spending plan that extends tax increases, cuts college scholarships and increases spending for a variety of programs. On April 4, 2013 the General Assembly approved and the Governor signed a historic and far-reaching gun control bill that some say is “the toughest in the nation” in response to the Newtown school massacre.

The General Assembly considered over 2,000 bills during this long and challenging session. Among them were several bills that affect the nursing industry including: establishment of a school nurse advisory council and requiring online license renewal for nurses and other health care professionals.

Listed below is a summary of the various proposals of interest to CNA that we’ve been tracking during the 2013 legislative session. If you would like additional information on any of the summaries that follow, or more information on bills that may not have been included, please do not hesitate to contact us.

As always, we appreciate the relationship between Brown Rudnick and CNA and we look forward to continuing to advocate on your behalf.

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**Bills of Importance to CNA which passed the General Assembly:**

**HB 5725 (as amended by House "A")\* AN ACT CONCERNING THE STATE-WIDE PHOSPHOROUS REDUCTION PLAN. PASSED--Public Act 13-129, Signed by Governor**

The law requires the Department of Energy and Environmental Protection (DEEP) commissioner, or his designee, to work with specified municipalities to evaluate and make recommendations on a statewide strategy to reduce phosphorus in inland nontidal waters. This bill requires the commissioner to report to the legislature, by October 1, 2014, on these collaborative efforts.

\*House Amendment "A" delays the reporting deadline from January 1, 2014 to October 1, 2014.

**EFFECTIVE DATE:** Upon passage

**STATEWIDE PHOSPHOROUS REDUCTION STRATEGY**

PA 12-155 required the DEEP commissioner, or his designee, and the chief elected officials, or their designees, of Cheshire, Danbury, Meriden, Southington, Wallingford, Waterbury, and any other impacted municipality to collaboratively evaluate and make recommendations on a statewide strategy to reduce phosphorus loading in inland nontidal waters to comply with U. S. Environmental Protection Agency (EPA) standards.

The bill requires the DEEP commissioner, by October, 1, 2014, to report to the Planning and Development and Environment committees on the strategy's recommendations and detail the collaborative effort through which they were reached.

By law, the strategy must include:

1. a statewide response to address phosphorous nonpoint source pollution;
2. approaches for municipalities to use to comply with EPA standards for phosphorous reduction, including guidance for treatment and potential plant upgrades; and
3. the proper scientific methods for (a) measuring current phosphorous levels in inland nontidal waters and (b) making future projections of phosphorous levels in these waters.

**HB 6389 (as amended by House "A")\* AN ACT CONCERNING PRESCRIPTION DRUG MONITORING. PASSED**

**This bill:**

1. allows someone licensed to practice naturopathy to delegate the provision of colon hydrotherapy services to a colon hydro therapist, under certain conditions (§§ 2-3);

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2. allows certain licensed podiatrists who are board qualified, rather than board certified, in reconstructive rear foot ankle surgery to independently perform tibial and fibular osteotomies and advanced ankle surgeries (§ 4);

3. prohibits anyone from knowingly possessing, buying, selling, or otherwise transferring a counterfeit controlled substance (§ 5); and

4. creates a task force to study the provision of beverages and pre-packaged food at arrangement services in funeral homes (§ 1).

\*House Amendment "A" replaces the underlying bill, which required people or institutions that must register with the Department of Consumer Protection (DCP) as controlled substance practitioners to also register for access to DCP's electronic prescription drug monitoring program.

**EFFECTIVE DATE:** October 1, 2013, except (1) the funeral service task force provisions take effect upon passage and (2) the counterfeit controlled substance provisions takes effect January 1, 2014.

**HB 6392 AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS. PASSED--Public Act 13-26, Signed by Governor**

This bill changes Department of Mental Health and Addiction Services' (DMHAS) reporting requirements by (1) combining certain reports with its triennial state substance abuse plan and (2) eliminating the requirement that hospitals annually report to DMHAS on protocols they use to screen patients for alcohol and substance abuse.

**EFFECTIVE DATE:** July 1, 2013

**STATE SUBSTANCE ABUSE PLAN**

The law requires DMHAS to develop a state substance abuse plan for preventing, treating, and reducing alcohol and drug abuse that includes statewide, long-term planning goals and objectives. The first plan was developed in 2010 and must be updated every three years. The bill deletes an obsolete provision requiring the commissioner to submit the original plan's final draft to the Connecticut Alcohol and Drug Policy Council (CADPC) for review and comment.

The bill also specifies that the plan must address an appropriate array of prevention services, in addition to treatment and recovery services and a sustained continuum of care as required by current law.

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### **Connecticut Alcohol and Drug Policy Council Statewide Plan**

The bill eliminates the requirement that the CADPC annually submit an evaluation of its statewide plan on substance abuse treatment and prevention programs and any proposed changes to the governor and legislature. It instead requires the DMHAS commissioner to evaluate the council's plan and recommendations and include this information in the state substance abuse plan.

### **DMHAS Data Repository of Substance Abuse Programs**

The bill requires the state substance abuse plan to include a summary of DMHAS' data repository of substance abuse programs administered by state agencies (including the Judicial Branch) and state-funded community based programs. The summary must include (1) client demographic information, (2) substance use, abuse, and addiction trends and risk factors, and (3) the effectiveness of services based on outcome measures. It eliminates the existing requirement that the DMHAS commissioner report this information every two years to the legislature, the Office of Policy and Management, and CADPC in a separate report.

### **HB 6396 AN ACT CONCERNING LIVABLE COMMUNITIES. PASSED--Public Act 13-109, Signed by Governor**

This bill requires the Commission on Aging to establish a “Livable Communities” initiative to serve as a (1) forum for best practices and (2) resource clearinghouse to help municipal and state leaders design livable communities that allow residents to age in place (i. e. , remain in their own homes and communities regardless of age or disability).

The commission must report annually on the initiative to the Aging, Housing, Human Services, and Transportation committees, with the first report due by July 1, 2014.

**EFFECTIVE DATE: July 1, 2013**

The bill defines a “livable community” as a community with affordable and appropriate housing, infrastructure, community services, and transportation options for residents of all ages.

### **LIVABLE COMMUNITIES INITIATIVE**

The bill requires the Commission on Aging to:

- 1. establish and facilitate partnerships with (a) municipal leaders and representatives of senior and social services offices; (b) community stakeholders; (c) planning and zoning boards and commissions; and (d) representatives of philanthropic, social services, and health organizations;**
- 2. plan informational forums on livable communities;**
- 3. investigate innovative approaches to livable communities nationwide;**

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4. identify public, private, and philanthropic funding sources to design these communities; and

5. establish, by January 1, 2014, a single portal on its website for information and resources on the initiative.

**HB 6445 AN ACT CONCERNING SERVICES THAT MAY BE PROVIDED BY PROFESSIONAL CORPORATIONS. PASSED--Public Act 13-198**

This bill authorizes physicians and podiatrists to form a professional service corporation together to offer their services. All of the shareholders must be licensed or legally authorized to provide these services.

**EFFECTIVE DATE: October 1, 2013**

**HB 6502 AN ACT CONCERNING THE MEMBERSHIP OF THE PARAPROFESSIONAL ADVISORY COUNCIL. PASSED--Public Act 13-10, Signed by Governor**

This bill alters the membership and duties of the Paraprofessional Advisory Council by (1) increasing the required number of paraprofessional members and (2) expanding the council's advisement role. By law, the council advises the education commissioner on paraprofessional training needs.

Current law requires the council's membership to consist of one representative from each paraprofessionals' union, of which there are five. In practice, however, the council has 17 members. The bill requires the council's membership to consist of:

1. one representative from each paraprofessionals' union, who is also a paraprofessional;
2. one representative from each teachers' union;
3. two Regional Education Service Center representatives;
4. the most recent Connecticut Paraprofessional of the Year award recipient;
5. one school administrator appointed by the Connecticut Federation of School Administrators.

The bill increases the frequency with which the council must advise the education commissioner and adds required advisement topics. Under the bill, the council must advise the commissioner at least quarterly, instead of annually. The bill also expands the topics on which the council must advise the commissioner to include professional development, staffing strategies, and other relevant issues relating to paraprofessionals.

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**EFFECTIVE DATE: July 1, 2013**

**HB 6525 (as amended by House "A")\* AN ACT CONCERNING CHILDHOOD OBESITY AND PHYSICAL EXERCISE IN SCHOOLS. PASSED--Public Act 13-173**

This bill requires public schools to include a total of 20 minutes of physical exercise in each regular school day for all elementary school students, rather than just those in kindergarten through grade five. (Neither the bill nor the statutes define "elementary school.")

The bill requires each local and regional board of education, by October 1, 2013, to adopt policies it deems appropriate concerning any school employee being involved, during the regular school day, in (1) preventing, as a form of discipline, an elementary school student from participating in the required period of physical exercise or (2) requiring any student in grade kindergarten through twelve to engage in physical activity as a form of discipline.

The bill also establishes a 19-member task force to study the effects of obesity on children's health and report its finding to the Children's Committee by October 1, 2014.

\*House Amendment "A" (1) requires school boards to adopt policies on using physical exercise as a form of discipline rather than prohibiting employees from doing this, (2) extends the physical exercise requirement to all elementary grades, and (3) changes the task force's charge by requiring it to explore ways to increase children's physical activity instead of to explore the implementation of a tax on large-size sugary drinks.

**EFFECTIVE DATE: July 1, 2013 except for the task force provision, which is effective on October 1, 2013.**

**SCHOOL EMPLOYEE**

With regard to the policies the boards of education must adopt, the bill defines a school employee as a (1) teacher, substitute teacher, school administrator, school superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional, or coach employed by a local or regional board of education or working in a public elementary, middle, or high school; or (2) a person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students in public, elementary, or high school under a contract with the local or regional board of education.

**CHILDHOOD OBESITY TASK FORCE**

The bill establishes a task force to study the effects of obesity on children's health. The task force must:

1. gather and maintain current information on childhood obesity that can be used to better understand its impact on children's health;
2. examine the nutrition standards for all food the state procures;

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3. explore ways to increase children's physical activity;
4. recommend the implementation of a pilot program, through a local or regional board of education, to schedule recess before lunch in elementary school; and
5. advise the governor and General Assembly on how to coordinate and administer state programs to reduce the incidence of childhood obesity.

The task force members must include:

1. the commissioners of Children and Families, Education, Public Health (DPH), and Social Services, or their designees;
2. the Children's Committee chairpersons, vice-chairpersons, and ranking members;
3. the Senate President and House Speaker, or their designees;
4. the House and Senate majority and minority leaders, or their designees;
5. a licensed dietitian-nutritionist with a background in food service appointed by the DPH commissioner; and
6. two members of the public appointed by the Children's Committee chairpersons, one of whom is a children's health matters advocate and the other is an academic, civic, or cultural leader specializing in children's health matters.

All task force appointments must be made by July 31, 2013. The appointing authorities fill any vacancies.

**HB 6527 (as amended by House "A" and Senate "A")\* AN ACT CONCERNING  
GENETICALLY ENGINEERED BABY FOOD. PASSED--Public Act 13-183**

This bill generally requires certain foods for human consumption that are entirely or partially genetically-engineered to be labeled as such. The requirement also applies to seed or seed stock intended to produce such food. The bill generally deems such items misbranded if they do not contain the required label. But these requirements only go into effect in the October following the enactment of similar laws in four other states meeting certain criteria. One of these states must border Connecticut, and the total population of such states in the northeast must be 20 million.

The labeling requirement does not apply to (1) alcohol, (2) food not packaged for retail sale that is intended for immediate consumption, and (3) certain farm products. There are also two situations where the labeling requirement applies, but failure to comply does not render the food items misbranded.

The bill generally subjects knowing violators to a daily fine of up to \$ 1,000 per product. But retailers are liable for failure to label only under certain conditions.

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By deeming food that violates the bill's labeling requirements to be misbranded, the bill also allows the Department of Consumer Protection (DCP) to place an embargo on, and in some circumstances, seize, the food. A person who misbrands food or sells misbranded food in Connecticut may be subject to criminal penalties.

The bill requires the DCP commissioner to enforce the bill's labeling requirements, within available appropriations. It authorizes him to adopt regulations to implement and enforce these requirements.

Among other things, the bill also:

1. explicitly includes infant formula in the definition of “food” for purposes of the bill's labeling requirements as well as other provisions in the existing state Food, Drug, and Cosmetic Act and
2. specifically excludes genetically-engineered foods from the definition of “natural food,” for purposes of the laws regulating the advertisement, distribution, or sale of food as natural.

\*House Amendment “A” replaces the underlying bill. It (1) expands the type of items to which the labeling requirement applies (in the underlying bill, the requirement applied only to baby food and infant formula) and (2) adds the provision that the labeling requirement only goes into effect when five other states enact similar laws. (In the underlying bill, the requirement would go into effect on July 1, 2015. ) Among other things, the amendment also adds and changes certain exceptions to the labeling requirement.

\*Senate Amendment “A” replaces the bill as amended by House Amendment “A. ” It (1) changes when the labeling requirement takes effect; (2) changes the definition of “genetic engineering,” (3) adds a defense for retailers based on reasonable reliance upon a wholesaler's or distributor's disclosure or lack of disclosure, (4) removes an exemption for certain farm crops, and (5) makes minor and technical changes.

**EFFECTIVE DATE: October 1, 2013**

**HB 6644 (as amended by House “A”)\* AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. PASSED--Public Act 13-208**

This bill makes numerous substantive and minor changes to Department of Public Health (DPH)-related statutes and programs. For example, the bill requires licensed health care institutions to submit to DPH corrective action plans after the department finds the institution to be noncompliant with state laws or regulations.

The bill limits required background checks for long-term care facility volunteers with direct patient access to only those volunteers reasonably expected to regularly perform duties substantially similar to those of employees with direct patient access. It eliminates the Connecticut Homeopathic Medical Examining Board, transferring responsibility for disciplining homeopathic physicians from the board to DPH.



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The bill makes changes affecting several health care professions and institutions, including master social workers, physician assistants, marital and family therapists, nuclear medicine technologists, optometrists, dental hygienists, certified water treatment plant professionals, hospice and nursing home facilities, residential care homes (RCHs), outpatient clinics, family day care homes, barber and hairdresser schools, and hospitals.

The bill also makes changes affecting the Connecticut Tumor Registry, the Breast and Cervical Cancer Early Detection and Treatment Referral Program, the Biomedical Research Trust Fund, the Health Information Technology Exchange of Connecticut, permits for public water supply dam construction, disclosure of patient information by certain health care providers, statutory definitions related to addiction services, the registration of swine growers, the state's electronic prescription drug monitoring program, the Alzheimer's Disease and Dementia Task Force established by sHB 5979 as amended, and the PANDAS/PANS advisory council established by sSB 1070, as amended.

\*House Amendment "A" (1) removes the provisions allowing DPH and professional regulatory boards to take disciplinary actions against specified health professionals for failing to conform to accepted professional standards; (2) makes minor changes to the provisions regarding the Biomedical Research Trust Fund and Connecticut Tumor Registry; (3) extends, from October 1, 2013 to October 1, 2015, the date by which DPH may issue a master social work license without examination to qualified applicants; and (4) applies the optometrist continuing education provisions to registration periods on or after October 1, 2014.

It also adds the provisions regarding (1) the statutory definition of RCHs; (2) nursing home and RCH citations for violations of the state's long-term care criminal history and patient abuse background search program; (3) applications to construct public water supply dams; (4) disclosure of patient information by DPH-licensed health care professionals; (5) the Alzheimer's Disease and Dementia Task Force; (6) nuclear medicine technologists; (7) hospital coronary angioplasty reporting requirements; (8) DPH's PANDAS/PANS advisory council; (9) the registration of swine growers; (10) the electronic prescription drug monitoring program; (11) outpatient clinics; and (12) technical corrections to the public health statutes.

**EFFECTIVE DATE:** October 1, 2013, except that the provisions on the (1) Connecticut Tumor Registry, Alzheimer's Disease and Dementia Task Force, PANDAS/PANS advisory council, coronary angioplasty hospital reports, registration of swine growers, and electronic prescription drug monitoring program take effect upon passage; (2) Breast and Cervical Cancer Early Detection and Treatment Referral Program and outpatient clinics take effect January 1, 2014; (3) nuclear medicine technologists and the definition of RCHs take effect July 1, 2013; and (4) optometrists' continuing education requirements apply to registration periods on and after October 1, 2014.

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**HB 6705, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET  
RECOMMENDATIONS FOR HOUSING, HUMAN SERVICES AND PUBLIC HEALTH.  
PASSED--Public Act 13-234**

**§ 140 — ONLINE LICENSURE RENEWAL AND INCREASED FEES**

Starting October 1, 2013, the bill requires, rather than allows, physicians, surgeons, nurses, nurse-midwives, and dentists to renew their licenses using DPH's online license renewal system, with one exception. DPH may allow a licensee to renew his or her license using a paper form and paying the professional service fees by check or money order if the licensee presents extenuating circumstances. This includes submitting to DPH a notarized affidavit indicating that the licensee does not have access to a credit card.

The bill increases the renewal fees for these professionals by \$ 5 (presumably to cover the associated credit card transaction fees). It removes the provision in current law allowing the department to charge a \$ 5 service fee for online license renewals.

It also removes an obsolete DPH reporting requirement regarding the online license renewal system.

**EFFECTIVE DATE:** Upon passage an applicable to registration periods beginning on and after October 1, 2013

**SB 465 (File 107, as amended by Senate "A")\* AN ACT REQUIRING NEWBORN  
SCREENING FOR ADRENOLEUKODYSTROPHY. PASSED-- Public Act 13-242**

This bill requires all health care institutions caring for newborn infants to test them for adrenoleukodystrophy (ALD), unless, as allowed by law, their parents object on religious grounds. Like existing law that requires these institutions to test infants for cystic fibrosis, severe combined immunodeficiency disease, and critical congenital heart disease, the test for ALD is not part of the Department of Public Health's (DPH) newborn screening program for genetic and metabolic disorders. That program, in addition to screening, directs parents of identified infants to counseling and treatment.

Under the bill, health care institutions must begin testing infants for ALD after both of the following occur:

1. a reliable ALD screening method is developed and validated that uses dried blood spots and quality assurance testing methods or (b) the federal Food and Drug Administration approves an ALD test that uses dried blood spots and
2. any reagents necessary for the screening test are available.

\*Senate Amendment "A" (1) removes the requirement that health care institutions perform ALD screenings as part of the DPH newborn screening program and (2) adds the conditions that must occur before the ALD screening requirement takes effect.

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**SB 466 AN ACT CONCERNING CONTINUING EDUCATION COURSES FOR PHYSICIANS. PASSED--Public Act 13-217**

**This bill reduces the frequency with which physicians must take mandatory topics for continuing medical education (CME), and adds behavioral health to the list of such topics. The mandatory topics currently include infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.**

**Under current law, physicians must take at least one contact hour (50 minutes) of CME in each mandatory topic every two years. The bill instead requires one contact hour in each such topic during the first renewal period for which CME is required (the second license renewal), and once every six years after that.**

**The bill makes a corresponding change by requiring physicians to retain CME attendance records or certificates of completion for at least six years, rather than three years.**

**By law, physicians applying for license renewal must have completed at least 50 contact hours of CME during the previous 24 months. Physicians are exempt from CME requirements during their first license renewal.**

**Because the bill applies to current registration periods, it appears that a physician nearing the end of his or her first CME cycle when the bill takes effect would have to comply with the new behavioral health requirement during that cycle (e. g. , a physician whose second license renewal period was set to expire on August 1 would have a month to complete one contact hour in behavioral health).**

**EFFECTIVE DATE: July 1, 2013**

**SB 821 (File 55, as amended by Senate "A")\*AN ACT CONCERNING RESPONSIBILITIES OF MANDATED REPORTERS OF CHILD ABUSE AND NEGLECT. PASSED--Public Act 13-53, Signed by Governor**

**This bill prohibits an employer from hindering or preventing, or attempting to hinder or prevent, an employee's efforts to make a good faith report as a mandated reporter or testify in a child abuse or neglect proceeding. The law already prohibits discharging, or discriminating or retaliating against, an employee for making such reports or providing such testimony. By law, mandated reporters are legally required to file complaints when they have a good faith belief that a child is being or at risk of being harmed by a parent or other person having responsibility for the child's care or custody. The attorney general may sue an employer who violates this provision, and a court may impose a penalty of up to \$ 2,500 on a violator and order other equitable relief it deems appropriate.**

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The bill also modifies the protections of the whistleblower statute that regulates employer-employee relationships by prohibiting employers from discharging, disciplining, or otherwise penalizing an employee who is a mandated reporter for reporting a suspected incident of child abuse or neglect. (The law already prohibits an employer from taking such action against an employee who reports a law violation or suspected law violation to a public body. ) By law, an employee may sue an employer who violates this provision for job reinstatement, back pay, and reestablishment of employee benefits after exhausting all available administrative remedies.

\*Senate Amendment “A” prohibits an employer from attempting to hinder or prevent an employee's efforts to make a good faith report as a mandated reporter or testify in a child abuse or neglect proceeding.

EFFECTIVE DATE: October 1, 2013

**SB 991 (File 538, as amended by Senate “A”)\*AN ACT CONCERNING AN ADVISORY COUNCIL ON PALLIATIVE CARE. PASSED--Public Act 13-55, Signed by Governor**

This bill establishes, within available appropriations, a 13-member Palliative Care Advisory Council within the Department of Public Health (DPH). The council must (1) analyze the current state of palliative care in Connecticut and (2) advise DPH on matters related to improving palliative care and the quality of life for people with serious or chronic illnesses.

The bill requires the council to report annually, starting no later than January 1, 2015, its findings and recommendations to the DPH commissioner and Public Health Committee.

\*Senate Amendment “A” (1) removes the requirement that the chairperson schedule the council's first meeting; (2) increases, from six to seven, the number of council members appointed by the DPH commissioner; (3) requires the council to meet at the DPH commissioner's request; and (4) allows the DPH commissioner to appoint to the council, a health care provider with experience or expertise in inpatient palliative care in a psychiatric facility.

EFFECTIVE DATE: October 1, 2013

### PALLIATIVE CARE ADVISORY COUNCIL MEMBERSHIP

Council members include:

1. (a) one physician certified by the American Board of Hospice and Palliative Medicine and (b) one registered nurse or advanced practice registered nurse certified by the National Board for Certification of Hospice and Palliative Nurses, both appointed by the governor;
2. seven licensed health care providers with experience or expertise in (a) inpatient palliative care in a hospital, nursing home, or psychiatric facility, (b) palliative care in a patient's home or community setting, (c) pediatric palliative care, or (d) palliative care for young adults, adults, or the elderly, all appointed by the DPH commissioner;

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3. one licensed social worker experienced in working with people with serious or chronic illness and their families, appointed by the House speaker;
4. one licensed pharmacist experienced in working with people with serious or chronic illness and their families, appointed by the Senate president pro tempore;
5. one spiritual counselor experienced in working with people with serious or chronic illness and their families, appointed by the House minority leader; and
6. one American Cancer Society representative or person experienced in advocating for people with serious or chronic illness and their families, appointed by the Senate minority leader.

**SB 996, AN ACT CONCERNING RECOMMENDATIONS BY THE LEGISLATIVE COMMISSIONERS FOR TECHNICAL REVISIONS TO THE EDUCATION STATUTES. PASSED--Public Act 13-3, Signed by Governor**

Sec. 16. Section 10-212e of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

No claim for damages shall be made against a town, local or regional board of education or school employee, as defined in section 10-222d, for any injury or damage resulting from the provision of food or dietary supplements by a parent or guardian, or a person designated by such parent or guardian, on school grounds to a student with glycogen storage disease [on school grounds] under an individualized health care and glycogen storage disease action plan, pursuant to section 10-212c.

**SB 1002 (File 440, as amended by Senate "A")\* AN ACT CONCERNING COMMUNITY SCHOOLS. PASSED--Public Act 13-64, Signed by Governor**

This bill allows local or regional boards of education to establish a community school or schools to participate with community partners to provide various educational and social services to students, families, and community members when school is not in session. The bill spells out the steps a board must complete in order to establish a community school. These include (1) conducting a school operations and instructional audit and a community needs audit and (2) developing a community school plan.

The bill requires boards that establish these schools to report to the state Department of Education (SDE) on the school's progress. In turn, SDE must report to the Education Committee on community schools.

The bill also adds community schools to the list of school turnaround options that can be used under the commissioner's network of schools.

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**\*Senate Amendment "A" modifies certain steps in the planning process leading to the establishment of a community school and requires additional information that boards of education must report to SDE regarding community schools.**

**EFFECTIVE DATE: July 1, 2013**

**SB 1060, AN ACT CONCERNING THE MAINTENANCE OF PROFESSIONAL LIABILITY INSURANCE BY NURSING HOMES, HOME HEALTH CARE AGENCIES AND HOMEMAKER-HOME HEALTH AIDE AGENCIES. PASSED--Public Act 13-249**

**This bill requires anyone who individually or jointly establishes, conducts, operates, or maintains a nursing home, home health care agency, or homemaker-home health aide agency to maintain professional liability insurance or other indemnity against liability for professional malpractice. The insurance must cover malpractice claims for injury or death of at least \$ 1 million for one person, per occurrence, with an aggregate (i. e. , the total for all claims within the coverage period) of at least \$ 3 million.**

**The bill explicitly exempts residential care homes from this requirement.**

**EFFECTIVE DATE: January 1, 2014**

**SB 1069, AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIANS AND PSYCHOLOGISTS. PASSED--Public Act 13-157**

**This bill authorizes physicians and psychologists to form a professional service corporation together to offer the services of a physician and psychologist.**

**Existing law authorizes psychiatrists and psychologists to form a professional service corporation together to offer their services.**

**EFFECTIVE DATE: October 1, 2013**

**SB 1070 (File 522, as amended by Senate "A" and "B")\* AN ACT ESTABLISHING A SCHOOL NURSE ADVISORY COUNCIL. Passed--Public Act 13-187**

**This bill requires the State Department of Education (SDE) commissioner to create a School Nurse Advisory Council. The council must advise the SDE and Department of Public Health (DPH) commissioners on matters affecting school nurses, including their professional development, staffing levels, and delivery of health care services. The bill requires the advisory council to annually report to the SDE and DPH commissioners and the Public Health and Education committees, with the first report due February 1, 2014.**

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The bill also establishes an advisory council on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS) and pediatric acute neuropsychiatric syndrome (PANS). This council must advise the DPH commissioner on research, diagnosis, treatment, and education relating to these conditions. Starting January 1, 2014, it must annually report to the Public Health Committee.

\*Senate Amendment “A” (1) generally grants authority and responsibility concerning the school nurse advisory council to the SDE commissioner, rather than DPH commissioner; (2) increases the number of voting members on this council and makes other changes to its membership composition; (3) adds to the topics the council must include in its reports; and (4) makes other minor changes.

\*Senate Amendment “B” adds the provisions on the PANDAS/PANS advisory council.

**EFFECTIVE DATE:** July 1, 2013 for the school nurse advisory council provisions; upon passage for the PANDAS/PANS advisory council provisions.

### **SCHOOL NURSE ADVISORY COUNCIL**

#### **Membership**

Under the bill, the school nurse advisory council's voting members are as follows (it appears they are appointed by the SDE commissioner):

1. one representative from each state-wide bargaining representative organization that represents school nurses;
2. one representative of the Association of School Nurses of Connecticut, employed at a private or parochial school;
3. one representative of the Connecticut Nurses Association;
4. one representative of the Connecticut Association of Public School Superintendents;
5. one representative of the Connecticut Federation of School Administrators;
6. one representative of the Connecticut Association of Boards of Education;
7. two school district medical advisors, including one member of the American Academy of Pediatrics; and
8. one representative of the Connecticut Association for Healthcare at Home who is a school nurse.

The DPH and SDE commissioners, or their designees, are ex-officio, nonvoting members and must attend the council's meetings.

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Council members must elect a chairperson from among the members who are school nurses.

### Procedure

The SDE commissioner must schedule the first council meeting, to be held no later than September 1, 2013. The council must meet upon the call of the chairperson or upon the request of a majority of the members. A majority of the members constitutes a quorum, and a majority vote of a quorum is needed for any official council action.

The bill provides that council members are not paid for their service, except for reimbursement for necessary expenses incurred in performing their duties.

### Reporting Requirement

Under the bill, the council must report by February 1, 2014 and at least annually thereafter to the SDE and DPH commissioners and the Public Health and Education committees. The report must include recommendations on (1) school nurses' professional development, staffing levels, and delivery of health care services and (2) protocols for emergency medication administration and evaluating temporary medical conditions that may be symptomatic of serious illnesses or injuries.

The bill requires the SDE commissioner to notify local and regional school boards of the advisory council's recommendations not later than 30 days after he receives these reports.

### **SB 1137 (File 545, as amended by Senate "A")\* AN ACT CONCERNING THE DEFINITION OF SCHOOL-BASED HEALTH CENTER. PASSED—Public Act 13-287**

This bill expands, from seven to 17, the membership of the school-based health center (SBHC) advisory committee and adds to its responsibilities. It requires the committee to advise the Department of Public Health (DPH) commissioner on matters relating to (1) minimum standards for the provision of services in SBHCs to ensure that high quality health care services are provided and (2) statutory and regulatory changes to improve health care through access to SBHCs. Current law instead requires the committee to assist the commissioner in developing recommendations for the latter.

The bill also requires the DPH commissioner to study and report to the Public Health Committee by February 1, 2014 on the provision of behavioral health services by SBHCs in the state. She must do this (1) in consultation with the SBHC advisory committee and Department of Children and Families commissioner and (2) only if DPH receives private or federal funds to conduct the study.

\*Senate Amendment "A" (1) removes the provisions creating a statutory definition of "school-based health center" and (2) adds the provisions regarding the (a) SBHC advisory committee and (b) DPH study and reporting requirements.



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**EFFECTIVE DATE:** Upon passage, except that the provision regarding the DPH school-based health center advisory committee takes effect October 1, 2013.

**SB 972 (File 195, as amended by Senate "A")\* AN ACT CONCERNING THE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH OF YOUTHS. PASSED--Public Act 13-178**

The bill requires the Department of Children and Families (DCF) and the Office of Early Childhood (OEC), in consultation and collaboration with various individuals and agencies, to take several steps to address Connecticut children's mental, emotional, and behavioral health needs. It requires DCF to develop a comprehensive plan to (1) meet these needs and (2) prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children. It requires OEC, which currently does not exist, to (1) provide recommendations to several committees for implementing the coordination of home visitation programs that offer services to vulnerable families with young children and (2) design and implement a public information and education campaign on children's mental, emotional, and behavioral health issues.

The bill requires training for school resource officers, mental health care providers, pediatricians, and child care providers. It also requires the (1) state to seek existing public and private reimbursement for mental, emotional, and behavioral health services and (2) Birth-to-Three program to provide mental health services to children eligible for early intervention services under federal law.

The bill also (1) allows the Judicial Branch to seek funding to perform a study to determine whether children and young adults who primarily need mental health interventions are placed in the juvenile justice or corrections systems instead of receiving appropriate treatment and (2) establishes a 14-member task force to study the effects of nutrition, genetics, complementary and alternative treatments, and psychotropic drugs on children's mental, emotional, and behavioral health.

\*Senate Amendment "A" strikes the underlying bill and, in doing so, eliminates the requirement that DCF develop and implement a youth mental health care system. Instead, it requires the department to develop an implementation plan to address children's mental, emotional, and behavioral health issues. It imposes several agency, training, and other requirements related to addressing these issues. It also changes the task force membership and charge.

**EFFECTIVE DATE:** July 1, 2013, except for the Judicial Branch and OEC provisions, which are effective on October 1, 2013.