

Legislative Report

May 11, 2016

The 2016 regular legislative session ended on May 4. Throughout the session, staff read through each piece of introduced legislation, identified those of importance to medicine and then monitored and advocated on them. Following is a list of bills and their final status that were of priority to medicine during the session.

Senate Bill 67 – An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses was passed despite opposition from medicine. The bill allows advanced practice registered nurses (APRNs) to certify, sign, or otherwise document medical information in several situations that currently require a physician's signature, certification, or documentation. For example, an APRN may now certify a patient for medical marijuana use (except for glaucoma), issue “do not resuscitate” orders, certify a disability to cancel a health club contract, and certify a disability or illness for continuing education waivers or extensions for various health professions. The bill also extends an APRNs authority or responsibility where written documentation is not required that currently applies only to physicians (e.g., notification to specified people before removal of life support). In addition, the bill extends certain reporting requirements to APRNs regarding specified types of patients or conditions (e.g., reporting to the Department of Rehabilitation Services (DORS) when a blind person comes under the APRN's care).

The bill allows optometrists and APRNs to document an individual's blindness or other vision-related information in a few situations that currently require a physician's documentation.

House Bill 5129 – An Act Concerning the Administration of Vaccines by Pharmacists and Medical Assistants and the Listing of Certified Medical Assistants would have expanded the authority of licensed pharmacists to administer vaccines, by allowing them to administer the flu vaccine to minors age 12 and older, under the same conditions as currently apply when they administer vaccines to adults. It would have also allowed medical assistants meeting specified education, national certification, and supervision requirements to administer the flu vaccine in certain settings. The bill died on the House calendar.

House Bill 5053 – An Act Increasing Access to Overdose Reversal Drugs includes several provisions on opioid abuse prevention and treatment and related issues and was passed by both the House and the Senate. The bill awaits the Governor's signature. Specifically, the bill:

1. prohibits, with certain exceptions, a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to (a) an adult for the first time for outpatient use or (b) a minor (§ 7);
2. makes various changes to the electronic prescription drug monitoring program, such as (a) expanding who may serve as a prescriber's authorized agent, (b) modifying reporting

deadlines, and (c) decreasing prescriber reviews for prolonged treatment of schedule V nonnarcotic drugs (§§ 8 & 9);

3. allows any licensed health care professional to administer an opioid antagonist (e.g., Narcan) to treat or prevent a drug overdose without civil or criminal liability (§ 1);

4. requires municipalities, by October 1, 2016, to amend their local emergency medical services (EMS) plans to ensure that specified first responders are equipped with an opioid antagonist and trained in administering it (§ 1);

5. prohibits certain health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs (§§ 2 & 3); and

6. requires the Public Health Committee chairpersons to establish a working group on the issuance of opioid drug prescriptions by prescribing practitioners. (OLR Bill Analysis)

Senate Bill 433 – An Act Concerning Standards and Requirements for Health Carriers’ Provider Networks and Contracts between Health Carriers and Participating Providers.

This bill requires health carriers (e.g., insurers and HMOs) to establish and maintain adequate provider networks to assure that all covered benefits are accessible to covered individuals without unreasonable travel or delay. Carriers must ensure that emergency services are available at all times. Additionally, it requires a carrier to provide benefits at the in-network level of coverage when a nonparticipating provider performs covered services for a covered individual if a participating provider is not available in the network. The bill passed the House and the Senate and now awaits the Governor’s signature.

Senate Bill 351 - An Act Concerning Matters Affecting Physicians and Hospitals was passed by the House and Senate and now awaits the Governor’s signature. The bill makes several changes that impact physicians and their practices. Specifically, the bill:

1. sets specific limits on physician non-compete agreements, such as (a) restricting them to no more than one year and a 20-mile radius from the physician's primary practice site and (b) prohibiting hospitals from restricting a physician's ability to leave for private practice;

2. expands which entities may employ physicians by allowing independent practice associations and certain other entities not owned by a hospital to establish for-profit or nonprofit medical foundations, and makes other changes concerning medical foundations;

3. expands an existing definition of “captive professional entity,” that applies to the medical foundation provisions and existing notice requirements for material changes to physician group practices;

4. requires hospital bills to include the hospital's cost-to-charge ratio;

5. changes the required information providers must give to patients when referring them to certain affiliated providers; and

6. allows the Health Care Cabinet to study and report on the possible licensure of urgent care and limited service health clinics. (OLR Bill Analysis)

Senate Bill 373 – An Act Limiting Changes to Health Insurers’ Prescription Drug Formularies. This bill prohibits insurers and HMOs from removing a drug from a formulary (i.e., a list of covered prescription drugs) or reclassifying any covered drug into a higher cost sharing tier during a health insurance policy's term, unless the drug is deemed unsafe. The bill was passed by the Insurance and Real Estate Committee but died in the Appropriations Committee.

House Bill 5517 –An Act Concerning Cost-Sharing for Prescription Drugs. This bill attempted to limit coinsurance, copayments, deductibles or other out-of-pocket expenses imposed on insureds for prescription drugs but was not voted on by the Insurance and Real Estate Committee by its committee deadline.

Senate Bill 372 – An Act Concerning Clinical Review Criteria for Utilization Review and Adverse Determination Notices. This bill expands the clinical review criteria that health carriers (e.g., insurers and HMOs) may use for utilization reviews. Under the bill, these may include criteria intended to address technological or treatment advances not covered in certain professional medical society treatment criteria publications. The bill also repeals a health carrier's disclosure requirement specific to clinical review criteria for (1) substance use disorders, (2) child or adolescent mental disorders, and (3) adult mental disorders. It replaces these specific requirements with a general disclosure applicable to all clinical review criteria. The bill passed the Senate and the House and now awaits the Governor’s signature.