

## DOCS Bills of Note

2022

### Bills Passed Both Chambers and Signed into Law

- **HB 5500** *An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes.*
- **HB 5414** *An Act Concerning The Provision Of Protections For Persons Receiving And Providing Reproductive Health Care Services In The State And Access To Reproductive Health Care Services In The State.*
- **HB 5430** *An Act Concerning Opioids.*
- **SB 2** *An Act Expanding Preschool And Mental And Behavioral Services For Children.*
- **5506** *An Act Adjusting The State Budget For The Biennium Ending June 30, 2023, Concerning Provisions Related To Revenue, School Construction And Other Items To Implement The State Budget And Authorizing And Adjusting Bonds Of The State.*

### Bills that Did Not Advance:

- **HB 5042** *An Act Concerning Health Care Cost Growth.\**
- **SB 449** *An Act Concerning The Recruitment And Retention Of Physicians In The State.\**
- **HB 5447** *Prior Authorization An Act Concerning Prior Authorization For Health Care Provider Services.*
- **SB 357** *An Act Concerning Copay Accumulator Programs And High Deductible Health Plans.*
- **HB 5400** *An Act Concerning The Regulation Of Insurance In The State.*
- **SB 364** *An Act Concerning Health Insurance.*

\*Indicates these provisions were included in other bills.

### **BILLS PASSED BOTH CHAMBERS- AWAITING GOVERNOR'S ACTION**

**5506** *An Act Adjusting The State Budget For The Biennium Ending June 30, 2023, Concerning Provisions Related To Revenue, School Construction And Other Items To Implement The State Budget And Authorizing And Adjusting Bonds Of The State.*

### **Surgery Center Tax- Sec. 440-482**

Beginning July 1, 2022, the bill (1) repeals the ambulatory surgical center (ASC) gross receipts tax and (2) eliminates the ASC net revenue tax currently scheduled to take effect on July 1, 2023.

### **Benchmarking- Sec.219-229**

These sections are also reflected in HB 5042, the benchmarking bill that did not pass. This bill expands the Office of Health Strategy's (OHS) duties to include, among other things, setting annual health care cost growth benchmarks, health care quality benchmarks, and primary care spending targets. Under the bill:

- The executive director must publish annual reports on the total health care expenditures in Connecticut and the health care quality benchmarks, including how payers (e.g., insurers) and provider entities (e.g., physician groups) meet or exceed these metrics.
- Requires payers and provider entities to provide the executive director with specified health care cost and quality data.
- Additionally, the bill requires the executive director to identify (1) payers and provider entities who exceed the health care cost growth and quality benchmarks or fail to meet the primary care spending target and (2) any other entities (e.g., drug manufacturers) that significantly contribute to health care cost growth. The bill allows the executive director to require these payers, providers, and entities to participate in a public hearing and discuss, among other topics, ways to reduce their contribution to future health costs.

### **Certificate of Need Task Force- Sec. 129**

The bill establishes a 16-member task force to study and make recommendations on certificates of need (CONs). The task force must study and make recommendations on the following matters:

1. Instituting A Price Increase Cap Tied To The Cost Growth Benchmark For Consolidations;
2. Guaranteed Local Community Representation On Hospital Boards;
3. Changes To The Office Of Health Strategy's (OHS) Long-Term, Statewide Health Plan To Include An Analysis Of Services And Facilities And Their Impact On Equity And Underserved Populations;
4. Setting Standards To Measure Quality Due To A Consolidation;
5. Enacting Higher Penalties For Noncompliance And Increasing The Staff Needed For Enforcement;
6. The Attorney General's Authority To Stop Activities As The Result Of A CON Application Or Complaint;
7. The Ability Of Workforce And Community Representatives To Intervene Or Appeal Decisions;
8. Authorizing OHS To Require An Ongoing Investment To Address Community Needs;
9. Capturing Lost Property Taxes From Hospitals That Have Converted To Nonprofit Entities; And
10. The Timeliness Of Decisions Or Approvals Relating To The CON Process And Relief Available Through That Process.

### **Certificate of Need Sliding Scale – Sections 227-228**

Under the certificate of need (CON) law, health care institutions (e.g., hospitals, freestanding emergency departments, outpatient surgical facilities) must generally receive state approval when establishing new facilities or services, changing ownership, acquiring certain equipment, or terminating services. The bill increases the nonrefundable CON application fee from \$500 to a range of \$1,000 to \$10,000 depending on the proposed project's cost, as shown in the Table below.

Table: CON Application Fees Under the Bill

Application Fee	Project Cost
\$1,000	Up to \$50,000
\$2,000	>\$50,000 and up to \$100,000
\$3,000	>\$100,000 and up to \$500,000
\$4,000	>\$500,000 and up to \$1 million
\$5,000	>\$1 million and up to \$5 million
\$8,000	>\$5 million and up to \$10 million
\$10,000	>\$10 million

***HB 5500 An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes.*** (Awaiting Governor's Signature)

HB 5500 was an aircraft carrier and included the following legislation:

**Medical Assistants to Administer Vaccines- Sec. 47**

A clinical medical assistant may administer a vaccine under the supervision of a physician, physician assistant, or APRN, provided the medical assistant has the requisite 24 hours of classroom training and hours of training in a clinical setting regarding the administration of vaccines. For a physician assistant to delegate vaccine administration, this must be pursuant to a collaborative agreement between the physician and physician assistant. This is effective October 1, 2022.

**HIV Screening- Sec. 68**

This section states that the primary care or provider's designee shall offer to provide an HIV test to anyone over 13 but is not required to under the following circumstances:

- Patient is being treated for life threatening emergency
- Patient has previously been offered or has received an HIV related test
- Patient lacks the capacity to consent to the HIV related test

Note this requirement may be satisfied by a check box on a form.

Effective date: On or after January 1, 2023.

**DPH Scope Review Requirement- Sec. 55**

The bill requires, rather than allows, any person or entity acting on behalf of a health care profession seeking a new or amended scope of practice to submit a written scope of practice request to DPH by August 15<sup>th</sup> of the year preceding the start of the next legislative session.

**Statewide Health Information Exchange OHS regulation- Sec. 37-38.**

This section of the bill requires the Office of Health Strategy (OHS) executive director to adopt regulations to (1) administer the Statewide Health Information Exchange and (2) require certain

health care institutions and providers to connect to and participate in the exchange. Under the bill, the executive director may implement policies and procedures while in the process of adopting the regulations, so long as she (1) holds a public hearing at least 30 days before implementing them and (2) publishes notice of the intent to adopt the regulations within 20 days after implementing them. The policies and procedures are valid until final regulations take effect.

### **Surgical Smoke- Sec. 67**

The bill requires each licensed hospital and outpatient surgical facility (other than GI and eye practices), by January 1, 2024, to develop a policy for using a surgical smoke evacuation system to prevent exposure to surgical smoke. Also by this date, these facilities must implement the policy and, upon request, provide a copy to DPH.

### **Accessibility on Medical Diagnostic Equipment- Sec. 73**

Starting January 1, 2023, the bill requires health care facilities to take into consideration certain federal technical standards for accessibility of medical diagnostic equipment when purchasing this equipment.

### **CME for Suicide Prevention- Sec. 65**

This section adds suicide prevention to the list of topics that may qualify for the behavioral health CME credit that must be taken once every six years.

### ***HB 5414 An Act Concerning The Provision Of Protections For Persons Receiving And Providing Reproductive Health Care Services In The State And Access To Reproductive Health Care Services In The State.***

- The bill allows APRNs, nurse-midwives, and physician assistants to perform aspiration abortions. The bill also explicitly authorizes these providers to perform medication abortions, which conforms to existing practice resulting from a 2001 attorney general opinion. The Department of Public Health determined that aspiration and medication abortions are within the scope of APRNs, PAs, and nurse-midwives so a scope review on this was not necessary. Note that APRNs, PAs, and nurse-midwives must have physician supervision for this requirement, although an APRN who has independent practice would not need such supervision.

### **SB 2 An Act Expanding Preschool And Mental And Behavioral Services For Children.**

#### **Recruitment and Retention- Section 29**

This section takes elements from the recruitment and retention bill. This section requires the DPH commissioner, by January 1, 2023, to convene a working group to advise her on ways to enhance physician recruitment in the state. The group must report its findings to the commissioner and the Public Health Committee by January 1, 2024. The working group must examine at least the following issues:

1. Recruiting, Retaining, And Compensating Primary Care, Psychiatric, And Behavioral Health Care Providers;
2. The Potential Effectiveness Of Student Loan Forgiveness;
3. Barriers To Recruiting And Retaining Physicians Due To Non- Compete Clauses;
4. Access To Health Care Providers And Any Effect Of The Health Insurance Landscape On Limiting Health Care Access;
5. Barriers To Physicians Participating In Health Care Networks; And
6. Assistance For Graduate Medical Education Training.

### **Funding for Student Loan Repayment Fund- Sec. 28**

This section requires DPH to use at least \$1.6 million of the funds appropriated for the state loan repayment program for repayments for physicians.

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14. Setting Standards To Measure Quality Due To A Consolidation;
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16. The Attorney General’s Authority To Stop Activities As The Result Of A CON Application Or Complaint;
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## **BILLS THAT DID NOT ADVANCE**

### **HB 5042 *An Act Concerning Health Care Cost Growth.***

This bill was included in the budget.

### **SB 449 *An Act Concerning The Recruitment And Retention Of Physicians In The State.***

This bill was included in the budget.

### **HB 5447 *Prior Authorization An Act Concerning Prior Authorization For Health Care Provider Services.***

This bill would have required the Insurance Department to conduct a study concerning prior authorization issues in the state. We had been working with CSMS and CHA to provide some relief on the prior authorization process, but ultimately the House Insurance Chair did not feel comfortable passing a bill without additional information and is hoping to convene a working group in the interim to gather more data on the issue.

### **SB 357 *An Act Concerning Copay Accumulator Programs And High Deductible Health Plans.***

This bill applies the state's copay accumulator program prohibition to high deductible health plans to the maximum extent permitted by federal law. It applies it to HDHPs that are used to establish a health savings account (HSA), medical savings account (MSA), or Archer MSA to the maximum extent permitted by federal law and that does not disqualify the insured from receiving the associated federal tax benefits.

### **HB 5400 *An Act Concerning the Regulation Of Insurance In The State.***

A late amendment filed on this bill would have created a task force to study step therapy, among other things. The bill passed the House but not the Senate.

### **SB 364 *An Act Concerning Health Insurance.***

Sen. Looney filed several amendments on the bill, one of which would have redefined clinical peer and shifted the burden to the insurer on adverse determination reviews. Ultimately, a version of the bill that banned step therapy passed the Senate. It was not called in the House.

### **HB 5410 *An Act Concerning High Deductible Health Plans.***

This bill was an attempt from the House Insurance Chair to address the HDHP issue, but similar to the prior authorization issue she determined more information was needed so as to avoid unintended consequences and potential increase of premiums in other plans. The bill would have limited deductibles of certain health insurance policies so \$1400 for individuals and \$2800 for families; requires health savings account disclosures; and requires certain high deductible health plans to apply annual deductibles on a calendar year basis.