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UPDATE
Health Law Pulse

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Connecticut Health Law Legislative Update

The following is a general summary of certain significant legislation enacted during the 2013 Connecticut legislative session. The legislation is generally arranged by order of effective date, with the exception of Public Acts 13-208, and 13-234, the provisions of which have various effective dates. These three public acts are summarized at the end of this article.

EFFECTIVE AS OF PASSAGE

Public Act 13-14: An Act Concerning Expenses Relating to the Sale of Nonprofit Hospitals

The attorney general may contract with experts or consultants to assist in reviewing an application for the sale of a nonprofit hospital to a for-profit entity. This legislation increases the amount that a purchaser can be billed for such expert and/or consulting services from $300,000 to $500,000. While these changes are effective as of passage, the new law applies to any application filed on or after January 1, 2013.

Public Act 13-196: An Act Making Minor and Technical Changes to Department of Consumer Protection Statutes

Drug wholesalers that operate in Connecticut are required to register with the Department of Consumer Protection (DCP) and to renew such registration annually. Subject to certain exceptions, a "wholesaler" is defined as a person who supplies drugs, medical devices, or cosmetics to other wholesalers, manufacturers, distributors, hospitals, pharmacies, prescribing practitioners, clinics, and federal, state, or municipal agencies. Under this legislation, drug wholesalers must annually obtain a separate certificate and pay a corresponding $190 fee for each in-state location and each out-of-state location that distributes products in Connecticut.

Licensed drug manufacturers, wholesalers, and laboratories operating within Connecticut that use controlled substances for research or analysis are required to pay a separate fee for each place of business or professional practice where the licensee uses, manufactures, stores, distributes, analyzes, or dispenses controlled drugs. This legislation also imposes this additional fee on each place of business or professional practice where the licensee uses, manufactures, stores, distributes, analyzes, or dispenses medical devices or cosmetics.

Public Act 13-172: An Act Concerning the Electronic Prescription Drug Monitoring Program

DCP has established an electronic prescription drug monitoring program (Program) to collect prescription data for Schedule II through Schedule V controlled substances in a central

database. Every pharmacy and outpatient pharmacy in a hospital or institution is required to report specific information regarding controlled substance prescriptions that were dispensed. This legislation expands the application of these reporting requirements to nonresident pharmacies and certain practitioners. A "nonresident pharmacy" is defined as a pharmacy located outside of the state that ships, mails, or otherwise delivers certain drugs or devices to the state pursuant to a prescription order. For purposes of these reporting requirements, "practitioners" include certain medical professionals (physicians, dentists, veterinarians, and podiatrists), scientific investigators, pharmacies, hospitals, and other persons or institutions licensed, registered, or otherwise permitted to distribute, dispense, conduct research, or administer controlled substances in the course of professional practice or research. This legislation also revises the frequency of reports from twice a month to once a week. The revised Program requirements do not apply to samples of controlled substances dispensed by physicians to patients.

This legislation also requires all practitioners who distribute, administer, or dispense any controlled substance, or who propose to distribute, administer, prescribe, or dispense a controlled substance, to register for access to the Program. For purposes of this registration requirement, "practitioner" is defined to include certain medical professionals (physicians, dentists, veterinarians, podiatrists, optometrists, physician assistants, advanced practice registered nurses, and nurse-midwives), scientific investigators, hospitals, and other persons or institutions licensed, registered, or otherwise permitted to distribute, dispense, or administer controlled substances in the course of professional practice or research. Any practitioner not subject to the reporting requirements above will only be required to register for access to the Program.

Under this legislation, no person or employer may prohibit, discourage, or impede prescribing practitioners or pharmacists from requesting controlled substance prescription information from the DCP.

Public Act 13-247: An Act Implementing Provisions of the State Budget for the Biennium Ending June 30, 2015 Concerning General Government

This legislation makes various changes to statutes relating to the Connecticut Health Insurance Exchange (HIX). HIX is now responsible for planning, implementing, and administering the all-payer claims database program. Under this program, upon adoption of reporting requirements by HIX, reporting entities must report certain insurance claims data to an all-payer claims database. "Reporting entities" are defined to include, without limitation, health insurers, certain health care centers (such as a health maintenance organization), third-party administrators, pharmacy benefits managers, and preferred provider networks. By law, HIX is authorized to impose a penalty on any reporting entity that fails to comply with program reporting requirements, up to $1,000 per day for each day of violation.

EFFECTIVE JULY 1, 2013

Public Act 13-217: An Act Concerning Continuing Education Courses for Physicians

This legislation makes changes to the continuing education requirements for physicians. By law, licensed physicians applying for license renewal must have earned 50 contact hours of continuing medical education within the preceding 24-month period. Under this legislation, during a physician's first license renewal period, and at least once every six years thereafter, such continuing medical education must include training in infectious diseases, risk management, sexual assault, domestic violence, cultural competency, and behavioral health. This legislation also requires physicians to retain attendance records or certificates for a minimum of six years after the courses are completed instead of three years.

Public Act 13-178: An Act Concerning the Mental, Emotional, and Behavioral Health of Youths

This new law requires the Department of Children and Families (DCF) to develop a comprehensive implementation plan for meeting the mental, emotional, and behavioral health care needs of children in the state. It also requires emergency mobile psychiatric service providers to collaborate with community-based mental health care agencies, school-based health centers, and local or regional boards of education regarding identification and referrals of children with mental, emotional, or behavioral health issues and plans for appropriate follow-up. "Emergency mobile psychiatric services" are generally defined as rehabilitation services provided by a DCF-certified provider in a home or other community setting in response to a psychiatric or substance abuse-related crisis.

The new law also requires DCF to provide ongoing training for mental health care providers in evidence-based and trauma-informed interventions and practices.

EFFECTIVE OCTOBER 1, 2013

Public Act 13-242: An Act Requiring Newborn Screening for Adrenoleukodystrophy

Under current law, all newborns delivered in Connecticut must be screened for certain health conditions such as cystic fibrosis and sickle cell disease unless the parents object on religious grounds. Beginning on October 1, 2013, such screening will include testing for adrenoleukodystrophy.

Public Acts 13-157 and 13-198: Revisions to the Professional Corporation Statutes

These two public acts allow (1) physicians and podiatrists and (2) physicians and psychologists to form professional corporations to jointly offer their services. In each case, the shareholders of said professional corporations must be licensed physicians and either psychologists or podiatrists (as applicable), or otherwise legally authorized to render one of these services.

Public Act 13-130: An Act Concerning the Time for Parental Notification When a Child Is Admitted to a Hospital for Diagnosis or Treatment of a Mental Disorder

Under current law, a hospital is permitted to admit a child 14 years of age or older for treatment or diagnosis of a mental disorder without parental consent if the child consents in writing. A child in the custody of DCF may be admitted for such purposes upon request by DCF, provided certain requirements are met. This legislation requires a hospital to notify the parent or guardian of the child's admittance no later than 24 hours after being admitted, pursuant to either of these provisions.

Public Act 13-70: An Act Concerning Training Nursing Home Staff About Residents' Fear of Retaliation

Under current law, nursing home administrators are required to ensure that all staff annually receive in-service training specific to the needs of the nursing home's patient population. This legislation requires that such training include specific instruction regarding patients' fear of retaliation. Retaliation training must include a discussion of how to prevent employee retaliation and to alleviate patients' fear of retaliation, examples of what a patient may believe is employee retaliation, and a patient's right to voice grievances and file complaints. The state ombudsman must create and update a training manual for all nursing home facilities that provide guidance on structuring and implementing this in-service training.

Public Act 13-53: An Act Concerning Responsibilities of Mandated Reporters of Child Abuse and Neglect

In Connecticut, mandated reporters must make a report to DCF when, during the course of performing their professional duties, they have a good faith belief that a child has been abused

or neglected, is placed at imminent risk of serious harm, or has experienced a nonaccidental physical injury. Examples of mandated reporters in health care include physicians, nurses, dentists, psychologists, and pharmacists. The law also permits mandated reporters acting outside of their professional capacity, and any other person, to file a report based on reasonable cause. Current law prohibits employers from discharging, discriminating, or retaliating against employees who in good faith make such reports. This legislation expands these protections by prohibiting employers from hindering or preventing, or attempting to hinder or prevent, an employee from making a report or testifying in any proceeding concerning child abuse or neglect. This legislation also revises an employee whistle-blower protection statute to prohibit employers from discharging, disciplining, or penalizing employees who report suspected incidents of child abuse or neglect.

Public Act 13-76: An Act Requiring Licensed Social Workers, Counselors, and Therapists to Complete Continuing Education Course Work in Cultural Competency

Under current law, social workers, professional counselors, alcohol and drug counselors, and marital and family therapists must meet certain continuing education requirements during each registration period. This legislation requires that at least one contact hour of such continuing education be on the topic of cultural competency. The revised standards apply to registration periods beginning on or after January 1, 2014.

Public Act 13-52: An Act Concerning Interviews of Children by the Department of Children and Families During Investigations of Child Abuse and Neglect

In general, Connecticut law requires DCF to obtain consent from a parent, guardian, or other person responsible for a child's care before interviewing such child during an investigation into suspected child abuse or neglect. DCF is not required to obtain such consent if it has reason to believe that the parent, guardian, or caretaker is the perpetrator of the alleged abuse. Under this legislation, DCF is also permitted to interview a child without consent when it has reason to believe that seeking consent would place the child in imminent risk of physical harm.

Public Act 13-228: An Act Addressing the Medical Needs of Children

Under current law, in certain cases of child abuse or neglect, a Connecticut court may issue an ex parte order granting temporary custody of a child to an appropriate person or agency. This legislation states that the person or agency having temporary custody has, with respect to such child, the authority to make decisions regarding emergency medical, psychological, psychiatric, or surgical treatment; the obligations of care and control; and any other rights or duties as may be ordered by the court.

EFFECTIVE JANUARY 1, 2014

Public Act 13-88: An Act Concerning Homemaker-Companion Agencies and Consumer Protection

This legislation permits a client of a homemaker-companion agency to cancel a contract or service plan with the agency at any time if the contract or service plan does not include a specific duration. It states that clients are only obligated to pay for services actually rendered and cannot be billed for excess fees or costs if the agency provides an individual with a higher level of skill than needed by the client. It also revises the requirements for written contracts and service plans. Under current law, homemaker-companion agencies must provide each client (or his or her authorized representative) with a written contract or service plan within seven calendar days of beginning services. The contract or service plan must include the scope, type, frequency, duration, and cost of services. In addition, it must notify a client of his or her right to review or modify the contract, state which employees are required to undergo a background check, and inform the client that the agency's records may be audited or inspected by the Department of Consumer Protection. This legislation expands the notification

requirements by requiring that the following provisions be included in the contract or service plan:

1. If requested by the client (or his or her authorized representative), the agency will provide written confirmation that a comprehensive background check has been performed on each agency employee providing services to the client.
2. The agency cannot guarantee the extent to which its services will be covered by insurance.
3. The client may cancel the contract or service plan at any time if it does not contain a specific period of duration.

All notices must be "conspicuous" and in boldface type. Under current law, a contract or service plan is not valid unless it is signed by both the agency and the client (or the client's authorized representative). This legislation states that the contract or service plan is not enforceable against the client or his or her authorized representative unless it includes all of the statutory notice requirements. It also allows an agency that has complied with the notice requirements to recover payment based on the reasonable value of the services requested and received by the client, provided a court determines that it would be inequitable to deny recovery.

VARIOUS EFFECTIVE DATES

Public Act 13-208: An Act Concerning Various Revisions to the Public Health Statutes

This public act makes a number of substantive and technical changes to the public health statutes.

The following provisions of Public Act 13-208 are effective from passage:

- Under prior law, hospitals, clinical laboratories, and health care providers (reporting entities) were required to report certain tumors that they diagnosed or treated to the Connecticut Tumor Registry (the Registry). Tumors that must be reported to the Registry are found on a reportable list maintained by the Department of Public Health (DPH). Under this legislation, reporting entities must include certain follow-up information in the report, including demographic data, diagnostic, treatment, and pathology reports; operative reports; and hematology, medical oncology, and radiation therapy consults, or abstracts of such reports or consults.
- Under this legislation, any hospital that received a certificate of need from the Office of Health Care Access that allows such hospital to perform emergency coronary angioplasty services (but does not permit such services on an elective basis) is required to comply with certain reporting requirements. For the period of October 1, 2013, to September 30, 2014, such hospitals must report monthly to the DPH concerning the number of persons (1) who received emergency coronary angioplasty and (2) who were discharged to another hospital to receive an elective coronary angioplasty or open-heart surgery following emergency coronary angioplasty.
- Pursuant to its authority, DCP has established an electronic prescription drug monitoring program to collect prescription data for Schedule II through Schedule V controlled substances in a central database. Under current law, every pharmacy and outpatient pharmacy in a hospital or institution is required to report twice a month specific information regarding controlled substance prescriptions that were dispensed. This legislation exempts from the reporting requirements (1) controlled substances dispensed by a hospital to inpatients and (2) institutional pharmacies or pharmacists' drug rooms operated by a DPH-licensed facility that dispenses or directly administers to a patient opioid antagonists for treatment of a substance abuse disorder.

The following provisions of Public Act 13-208 are effective as of July 1, 2013:

- This legislation creates a statutory definition of nuclear medicine technologist, defines the scope of practice for nuclear medicine technologists, and sets certain supervision requirements for such technologists. A "nuclear medicine technologist" is defined as any person who holds and maintains current certification in good standing as a nuclear medicine technologist with the Nuclear Medicine Technology Certification Board or the American Registry of Radiologic Technologists. Pursuant to this legislation, the practice of nuclear medicine technology includes the use of sealed and unsealed radioactive materials, pharmaceuticals, adjunctive medications, and imaging procedures as part of diagnostic evaluation and therapy. A nuclear medicine technologist may perform nuclear medicine procedures under the direction and supervision of a licensed physician, provided (1) the physician is satisfied as to the competency and ability of such technologist, (2) such delegation is consistent with the health and welfare of the patient, and (3) such procedures are performed under the control, oversight, and direction of the physician. The legislation generally prohibits nuclear medicine technologists from operating a stand-alone computed tomography (CT) imaging system. A nuclear medicine technologist may, however, operate a CT or magnetic resonance imaging (MRI) portion of a hybrid-fusion imaging system, provided that he or she has successfully completed the individual certification exam for CTs or MRIs administered by the American Registry of Radiologic Technologists and maintains CT or MRI certification in good standing through such organization. The legislation also prohibits nuclear medicine technologists from independently performing a nuclear cardiology stress test; however, such technologists are permitted to administer adjunct medications and radio pharmaceuticals during a nuclear cardiology stress test and/or perform the imaging portion of such test.
- This legislation establishes a separate definition for residential care homes, which was previously included in the definition of a nursing home facility. The legislation defines "residential care home" as an establishment that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and provides services that meet needs beyond food, shelter, and laundry.

The following provisions of Public Act 13-208 are effective as of October 1, 2013:

- Under this legislation, DPH can inspect any institution to determine its compliance with all applicable state statutes and regulations. An "institution" includes, without limitation, a hospital, a residential care home, a health care facility for the handicapped, a nursing home, a rest home, a home health care agency, a homemaker-home health aide agency, a mental health facility, an assisted living services agency, a substance abuse treatment facility, and an outpatient surgical facility. If an institution is found to be noncompliant, the DPH must issue written notice to such institution. Within ten days of receiving such notice, the institution must submit a written plan of correction to the DPH that includes certain specified requirements. Any institution that fails to submit a plan of correction may be subject to disciplinary action.
- This legislation authorizes physician assistants employed or contracted by a nursing home or a rest home with nursing supervision to administer a peripherally inserted central catheter as part of the facility's IV therapy program.
- This legislation requires the governor to appoint the chairperson to the Board of Directors of the Health Information Technology Exchange of Connecticut. Previously, the Commissioner of Public Health or his or her designee served as chairperson.
- This legislation generally requires any optometrist actively engaged in the practice of optometry to earn a minimum of 20 hours of continuing education during each 12-month registration period. "Actively engaged in the practice of optometry" means treating one or more patients during such registration period. Each optometrist's continuing education must reflect the professional needs of the optometrist and must include at least six hours in pathology, detection of diabetes, and ocular treatment and an additional six hours in treatment as it applies to the use of ocular agents-T. A maximum of six hours of continuing education coursework may be via home study or distance learning programs. Coursework in management is limited to no more than six hours. Optometrists must retain appropriate records documenting compliance with these requirements for a minimum of three years following completion of the continuing education and must produce such records upon request by the DPH. This legislation applies to registration periods beginning on or after October 1, 2014.

- Under current law, physicians and surgeons are generally prohibited from disclosing patient information to a third party unless the patient or his or her authorized representative explicitly consents to such disclosure, except where the disclosure is made (1) pursuant to statute, regulation, or court rule, (2) to a physician or surgeon's attorney or liability insurer in defense of an actual or suspected claim, (3) to the DPH as part of an investigation or complaint, if the records are related, or (4) where the physician or surgeon knows or suspects abuse of a child, elderly person, or person with a disability. This legislation generally applies this disclosure prohibition to all licensed health care providers. The legislation does not apply to health care professionals who must comply with separate statutory disclosure requirements.
- This legislation expands the statutory definition of health care "institution" to include a short-term hospital special hospice and a hospice inpatient facility. It also establishes fees for DPH biennial licensing and inspection of such institutions.
- Under this legislation, the Connecticut Homeopathic Medical Examining Board is eliminated and responsibility for discipline of homeopathic physicians is transferred to the DPH. A physician seeking licensure as a homeopathic physician is now required to complete a minimum of 120 hours of post-graduate medical training in homeopathy (1) offered by an institution approved by the American Institute of Homeopathy or (2) under the direct supervision of a licensed homeopathic physician. The training is subject to DPH approval.

The following provisions of Public Act 13-208 are effective as of January 1, 2014:

- This legislation establishes a statutory definition for "outpatient clinic," which is defined as an organization operated by a municipality or corporation, other than a hospital, that provides (1) ambulatory medical care, including preventative and health promotion services, (2) dental care, or (3) mental health services that do not require overnight care for the patient provided in conjunction with medical or dental care. This statutory definition of an outpatient clinic differs slightly from the previously established definition provided in Connecticut regulations in that the new statutory definition specifically includes certain mental health services.

Public Act 13-234: An Act Implementing the Governor's Budget Recommendations for Housing, Human Services, and Public Health

This public act contains a number of provisions relevant to health care entities and health care providers.

The following provisions of Public Act 13-234 are effective from passage:

- Under this legislation, the Department of Social Services (DSS) can require a nursing facility to notify DSS within one business day of any person who is mentally ill and meets the requirements for admission to a nursing facility. A "nursing facility" is a chronic and convalescent home or a rest home with nursing supervision, as defined by law, that participates in the Medicaid program. This legislation expands upon the law in effect prior to its passage, which prohibits nursing facilities from admitting a person who has not undergone a screening pursuant to which the Department of Mental Health and Addiction Services determines whether such person is mentally ill and, if so, whether he or she requires the level of services provided by the nursing facility.
- Physicians, surgeons, dentists, registered nurses, advanced practice registered nurses, licensed practical nurses, and nurse-midwives must now renew their licenses using DPH's online renewal system. An individual who does not have a credit card may request an exemption from the online registration requirement by submitting a notarized affidavit affirming that such person does not have a credit card. This legislation applies to registration periods beginning on and after October 1, 2013.

The following provisions of Public Act 13-234 are effective as of July 1, 2013:

- Prior law allows DSS to make payments to short-term general hospitals (other than a

children's general hospital) serving a disproportionate share of indigent patients. This legislation changes the frequency of such payments from monthly to quarterly.

- This legislation permits DSS to establish a step therapy program (Step Therapy Program) for prescription drugs dispensed to Medicaid patients. Payment may be conditioned on a requirement that the drug prescribed be on a preferred drug list established by statute. The patient must only be required to try and fail on one drug from the preferred list before a different drug can be prescribed and eligible for payment. The Step Therapy Program cannot apply to mental health drugs. The Step Therapy Program must have a clear process for health care practitioners to request an override of the step therapy restrictions from DSS. DSS must grant an override if the practitioner demonstrates that (1) the preferred treatment required under step therapy was previously ineffective in treating the patient's medical condition; (2) the preferred drug under the Step Therapy Program will likely be ineffective based on the patient's known physical and/or mental characteristics and the known characteristics of the drug regimen; (3) the preferred drug is, or is likely to, cause the patient to experience an adverse reaction or other physical harm; or (4) it is medically necessary and in the best interests of the patient to receive a different drug. No step therapy drug requirement may last longer than 30 days. After such 30-day period, the practitioner can declare the treatment clinically ineffective. In such event, a drug prescribed by the practitioner can be dispensed and will be covered by Medicaid.
- This legislation requires home health care agencies and assisted living services agencies to pay a licensure and inspection fee to DPH. Home health care agencies that are Medicare- or Medicaid-certified by the Department of Health and Human Services must pay a triennial licensing fee of $300, plus $100 per satellite patient service office. Home health care agencies that are not certified must pay a biennial fee of $300, plus $100 per satellite patient service office. Assisted living services agencies must pay a biennial fee of $500; however, this requirement does not apply to certain agencies participating in a pilot program in Norwich.
- Prior to this legislation, DPH charged a $565 fee for technical assistance with designing, reviewing, and developing an institution's construction, sale, or change in ownership. Effective July 1, 2013, DPH will charge $565 for such projects, or for the renovation or building alteration of an institution, if the cost of the project is $1 million or less. If the cost of such project is in excess of $1 million, then DPH will charge a fee equal to one quarter of one percent of the total cost of the project. The fee will include on-site inspections and department reviews.
- This legislation requires DPH to establish and administer, within available appropriations, a program providing financial assistance to community health centers. A "community health center" is defined as a public or nonprofit private medical care facility that the United States Department of Health and Human Services has designated as a federally qualified health center or look-alike and that meets certain statutory requirements. DPH must develop a formula to disburse program funds. The formula must consider the number of uninsured patients served by the community health center and the types of services provided by such center. DPH is required to report its suggested formula to certain committees of the Connecticut General Assembly no later than October 1, 2013. Within 30 days of receiving the report, the committees must hold a public hearing on the proposed formula and advise DPH whether such formula has been accepted or rejected. If no notice is given within the 30-day period, the formula will be deemed to have been approved. DPH is permitted to establish requirements for community health centers to participate in the program. DPH must provide community health centers with reasonable notice of such requirements. Any funds administered to community health centers under the program may only be used for purposes approved by DPH.

The following provisions of Public Act 13-234 are effective as of October 1, 2013:

- Under current law, when evaluating a certificate of need (CON) application, the Department of Public Health's Office of Health Care Access (OHCA) must consider various factors, including whether the applicant has demonstrated how the proposal will improve the quality, accessibility, and cost-effectiveness of health care delivery in the region. This legislation expands on that factor, stating that the analysis should consider the provision of, or any change in, access to services for Medicaid

recipients and indigent persons and the impact on the cost-effectiveness of providing access to Medicaid services. Current law also requires OHCA to consider the applicant's payer mix and past and proposed provision of health care services to certain populations. This legislation clarifies that this factor includes consideration of access to services by Medicaid recipients and indigent persons. If an applicant has failed to provide services to, or has reduced access to services for, Medicaid recipients or indigent persons, OHCA is now required to consider whether such applicant has demonstrated good cause for doing so. Good cause may not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other payers.

- This legislation requires each nonprofit hospital to submit a complete copy of its most recent Internal Revenue Service Form 990 and any data used to prepare its community health needs assessment to OHCA on an annual basis. This submission requirement is in addition to existing submission requirements that require hospitals to submit information regarding the provision of uncompensated care. This new requirement excludes patient-identifiable information, data that the hospital does not own or control, information that the hospital is contractually required to keep confidential or is prohibited from disclosing pursuant to a data use agreement, and information concerning research on human subjects, as described in federal regulations.
- Under existing law, health care facilities and certain providers are required to complete and submit to OHCA an inventory questionnaire on a biennial basis. This legislation allows OHCA to impose a penalty of up to $1,000 per day on health care providers or facilities that fail to comply with this requirement.
- Current law requires each hospital to file its current pricemaster with OHCA. The pricemaster must include each charge. This new law defines "pricemaster" as a detailed schedule of hospital charges. It also requires hospitals to provide to DPH or a patient, upon request, a detailed patient bill. "Detailed patient bill" is defined as a patient billing statement that, for each line item, includes the hospital's pricemaster code, a description of the charge, and the amount billed. Consistent with current law, a hospital is subject to a penalty of $500 per occurrence if the billing detail on a detailed patient bill does not agree with the pricemaster on file with OHCA. In addition, OHCA may order a hospital to adjust the bill so that it is consistent with the pricemaster.

We are continuing to monitor several pieces of legislation that relate to issues concerning health care institutions and providers. We will provide an update in the event that additional significant legislation is enacted.

If you have questions about any of these new laws, please contact a member of Robinson & Cole's Health Law Group.

Lisa M. Boyle	Theodore J. Tucci	Stephen W. Aronson
Michael J. Kolosky	Charles W. Normand*	Susan E. Roberts
Brian D. Nichols	Pamela H. Del Negro	Meaghan Mary Cooper
Eric R. Greenberg		

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* Not admitted to practice in Connecticut.