



July 2013

Connecticut Health Law Legislative Update Supplement

Since we published the [2013 Connecticut Health Law Legislative Update](#) on July 11, 2013, Governor Dannel P. Malloy signed into law four additional bills that may be of interest to health care entities and health care providers. The following summary of this legislation is generally arranged by order of effective date, with the exception of Public Act 13-305, the provisions of which have various effective dates. Public Act 13-305 is summarized at the end of this article.

EFFECTIVE OCTOBER 1, 2013

Public Act 13-297: An Act Concerning Criminal Penalties for Failure to Report Child Abuse

In Connecticut, mandated reporters must make a report to the Department of Children and Families (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 in 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. Current law imposes a penalty of up to \$2,500 for any mandated reporter who fails to comply with these reporting requirements. This legislation increases the penalty for failure to report by making such conduct a class A misdemeanor, which is punishable by imprisonment up to one year and/or a fine of up to \$2,000. This legislation also makes it a class D felony to intentionally and unreasonably interfere with or prevent a mandated reporter from making a report. A class D felony is punishable by up to a five-year prison sentence and/or a fine of up to \$5,000.

Public Act 13-306: An Act Concerning the Standards of Professional Conduct for Emergency Medical Service Personnel and Establishing an Emergency Medical Services Primary Area Task Force

This legislation allows the Department of Public Health (DPH) to discipline emergency medical technicians, advanced emergency medical technicians, emergency medical responders, and emergency medical services instructors for a number of reasons, including conviction of a felony, failure to conform to professional standards, fraud or deceit in obtaining a certificate to practice, negligence, or wrongful conduct. This legislation also allows DPH to order such persons to undergo a physical or mental examination if their physical or mental capacity to practice safely is the subject of an investigation.

EFFECTIVE JANUARY 1, 2014

Public Act 13-249: An Act Concerning the Maintenance of Professional Liability Insurance By Nursing Homes, Home Health Care Agencies and Homemaker-Home Health Aide Agencies

This legislation requires that any person who establishes, conducts, operates, or maintains a nursing home, home health care agency, or homemaker-home health aide agency must maintain professional liability insurance or other indemnity against liability for professional malpractice. Such insurance must be in the amounts of at least \$1 million per person per occurrence and not less than \$3 million in the aggregate for any claims for injury or death resulting from professional malpractice.

VARIOUS EFFECTIVE DATES

Public Act 13-305: An Act Concerning a Task Force on the Provision of Beverages and Food in Funeral Homes, Colon Hydrotherapists, the Practice of Podiatry and Counterfeit Controlled Substances

The following provisions of Public Act 13-305 are effective October 1, 2013:

This legislation permits a naturopathic physician to delegate the provision of colon hydrotherapy services to a colon hydrotherapist who is certified and in good standing with the International Association for Colon Hydrotherapy, the National Board for Colon Hydrotherapy, or the Global Professional Association for Colon Therapy. To delegate such services, the naturopathic physician must have evaluated the patient and determined that it is appropriate for such patient to receive the services and must be satisfied with the colon hydrotherapist's ability to provide the patient with colon hydrotherapy. In addition, such delegation must be consistent with sound medical practice and the health and welfare of the patient. The delegated services must be performed under the supervision and control of the naturopathic physician. A naturopathic physician cannot delegate services until he or she verifies that the colon hydrotherapist maintains the required certification in good standing. The naturopathic physician must maintain documentation of such certification and provide said documentation to the DPH upon request. Each violation of the above-described requirements is subject to a fine of up to \$500, imprisonment of up to five years, or both. Under this legislation, each patient consultation or instance of patient contact that violates these requirements is considered a separate offense. A violation may also subject the individual to discipline by DPH.

Under current law, DPH may issue a permit to a podiatrist to independently engage in standard ankle surgery procedures if he or she meets certain established criteria. Generally, such podiatrists must be board certified by the American Board of Podiatric Surgery in reconstructive rearfoot ankle surgery. In certain cases, a DPH permit may be issued to a podiatrist who is board qualified but not board certified; however, the podiatrist may not perform tibial and fibular osteotomies unless he or she obtains board certification. This legislation removes this requirement, thus allowing board-qualified podiatrists that obtain a DPH permit to perform these procedures, provided they meet all other requirements of the statute. This legislation also removes the requirement that a podiatrist be board certified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery to receive a permit to engage in advanced ankle surgery procedures. Under this legislation, a podiatrist need only be board qualified, provided he or she meets all other requirements of the statute.

The following provisions of Public Act 13-305 are effective January 1, 2014:

This legislation also prohibits the knowing possession, purchase, trade, sale, or transfer of any counterfeit substance. A "counterfeit substance" is defined as a controlled substance whose labeling, without authorization, has a trade name, trademark, or other identifying mark, imprint, number, or device of a manufacturer, distributor, or dispenser other than the one who actually manufactured, distributed, or dispensed the counterfeit substance.

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

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