



Health Law Diagnosis

Monitoring the Pulse of Health Care and Life Sciences

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[Connecticut Governor Signs Bill Introducing Programs to Improve Maternal Health](#)

Authored by: [Conor O. Duffy](#), [Erin C. Howard](#), and Ivy Miller*

On June 26, 2023, Connecticut Governor Ned Lamont signed Public Act [No. 23-147](#), “An Act Protecting Maternal Health.” The Act makes various changes aimed at bolstering health care access and services for maternal and infant health. Key elements of the Act are summarized below.

Section 1 of the Act, effective January 1, 2024, implements a new licensure category for freestanding birth centers in Connecticut. The Act defines a birth center in pertinent part as “a freestanding facility that is licensed by the department to provide perinatal, labor, delivery and postpartum care during and immediately after delivery to persons presenting with a low-risk pregnancy and healthy newborns for a period typically less than twenty-four hours” and which is not a licensed hospital. The Act defines “low-risk pregnancy” to refer to an “uncomplicated, singleton pregnancy that has vertex presentation and is at low risk for developing complications during labor and birth” as determined by a qualified provider’s professional judgment. This new licensure category for freestanding birth centers is intended to replace the current maternity hospital licensure category, which the Act formally repeals as of July 1, 2025 (as well as providing that no maternity hospital licenses shall be granted or renewed after January 1, 2024). Starting January 1, 2024, entities must obtain a license in order to operate a freestanding birth center. Notably, the Act makes a corresponding change to state Certificate of Need laws to exempt birth centers that enroll as providers in the Connecticut Medical Assistance (Medicaid) Program from Certificate of Need requirements until June 30, 2028.

In connection with the recognition of freestanding birth centers as a standalone licensure category, the Act revises the current certified nurse-midwife (CNM) practice act to newly allow a CNM to practice within a birth center, in addition to the allowance under current law for a CNM to practice within a health system. The Act also requires the Department of Public Health (DPH) to establish a midwifery working group that studies and provides recommendations on community birthing and the potential role of “direct entry midwives” (individuals other than CNMs trained in planned out-of-hospital births) in “addressing maternal and infant health disparities.”

The Act also establishes new laws governing certificate and practice of doulas in support of childbirth services. Section 13 of the Act, effective July 1, 2023, charges DPH with establishing a Doula Advisory Committee to develop recommendations for doula certification and standards of doula training. Section 14 of the Act, also effective July 1, 2023, obligates the Doula Advisory Committee to support DPH in the creation of a certification program for doulas. Doulas, defined as trained nonmedical professionals who provide support to pregnant persons and their family in connection with childbirth, can seek certification upon completion of an approved doula training program or after a combination of training and practice.

In further efforts to increase support for new parents, Section 16 of the Act requires the Office of Early Childhood to develop a universal nurse home visiting program for all families with newborns living in Connecticut. Under this voluntary program, families will be able to receive home visits from registered nurses who will provide information, assessment, and referrals as needed.

The Act also creates various programs within DPH to review and document the landscape of maternal health in the state, including an Infant Mortality Relief Program, Infant Mortality Review Committee, Doula Advisory Committee, and the Midwifery Working Group referenced above. These programs seek to identify disparities in maternal and infant health, review and report on cases of maternal and infant mortality and improve training and resources for the labor and delivery workforce across the state.

Connecticut Governor Signs Legislation Implementing New Requirements for Hospitals and Nursing Home Facilities

Authored by: [Conor O. Duffy](#), [Erin C. Howard](#), and Ivy Miller*

Connecticut Governor Ned Lamont recently signed two important pieces of legislation that affect hospitals and certain Medicaid providers and programs. First, Public Act [No. 23-39](#), “An Act Requiring Discharge Standards Regarding Follow-Up Appointments and Prescription Medications for Patients Being Discharged From a Hospital or Nursing Home Facility” addresses new hospital discharge obligations for state hospitals. Second, Public Act [No. 23-186](#), “An Act Concerning Nonprofit Provider Retention of Contract Savings, Community Health Worker Medicaid Reimbursement and Studies of Medicaid Rates of Reimbursement, Nursing Home Transportation and Nursing Home Waiting Lists”, which implements various changes affecting the state Medicaid program and enrolled providers. Certain legislative changes implemented by these Acts are summarized below.

Act 23-39: New Hospital and Nursing Home Discharge Planning Requirements

Current Department of Public Health (DPH) regulations establish minimum standards for hospital discharge planning services, which address certain criteria (including having a written discharge plan and a procedure for advance notice of discharge). Act 23-39 adds mandatory criteria that DPH must include in its hospital discharge regulations, including a requirement that written discharge plans expressly include the date and location of a patient’s follow-up appointments scheduled prior to discharge, as well as a list of all medications the patient is currently taking and will continue taking post-discharge (to the extent known by the hospital). For patients discharged to home, Act 23-39 also requires a hospital to electronically transmit each prescription ordered by a hospital employee for the patient’s use post-discharge to the patient’s pharmacy. Act 23-39 also makes parallel changes to the Connecticut law governing the regulations applicable to nursing home discharges.

Act 23-39 will take effect on October 1, 2023.

Act 23-186: New Avenues for Medicaid Reimbursement: Transport in Nursing Homes

Act 23-186 includes a range of provisions regarding allocation of Medicaid funding and transport for nursing home residents.

Section 2 of Act 23-186 requires state agencies that contract with nonprofit provider organizations to allow those organizations to retain any savings accrued during each fiscal year from state funding unless it would be contrary to federal funding requirements, federal law, or regulation. Any nonprofit organization allowed to retain such savings must submit an application to the agency stating how the funds will be reinvested into the organization. Notably, retained funds may be used only for the purposes of: “strengthening quality, investing in deferred maintenance, and making asset improvements.”

Sections 2 of Act 23-186 took effect on July 1, 2023.

Section 5 of Act 23-186 allows nursing homes to transport nonambulatory patients to their family members' homes under the following conditions:

1. A physician, physician's assistant, or advanced practice registered nurse approves the transport at least 5 business days in advance;
2. The nursing home has vehicles that are equipped to transport the resident; and
3. The family members live within 15 miles of the nursing home.

This section states that it does not authorize or require payment or reimbursement to a nursing home for such nonemergency transportation, but also directs the Department of Social Services to evaluate whether the need for transportation of nonambulatory patients may qualify as a health-related social need, and whether it may consequently qualify for federal funding.

Section 5 of Act 23-186 took effect on July 1, 2023.

Connecticut Adds Requirements for Opioid Prescribing and Expands Provider Licensure and Credentialing Avenues

Authored by: [Nathaniel T. Arden](#), [Erin C. Howard](#), and Ivy Miller*

On June 28, 2023, Connecticut Governor Ned Lamont signed Public Act [No. 23-97](#), "An Act Concerning Health and Wellness for Connecticut Residents." The Act includes a wide range of provisions aimed at supporting health care workforce development and improving access to health care. Some of the provisions of the Act are summarized below.

Encouragement to Obtain Opioid Antagonist

Under current law, when practitioners prescribe a course of opioids longer than seven days (or five days for minors), they must discuss the risks associated with the opioid, including the risks of addiction and overdose, and the interactions the opioid may have with other substances. The Act adds to this requirement, directing practitioners to encourage patients to obtain an opioid antagonist when prescribing an opioid. For minor patients, the practitioner must also extend this encouragement to the patient's parent or guardian, if they are present when the prescription is issued. Current law defines opioid antagonist as "naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose."

This section of the Act is effective October 1, 2023.

Granting Hospital Practice Privileges

A new provision created by the Act prevents hospitals from requiring board eligible physicians to become board certified in order to be granted practice privileges until five years after the physician becomes board eligible. The Act also prevents hospitals from requiring board certified physicians to provide credentials of board certification to be granted practice privileges.

This section of the Act is effective October 1, 2023.

Deadlines for Medical Records Requests

Another new provision in the Act establishes deadlines that Connecticut-licensed health care institutions (e.g., hospitals) must meet when a patient or a patient's representative requests electronic copies of their medical records to be sent to another institution. If the request is urgent, the Act requires the transfer to occur as soon as is feasible, but no later than six days after the request is received. If the request is non-urgent, the transfer must occur within seven business days of the request. The Act does not define when requests are to be deemed "urgent." The institution will not be required to get the patient's written consent before making the transfer. Facilities operated by the Department of Mental Health and Addiction Services and the hospital and psychiatric residential treatment facility units of the Albert J. Solnit Children's Center are exempt from this new requirement. The Act states that this new requirement does not obligate a

health care institution to provide patient records: (1) if the transfer would violate HIPAA; (2) in response to a direct request from another provider unless that provider can verify a health provider relationship with the patient; or (3) in response to a third-party request.

This section of the Act is effective January 1, 2024.

Changes to APRN and Physical Therapist Licensure

The Act creates an additional avenue for the Department of Public Health (DPH) to grant advanced practice registered nurse (APRN) licenses. Under the Act, DPH may grant APRN licensure by endorsement to an individual who is not otherwise eligible to meet the APRN licensure but has practiced for at least three years in a state with substantially similar or more stringent APRN practice requirements. APRNs seeking licensure by endorsement must not have any history of disciplinary action against them or any unresolved complaints pending and must pay a fee of \$200. The Act also permits APRNs who are issued licenses by endorsement to count out-of-state practice toward the requirement that newly licensed APRNs practice in collaboration with a physician for the APRN's first three years of practice in the state, amounting to at least 2,000 hours.

The provisions of the Act concerning APRN licensure are effective October 1, 2023.

Lastly, under the Act, Connecticut joins the Physical Therapy Licensure Compact, which creates a process to authorize physical therapists (PTs) and physical therapy assistants (PTAs) to practice in other states that participate in the Compact without having to obtain separate licensure in each state. The Compact sets certain eligibility criteria for PTs and PTAs to practice under and obtain the benefits of the Compact, including that the PT/PTA must obtain and maintain licensure in the PT's/PTA's home state. If PTs and PTAs wish to practice under the Compact and they satisfy the Compact's eligibility criteria, member states are required to grant the applicable PT or PTA the authority to practice in the state if they hold a valid, unencumbered license from another Compact member state.

The provisions of the Act concerning the Physical Therapy Licensure Compact became effective July 1, 2023.

For more information on other provisions of the Act that place limitations on certain non-compete agreements see the prior Health Law Diagnosis post titled [Connecticut Legislature Passes Law Limiting Physician, PA and APRN Non-Compete Agreements](#).

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If you have any questions, please contact any member of Robinson+Cole's [Health Law Group](#).

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