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CONNECTICUT LAW UPDATE

CONNECTICUT HEALTH LAWYERS ASSOCIATION

ANNUAL SYMPOSIUM

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P.A. 01-1 HB 6574-An Act Concerning the Certification of Emergency Medical Service Personnel

This Act gives emergency medical service (EMS) personnel whose certification expires after December 31, 2000 a 90-day grace period during which they can continue to perform their EMS duties while meeting Department of Public Health (DPH) recertification requirements. The certificate is void at the end of the 90 days.

In contrast to current regulations, which require personnel whose certificate has lapsed to meet initial certification requirements regardless of the time elapsed since their certificates expired, the Act establishes three different recertification requirements for EMS personnel whose certification has expired, depending on how long it has been since their certification lapsed. These apply to emergency medical technicians (EMT), EMT-intermediates, medical response technicians, and EMS instructors.

1. If a person's certification expired less than one year before he applies for reinstatement, he must meet the recertification training requirements specified in DPH regulations.

2. If a person's certification has lapsed for more than one but less than three years from the date he applies for reinstatement, he must complete the training requirements for recertification and pass the test required for initial certification.

3. If a person's certification has lapsed for three or more years from the date he applies for reinstatement, he must complete all the training and examination requirements for initial certification.

Finally, the Act requires DPH to adopt regulations governing issuing, renewing, reinstating, and recertifying EMS personnel licenses and certifications. DPH was previously authorized only to adopt regulations governing statewide certification standards for EMS personnel and for recertifying EMS personnel who have completed six years of continuous service.

EFFECTIVE DATE: February 7, 2001

P.A. 01-15 HB 6538 - An Act Concerning The Admissibility of Records and Reports of Certain Expert Witnesses as Business Entries

This Act broadens the scope of an existing law that allows for the introduction in personal injury, child support, and family relations matters of signed reports and bills of certain health care professionals as "business entry" evidence that establish the type and cost of treatment a party received without requiring the health care professional to testify. Under this Act, this evidence may be introduced in any civil court actions. This Act applies to all cases pending on and after October 1, 2001 and continues to cover the same health care professionals, which includes treating physicians, dentists, physical therapists, podiatrists, psychologists, emergency medical technicians, and optometrists, among other practitioners.

EFFECTIVE DATE: October 1, 2001

P.A. 01-18 HB 6575 – An Act Concerning Receivership of Residential Facilities for Mentally Retarded Persons

This Act modifies the definition of the term "residential facility for mentally retarded persons" to include staffing and other program resources associated with the facility for purposes of receivership of the facility.

EFFECTIVE DATE: October 1, 2001

P.A. 01-19 HB 6640 – An Act Expanding the Membership of the Children's Behavioral Health Advisory Committee

This Act adds the executive director of the Office of Protection and Advocacy for Persons with Disabilities, or his designee, to the 31-member Children's Behavioral Health Advisory Committee. The committee was established by PA 00-188 to promote and enhance behavioral health service delivery for children. By law, it (1) must submit annual reports every year to the state Advisory Council on Children and Families on local systems of care and practice standards of state-funded behavioral health programs and (2) make recommendations every two years to the council about service delivery.

EFFECTIVE DATE: May 15, 2001

P.A. 01-22 **SB 1112 - An Act Concerning the Workers' Compensation Review Board**

This Act increases, from 10 to 20 days, the time that a party has in which to appeal to the Workers' Compensation Review Board for various actions of a workers' compensation commissioner relating to the following: awards; decisions on motions; orders requiring an employee's prior employer or its insurer who is found liable for part of the employee's compensation to reimburse an initially liable employer or insurer; occupational lung disease claims; and whether an employee's injury is a permanent vocational disability.

The Act also extends the appeal period from 10 to 20 days for decisions by workers' compensation commissioners that impose a penalty on employers or insurers as follows:

- an employer for failing to provide insurance coverage or welfare plan payments to employees eligible for or receiving workers' compensation benefits;
- an employer or insurer for undue delay in adjusting or paying benefits due to fault or neglect;
- a party who unreasonably and without good cause delays completing a hearing;
- an employer who does not comply with certain insurance requirements; and
- an employer failing to transfer an employee to suitable work during treatment or rehabilitation.

EFFECTIVE DATE: October 1, 2001

P.A. 01-23 **SB 122 - An Act Concerning the Return of Registration or Deposit Fees By Day Care Centers**

This Act requires child day care centers (those caring for 13 or more children) that take a registration fee or deposit to put a child on a waiting list to return it in full if the child is not enrolled within six months. The parent or other person who made the deposit must ask for the refund in writing.

EFFECTIVE DATE: October 1, 2001

P.A. 01-27 **SB 1026-An Act Concerning the Use of Department of Mental Health and Addiction Services Facilities by Self-Help Groups**

This Act authorizes the Department of Mental Health and Addiction Services (DMHAS) commissioner to allow self-help groups to use department facilities and services. Previously, only municipalities and nonprofit community organizations were afforded this opportunity. The Act defines a "self-help group" as a group of volunteers, approved by the commissioner, offering peer support to each other in recovering from addiction. The self-help group, like municipalities and nonprofits, must provide DMHAS with proof of financial responsibility to satisfy any damage claims for physical injury or property damage while the group is using department facilities. DMHAS is not liable for any damage or injury incurred on department property while it is being used by self-help groups.

EFFECTIVE DATE: October 1, 2001

P.A. 01-28 **SB 1053 - An Act Concerning the Definition of Mental Disability and the Code of Fair Practices**

This Act defines the term "mental disability" and includes it in Connecticut laws that prohibit discrimination by state agencies, private employers, labor unions, employment agencies, and public accommodations providers. This Act also adds marital status and learning disability as prohibited bases for discrimination in Connecticut laws governing state employment, services, and programs. Finally, the Act requires state agencies to comply with the federal Americans with Disabilities Act (the "ADA") when providing services, programs, and activities if the federal law gives people with disabilities greater rights and protections than does Connecticut law.

EFFECTIVE DATE: October 1, 2001

P.A. 01-30 **HB 6712 - An Act Concerning Coverage for Nonprofit Providers and Municipal Employees Under the State Employee Health Plan**

This Act adds employees of certain "nonprofit organizations" to the list of employees for whom the comptroller, with the Office of Policy and Management ("OPM") secretary's approval, is authorized to arrange and procure a group hospital, medical, and surgical health insurance plan. It also authorizes the comptroller, with the OPM secretary's approval, to arrange and procure an alternative health benefit plan for municipal and nonprofit organization employees. The Act defines a "nonprofit corporation" as a 501(c)(3) corporation under contract with the state.

The Act excludes (1) nonprofit organizations that obtain coverage through the comptroller from the definition of "small employer" under the statutory Blue Ribbon Health Care Plan, unless the comptroller and OPM secretary make a written request to the insurance commissioner to deem the organization a small employer, and (2) new or renewal contracts or policies entered into on or after July 1, 2001 covering employees of nonprofit organizations and municipalities from the premium tax imposed on HMOs.

EFFECTIVE DATE: July 1, 2001

P.A. 01-31 **SB 1116 - An Act Concerning The Advisory Board of The Second Injury Fund**

This Act allows the Second Injury Fund's advisory board to approve an action by a majority of its members present and voting, as long as at least four members are present and voting. Prior law required an affirmative vote of six of the board's eight members or their designees. The board advises the state treasurer on the fund's operations and finances.

EFFECTIVE DATE: October 1, 2001

P.A. 01-33 **HB 5861 - An Act Increasing the Mileage Reimbursement Rate for Workers' Compensation Claimants**

This Act provides for an increase, from 15 cents to the federal mileage reimbursement rate, in the amount per mile that employers must reimburse workers' compensation recipients who use their own vehicles to go to and from medical appointments. (Note: The federal mileage reimbursement rate is currently 34.5 cents and generally increases annually.)

EFFECTIVE DATE: October 1, 2001

P.A. 01-37 **HB 6775 - An Act Clarifying the Definition to Willfull Misconduct Under the Unemployment Compensation Act**

This Act revises the definition of "willful misconduct" under the Unemployment Compensation Act. Employees fired for willful misconduct are not eligible for unemployment compensation. Prior to passage of this Act, an employee could be fired for willful misconduct if [s]he was absent "without notice" on three separate instances in an 18 month period. This Act now specifies that the absence must be either "without

good cause" or "without notice to the employer that the employee could reasonably have provided under the circumstances."

EFFECTIVE DATE: October 1, 2001

P.A. 01-39 HB 6796 - An Act Concerning the Choices Heath Insurance Program

This Act combines the statutes governing the CHOICES health insurance assistance program and the Connecticut Medicare consumers guide and updates them to reflect current practice and the cooperative roles in the program of the Center for Medicare Advocacy and the area agencies on aging. CHOICES, located within the Department of Social Services' ("DSS") Division of Elderly Services, is a federally recognized and mainly federally funded program. The program offers senior citizens health insurance information and counseling, as well as information on Medicare plans, including managed care plans.

The Act (1) specifies that the program must be a comprehensive Medicare advocacy program that not only provides information and advice for Medicare beneficiaries, but also legal representation where appropriate in the appeals process; (2) allows non-attorneys to give advice on Medicare benefits and other health insurance matters on the program's toll-free phone number; (3) specifies that the program must include any functions DSS deems necessary to conform to federal grant requirements; (4) defines and codifies the CHOICES program, which includes the health insurance assistance program; and (5) makes several minor and technical changes.

Under the prior law, the insurance commissioner, who cooperates in collecting data for the Connecticut Medicare consumers' guide, must give the governor and three specified legislative committees (one of which is the Public Health Committee) an annual list of Medicare organizations that have not filed timely data with him. The Act (1) replaces the Public Health Committee with the Human Services Committee and (2) requires the commissioner to submit the list, by June 1, 2001, in conjunction with the managed care ombudsman.

EFFECTIVE DATE: May 31, 2001

P.A. 01-40 HB 6860 - An Act Establishing Remedies to Adjudicate Disputed Second Injury Fund Assessments

This Act allows employers, or private insurance carriers or interlocal risk management agencies acting on behalf of employers, to appeal the state treasurer's decisions about Second Injury Fund assessments to Superior Court. It also allows the attorney general,

at the treasurer's request, to get an injunction requiring these entities to comply with the fund's reporting requirements.

EFFECTIVE DATE: October 1, 2001

P.A. 01-41 **HB 6535 – An Act Concerning Indemnification of Court Appointed Health Care Guardians**

This Act requires the state to indemnify court-appointed health care guardians to the same extent and under the same conditions as state officers and employees. Health care guardians are licensed health care providers with specialized training in treating people with psychiatric disabilities. The court appoints them to represent the health care interests of criminal defendants when determining whether to order involuntary medication to make them competent to stand trial.

The attorney general (AG) must defend a guardian under the same conditions as he would defend state officers and employees. Specifically, the Act requires him to defend the guardian in any civil action or proceeding, unless he decides, based on his investigation, that it would be inappropriate and notifies the guardian in writing. The Act requires the state to pay a guardian's legal costs and fees under the same conditions that apply to state officers and employees.

Finally, it specifies that claims against these guardians do not have to be brought to the claims commissioner.

EFFECTIVE DATE: October 1, 2001

P.A. 01-50 **SB 1024 – An Act Concerning Accreditation For Magnetic Resonance Imaging Equipment, Services And Personnel And For Offices And Unlicensed Facilities Where Certain Levels Of Anesthesia Are Administered**

This Act establishes accreditation requirements for (1) health care practitioners and groups using or replacing magnetic resonance imaging equipment (MRI) or providing MRI services and (2) certain unlicensed health care facilities where various levels of anesthesia and sedation are administered. First, the Act requires a licensed practitioner or practitioner group to get MRI accreditation from the American College of Radiology for all equipment, services, and personnel involved with its MRI activities by January 1, 2002 or 18 months after the date when it first conducts MRI activities, whichever is later. After that time, no MRI activity can be performed without accreditation. The practitioner or group must keep evidence of the accreditation at the facility where the MRI equipment is used or service is provided. It must be available

for inspection, upon request, by the Department of Public Health (DPH). Second, the Act establishes accreditation requirements for unlicensed health care facilities (e.g. physician's offices) where certain levels of anesthesia are administered. Health care practitioners or practitioner groups operating unlicensed facilities must meet at least one of four specified accreditation standards before using moderate or deep sedation/ analgesia or general anesthesia. The standards are those established by (1) Medicare, (2) the Accreditation Association for Ambulatory Health Care, (3) the American Association for Accreditation of Ambulatory Surgery Facilities, or (4) the Joint Commission on the Accreditation of Healthcare Organizations. Dentists with DPH-issued permits to use general anesthesia or conscious sedation are exempt from these requirements. Accreditation is required by January 1, 2002, or 18 months after the date on which such anesthesia is first administered at the facility, whichever is later. After that time, such anesthesia cannot be used without accreditation. The practitioner or group must keep evidence of its accreditation at the office and make it available, upon request, to DPH. The Act specifies that it does not relieve licensed practitioners, practitioner groups, or health care facilities and institutions from applicable state licensure and certificate of need requirements. It allows the Medical Examining Board to restrict, suspend, or revoke a physician's license or take other disciplinary action against a physician (1) engaging in activities requiring accreditation without having such accreditation or (2) failing to provide accreditation evidence to DPH upon request.

EFFECTIVE DATE: July 1, 2001

P.A. 01-55 **SB 332-An Act Concerning Employer Retention of Employee Medical Records**

This Act extends the time an employer must keep a former employee's medical records from one to three years after the employee was terminated.

EFFECTIVE DATE: October 1, 2001

P.A. 01-57 **SB 1031-An Act Concerning the Licensing of Mental Health Facilities**

This Act requires the Department of Public Health to license mental health outpatient treatment facilities that treat persons age 16 and older who are receiving services from the Department of Mental Health and Addiction Services. The Act also makes technical changes.

EFFECTIVE DATE: October 1, 2001

P.A. 01-61 **SB 1224 - An Act Establishing The Employment Opportunities Program For Underserved Individuals With Disabilities**

This Act authorizes the Department of Social Services' (DSS) Bureau of Rehabilitation Services (BRS) to receive state and federal funds to run, within available appropriations, an employment opportunities program for severely disabled people who do not qualify for the departments of Mental Health and Addiction Services (DMHAS)- or Mental Retardation (DMR)- supported employment programs (e.g., people with traumatic brain injury or severe learning disabilities). The program must include support services that help individuals to keep working. (In practice, BRS has run this program for several years.) (DSS must adopt implementing regulations.)

EFFECTIVE DATE: July 1, 2001

P.A. 01-64 **SB 1028 – An Act Concerning the Provision of Housing and Support Services by the Department of Mental Health and Addiction Services**

This Act allows the Department of Mental Health and Addiction Services to sign a lease or other rental agreement for private housing on behalf of one of its clients. The department must first determine that the client is unable to rent or lease the residence on his own. The rent or lease agreement cannot exceed the fair market price for the area in which the residence is located.

EFFECTIVE DATE: October 1, 2001

P.A. 01-65 **HB 6763-An Act Authorizing Retired Hospital Employees to Obtain Drugs at Hospitals**

This Act permits hospitals to sell prescription drugs to their retired employees and their spouses if such sales are provided for in the employees' retirement or pension plans. By law, a hospital can sell prescription drugs to an employee if a doctor has prescribed the drug for the employee, his spouse, or dependent children.

EFFECTIVE DATE: June 6, 2001

P.A. 01-67 **SB 1247 – An Act Concerning the Connecticut Life and Health Insurance Guaranty Association Act**

This Act revises the laws governing the Connecticut Life and Health Insurance Guaranty Association (CLHIGA) to identify (1) who and what types of policies and contracts are covered and (2) the circumstances under which coverage is afforded insurers who become financially impaired or insolvent. It updates the statutes by (1) covering new life insurance products with investment features; (2) modifying coverage limitations, restrictions, and exclusions; (3) simplifying the provisions that trigger coverage; and (4) broadening the association's authority.

EFFECTIVE DATE: October 1, 2001

P.A. 01-70 **SB 1094 - An Act Concerning Licensing Requirements for Certain Relative Caregivers**

Starting July 1, 2001, this Act requires relatives accepting placement for more than 90 days of a child in the custody of the Department of Children and Families (DCF) to be licensed as foster parents, unless DCF has certified them previously as relative caregivers. If they were certified previously, the Act allows them to maintain this certification as long as the child remains with them and they continue to meet regulatory requirements. The Act also (1) allows the commissioner, on a case-by-case basis for a child placed with a relative, to waive any required foster-care licensing procedure or standard, other than a safety standard, based on the relative's home and the child's needs and best interests and (2) requires documentation of the reason for a waiver. Prior law allowed the commissioner to place a child with a relative who is not licensed or certified for up to 45 days, as long as (1) DCF staff visit the home and complete a basic assessment of the family and (2) the relative attests that neither he nor any adult in the household has been arrested or convicted of specified crimes. The Act increases the maximum length of such a placement to 90 days, but allows the placement only when it is in the child's best interests.

EFFECTIVE DATE: July 1, 2001

P.A. 01-85 **SB 1008 - An Act Requiring Direct Payment of Prescription Medication for Workers' Compensation Claimants**

This Act provides that employers, the workers' compensation insurers, or any entity acting on behalf of the employer or insurer must pay pharmacists directly for prescriptions related to the work-related injuries of employees. In addition, any employer that provides workers' compensation medical benefits through a managed care plan must identify all participating pharmacies to the employees. Finally, the Act

clarifies that employers who become aware of an employee's work-related injury must provide prescription drugs, in addition to medical and surgical aid or hospital and nursing service, that a physician or surgeon determines is necessary.

EFFECTIVE DATE: January 1, 2002

P.A. 01-86 SB 1026 - An Act Concerning the Licensing of Psychologists

Under this Act, the Department of Public Health ("DPH") may issue a psychologist's license by endorsement to a person having a current certificate of professional qualification from the Association of State and Provincial Psychology Boards ("ASPPB"). ASPPB issues a "certificate of professional qualification" ("CPQ") to psychologists licensed in the U.S. or Canada who meet standards of educational preparation, supervised experience, and examination performance and who have practiced for a minimum of five years and have no history of disciplinary action. Under existing law, DPH may also grant a psychologist's license by endorsement to an applicant who is a currently practicing and competent practitioner with a license from another state with standards substantially equivalent to Connecticut's.

EFFECTIVE DATE: October 1, 2001

P.A. 01-90 SB 1027 - An Act Concerning the Substance Abuse Revolving Loan Fund and A Traumatic Brain Injury Registry

Section 2 of this Act requires the Department of Public Health ("DPH") to establish a registry of traumatic brain injury ("TBI") patients. DPH and authorized researchers are allowed to use the registry data; however, they cannot disclose any personally identifiable information about a TBI patient without the written consent of the patient or a legally authorized representative. The registry data is exempt from Freedom of Information Act disclosures. DPH must promulgate regulations to define the type of data that hospitals will be required to provide to the registry, who may use the registry, and how the registry may be used. DPH may contract with a nonprofit TBI association to implement and administer the registry.

EFFECTIVE DATE: October 1, 2001

P.A. 01-93 HB 5675 – An Act Concerning Meningitis Information and Vaccinations for College Students

Beginning with the 2002-03 academic year, this Act requires all public and private colleges and universities in the state to require all students who live in on-campus

housing to be vaccinated against meningitis, with two exceptions. These are if (1) a doctor certifies that a student's physical condition contraindicates vaccination or (2) a student presents a statement that vaccination is against his religious beliefs. The Act also requires each public and private college and university to (1) inform all prospective students before they matriculate about meningitis and the vaccine's availability and benefits and (2) develop procedures for receiving and keeping records of students' vaccination status.

EFFECTIVE DATE: October 1, 2001

P.A. 01-101 SB 524 - Act Concerning Health Insurance Coverage for Medically Necessary Formula for Children Up To Age Three

Beginning October 1, 2001, this Act requires individual and group health insurance policies to cover medically necessary specialized nutritional formula administered under a doctor's direction and used to treat disease and other conditions in children up to age three. The Act defines "specialized formula" as a nutritional formula for children up to age three that is (1) used solely under medical supervision in the dietary management of specific diseases and (2) exempt from the general nutritional labeling requirements under federal Food and Drug Administration's (FDA) statutory and regulatory guidelines.

The requirement applies to hospital and medical coverage offered by HMOs and accident-only policies, and to health insurance policies that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, and (4) hospital or medical services. The plan or policy must be delivered, issued for delivery, or renewed in the state on or after October 1, 2001.

EFFECTIVE DATE: October 1, 2001

P.A. 01-109 SB 175 – An Act Concerning Electrologists and The Spinal Cord Injury Research Board

This Act substitutes the terms "electrologists" and "electrology" for "hypertrichologists" and "hypertrichology" throughout the statutes licensing the practice of hypertrichology. Hypertrichology, called "electrology" under the Act, is the permanent removal of superfluous hair by electrical or other methods approved by the Department of Public Health (DPH). The Board of Examiners of Hypertrichologists is renamed the Board of Examiners of Electrologists. The Act makes no substantive changes regarding the practice of electrology or the licensure of electrologists by DPH. The Act also continues the Spinal Cord Injury Research Board, established by S.A. 99-13, which was scheduled to terminate on October 1, 2001.

EFFECTIVE DATE: October 1, 2001 for the electrology provisions; upon passage for the spinal cord injury board.

P.A. 01-111 SB 694 – An Act Defining Health Care Provider for Purposes of Prompt Payment of Health Insurance Claims

Under Connecticut law, insurers must pay claims within 45 days of receiving a health care provider's request for payment filed according to the insurer's practices. This Act clarifies that, for purposes of prompt payment of health insurance claims, the term "health care provider" includes physicians and surgeons, chiropractors, naturopaths, podiatrists, athletic trainers, physical therapists, occupational therapists, alcohol and drug counselors, radiographers and radiologic technicians, midwives, nurses, nurse's aides, dentists, dental hygienists, optometrists, opticians, respiratory care practitioners, pharmacists, psychologists, marital and family therapists, clinical social workers, massage therapists, dietician-nutritionists, acupuncturists, and professional counselors. The term also includes licensed health care institutions such as hospitals; residential care homes; health care facilities for the handicapped; chronic and convalescent nursing homes; rest homes with nursing supervision; home health care agencies; homemaker-home health aide agencies; mental health facilities; substance abuse treatment facilities; student infirmaries; facilities providing services for the prevention, diagnosis, and treatment of human health conditions; and residential facilities for the mentally retarded and certified by Medicaid as intermediate care facilities for the mentally retarded.

EFFECTIVE DATE: October 1, 2001

P.A. 01-113 SB 1096 - An Act Concerning The Licensing of Insurance Procedures

This Act revises the licensing requirements for individuals and businesses seeking to sell insurance in Connecticut and satisfies federal Financial Modernization Act of 1999 requirements. It eliminates barriers to licensing nonresident insurance producers here by establishing reciprocity with other states and requiring the use of a uniform application form. It revises the requirements and qualifications to obtain a resident license, adds to the list of people exempt from licensing, and expands the grounds for disqualifying individuals from obtaining or maintaining a license. The Act also (1) revises the process of appointing producers that act on behalf of an insurer; (2) adds certain producer reporting requirements; (3) exempts bail bond and title insurance from its provisions; (4) adds educational requirements for excess-line producers; (5) modifies the requirements for temporary, renewal, and reinstated licenses; (6) broadens the insurance commissioner's authority to contract for certain services; and (7)

authorizes the commissioner to adopt implementing regulations. Finally, the Act adds certain definitions to the insurance statutes, revises others, makes minor technical corrections, and repeals statutes that are inconsistent with the Act.

EFFECTIVE DATE: September 1, 2002

P.A. 01-119 HB 6909 – An Act Concerning the Long-term Care Planning Committee

This Act broadens the scope of the Long-Term Care Planning Committee (the "Committee") to include the establishment of a long-term care plan for all persons in need of long-term care rather than only the elderly. It adds two members to the Committee: one representative of the Department of Children and Families ("DCF") appointed by the DCF commissioner, and the executive director of the Office of Protection and Advocacy for Persons with Disabilities or a designee. Under the Act, the Committee also must evaluate long-term care issues in light of the U.S. Supreme Court decision in *Olmstead v. L.C.*, which requires states to place people with disabilities in community settings rather than in institutions when (1) it is appropriate; (2) the individual does not oppose the transfer to a less restrictive setting; and (3) the community placement can be reasonably accommodated.

The Act also changes the committee's legislative reporting deadline for its long-term care plan from every two years to every three years; requires the plan to serve as a guide for state agencies' developing and modifying programs that serve people needing long-term care; and requires any state agency, when developing or modifying any program that, wholly or partially, assists or supports people with long-term care needs to include, to the extent feasible, provisions that support care-giving by family members and other informal caregivers and promote consumer-directed care.

EFFECTIVE DATE: July 1, 2001

P.A. 01-122 HB 5426 – An Act Concerning Autopsy Arrangements and Standardized Informed Autopsy Consent

Current law prohibits a physician from performing an autopsy without the consent of the person who assumes custody of the body unless the autopsy is performed by the Chief Medical Examiner's Office. By January 1, 2002, the Department of Public Health (“DPH”), in consultation with the chief medical examiner, must develop minimum requirements for an informed consent form that: (1) includes clear information naming the institution and the department that will perform the autopsy; (2) gives the family, friend, or other person, who have been designated in writing before a notary or court officer to assume custody of the body, an opportunity to limit

the autopsy or express concerns about it; (3) provides for documented and witnessed consent; and (4) contains procedures for communicating this information orally. The Act specifies that these minimum requirements shall not be deemed to be state regulations.

Existing law allows the consenting person to require a physician who is not affiliated with the institution where the deceased individual died to perform or attend the autopsy. This Act allows the consenting person to arrange for the performance of an autopsy in any institution that routinely performs autopsies and by any physician qualified to do so at that institution. The Act also clarifies that the consenting person is responsible for paying for the autopsy and associated services.

The Act requires institutions that perform autopsies to include this information in their patient's bill of rights and all written descriptions of their autopsy policy. A copy of the patient's bill of rights must be given to the person assuming custody of the body before signing an autopsy consent form. The information must be in a language the person understands. DPH's minimum requirements for an informed autopsy consent form must include procedures for the person receiving these documents to acknowledge receipt in writing or orally.

The Act subjects anyone who fails to provide the proper information for consent, and also potentially anyone who fails to pay a nonaffiliated physician, to a fine of up to $500.

Under existing law, consent can be given in writing or by telegram or telephone, and does not need to be witnessed. The Act specifies that, after December 31, 2001, consent can be communicated in person; by mail, telephone, or courier; or electronically, as long as it is witnessed and documented. The Act also eliminates the requirement that a physician maintain a record of any consent given by telephone for at least three years.

Finally, the Act adds a person, who the deceased designated in writing before a court officer, to the list of individuals who may consent to an autopsy.

EFFECTIVE DATE: October 1, 2001

P.A. 01-124 **HB 5701 – An Act Concerning Recommendations for and Refusals of the Use of Psychotropic Drugs by Children and Utilization Review Determinations Related to Mental and Nervous Conditions**

This Act requires local and regional school boards to adopt and implement policies prohibiting school personnel from recommending that a child use psychotropic drugs.

It specifies that it does not prohibit (1) school medical staff from recommending appropriate evaluation of a student by a medical practitioner and (2) school personnel from consulting with the medical practitioner with the consent of the child's parents or guardian.

The Act also specifies that a parent's refusal to administer or consent to administration of psychotropic drugs to a child does not, by itself, constitute grounds for (1) the Department of Children and Families (DCF) to take the child into custody or (2) a court to order that the child be taken into DCF custody, unless that refusal results in the child's abuse or neglect.

Finally, the Act requires utilization review companies, when making determinations related to mental or nervous conditions, to report them separately from all other reported determinations. By law, utilization review companies must annually file with the insurance commissioner the number of determinations not to certify an admission, service, procedure, or stay extension and the outcome of appealed determinations.

EFFECTIVE DATE: October 1, 2001

P.A. 01-131 **SB 1420 – An Act Concerning Disposition of Remains of Deceased Persons**

This Act creates a procedure for adults to authorize cremation of their remains and to prevent that authorization to be changed after the person's death. The person authorizing cremation must sign and date the form, and two witnesses must attest in writing that he was of sound mind when he signed it. The authorization must include the name, home address, and phone number of the individual's spouse, or if there is none, the next of kin or other person designated to take custody of the individual's remains. This person's status must be acknowledged in writing.

After the individual's death, the person designated on the form must be notified (presumably by the funeral director) of the planned cremation during the legally required 48-hour waiting period. If the person designated on the form is unavailable, the director must ask a probate court judge to give custody and control of the remains to some suitable person. Under the Act, a funeral director may obtain a cremation certificate and permit and cremate the body in good faith reliance on a cremation authorization if (1) a good faith effort has been made to notify the spouse, next of kin, or designated custodian, or (2) a probate court has issued an order. The funeral director's reasonable decisions and actions that are warranted under the circumstances cannot be challenged.

The Act excludes disposing of the bodies of executed criminals or people whose relatives or representatives do not claim them. The Act further specifies that it does

not affect the powers and duties of the chief medical examiner to conduct autopsies, investigate and report the causes of death, and dispose of remains after his work is done.

EFFECTIVE DATE: October 1, 2001

P.A. 01-137 HB 6430 - An Act Concerning Benefits and Eligibility Under the Husky Plan

This Act:

1. eliminates the HUSKY B program's six-month residency requirement for certain children adopted from other countries;

2. reduces, from six to two months, the time that a child must have been without employer-sponsored health coverage to qualify for HUSKY B;

3. allows more entities, consistent with federal law, to grant children provisional or "presumptive eligibility" for HUSKY Part A (i.e., Medicaid for children) benefits;

4. makes it easier for families to renew their HUSKY enrollment by requiring the Department of Social Services (DSS) to rely on certain available information;

5. allows the DSS commissioner to seek a federal waiver so the state can use its State Children's Health Insurance Program (SCHIP) funds to promote HUSKY enrollment for children eligible for other income-based assistance programs, such as free or reduced price school lunches;

6. requires the DSS and education commissioners to share information from National School Lunch Program applications to determine participants' HUSKY eligibility and makes related changes to ensure more coordination; and

7. provides for electronic transmission of HUSKY B enrollment and disenrollment data.

EFFECTIVE DATE: July 1, 2001, except for the foreign adoption provision, which is effective June 28, 2001.

P.A. 01-139 **SB 1069 - An Act Concerning Minor Changes to The Insurance Statutes**

This Act makes several changes to the insurance statutes. It:

1. allows a foreign insurance company's designee to receive a copy of any legal process served on the insurance commissioner as agent for service of process instead of the insurer's corporate secretary;

2. requires insurers to file financial statements and related information with the National Association of Insurance Commissioners electronically rather than by mail;

3. permits the merger or consolidation of a Connecticut-domiciled insurer with a foreign insurer without requiring a license if the surviving insurer is a Connecticut corporation;

4. extends the insurance commissioner's authority to order automobile insurance companies to stop improper business activity, including the failure to adjust and pay losses when they become due to self-insurers of private passenger motor vehicle liability risks;

5. permits the liquidator of an insolvent insurance company to apply to the Superior Court for authority to (a) hold unclaimed funds for two years and then distribute them to claimants, if economically feasible or (b) allow the state treasurer to hold the funds in an account on behalf of the insurance commissioner and allow him to use them in his capacity as receiver to defray administrative costs and expenses of other insolvent insurers when assets are not sufficient to pay them;

6. corrects a reference to the insurance commissioner by replacing it with "commissioner" to refer to the economic and community development commissioner for purposes of tax credit administration under the Connecticut Insurance Reinvestment Fund; and

7. requires utilization review companies to separately report to the insurance
commissioner utilization review decisions related to mental or nervous conditions.

EFFECTIVE DATE: October 1, 2001

P.A. 01-140 **HB 6573 – An Act Concerning the Rights of Persons Under Supervision of the Commissioner of Mental Retardation and Guardianship of Persons with Mental Retardation**

This Act makes a number of changes affecting the services, treatments, program needs, placements, and transfers for persons with mental retardation and those who can make decisions for them. The revisions include, among others, the following:

- The Act specifies that a plenary or limited guardian of a person with mental retardation, and where appropriate, the person with mental retardation, is the primary decision-maker concerning his well being, within the limits of the authority granted by the probate court.

- The Act requires the guardian to consult with the person with mental retardation and appropriate family members when possible, and the decisions must not conflict with the legal rights of the person with mental retardation to humane and dignified care and treatment.

- The Act also allows the parent, guardian, conservator, or other legal representative of a person with mental retardation to object to determinations by the Department of Mental Retardation ("DMR") concerning certain medications, procedures, and placements, including determinations by DMR that a community placement is inappropriate.

EFFECTIVE DATE: October 1, 2001

P.A. 01-145 **HB 6941 – An Act Concerning Plans for the Remediation of Medical and Surgical Errors**

This Act requires each licensed hospital, outpatient surgical facility, and outpatient clinic to make available to the Department of Public Health, upon request, a copy of its medical and surgical error remediation plan required by the Joint Commission on the Accreditation of Healthcare Organizations ("JCAHO"). A medical and surgical error remediation plan sets forth a facility's strategy for substantially reducing or eliminating medical errors and establishes related reporting requirements.

EFFECTIVE DATE: October 1, 2001

P.A. 01-154 **HB 6610 - An Act Imposing a Moratorium Concerning Certain State Property Used for Residential Purposes by Persons with Mental Retardation or Psychiatric Disabilities and Concerning the Placement of Certain Clients of the Department of Mental Retardation**

This Act imposes a limited moratorium on the conveyance of state-owned property that is or has been used recently to house people with mental retardation or psychiatric disabilities. The moratorium lasts until July 6, 2004 or until the General Assembly approves department of Mental Retardation (DMR) and Mental Health and Addiction Services (DHMAS) plans to address waiting list and service needs issues, whichever is earlier. The Act creates a separate, nonlapsing General Fund account to receive any proceeds from the sale, lease, or transfer of Fairfield Hills and Norwich hospitals and any regional centers. The fund can be used only for site acquisition, capital development, and infrastructure costs needed to provide services to people with mental retardation and psychiatric disabilities.

The Act requires the DMR commissioner to adopt regulations to establish and implement policy for placing and caring for clients the department determines pose a serious threat to others. It also requires the commissioner, in consultation with the public works commissioner, to evaluate the feasibility and appropriateness of using state-owned property of 12 or more acres for a facility to place up to 15 clients DMR determines cannot appropriately be placed in the community. The commissioner must report his findings and recommendations, including the criteria and standards used to evaluate the properties, to the Public Health Committee by February 1, 2002.

EFFECTIVE DATE: July 6, 2001

P.A. 01-160 **SB 730 - An Act of Concerning the Sunset Law**

This Act delays for five years, the termination of all agencies and programs subject to the sunset law. Under the sunset law, 87 licensing, regulatory, and other state agencies and programs terminate on set dates unless the General Assembly reestablishes them after the Legislative Program Review and Investigations Committee conducts a performance audit of each. The committee must review the public need for each entity according to established criteria and report to the legislature its recommendations for the entity's abolition, reestablishment, modification, or consolidation. The Act delays the termination dates as follows:

Prior Termination Date	New Termination Date
July 1, 2003	July 1, 2008
July 1, 2004	July 1, 2009
July 1, 2005	July 1, 2010
July 1, 2006	July 1, 2011
July 1, 2007	July 1, 2012

EFFECTIVE DATE: October 1, 2001

P.A. 01-161 SB 1216 - An Act Concerning Zoning Requirements for Residences for Children with Mental or Physical Disabilities

This Act requires local zoning regulations to treat as single-family homes Department of Children and Families (DCF)-licensed residences housing up to six mentally or physically disabled children (not defined) and necessary staff. The law already requires this treatment for Department of Mental Retardation (DMR)-licensed residences housing up to six mentally retarded people and necessary staff. The Act permits any resident of a town hosting a DCF-licensed residential facility to petition the DCF commissioner to revoke the facility's license for violations of applicable statutes or regulations. The resident must get the approval of the town's legislative body before filing the petition. Under the Act, DCF-licenses residential facilities cannot be located within 1,000 feet of each other or DMR-licensed residences, unless the local zoning commission approves. DMR-licensed residences are also subject to this restriction. The Act also specifies that it does not change the existing law relative to special education funding responsibilities for DCF- and DMR-placed children. Generally, the child's original school district must pay for special education and related services.

EFFECTIVE DATE: July 1, 2001

P.A. 01-162 SB 1389 - An Act Concerning Dependants of Deceased Workers' Compensation Recipients

This Act eliminates the "waiting period" for all dependents of deceased workers' compensation recipients; the "waiting period" had been eliminated for most, but not all, such dependents by prior revisions to the law. Under prior law, if a workers' compensation recipient died more than two years after the date of his injury or the first manifestation of an occupational disease, the recipient's dependents had to wait a period equal to the time the recipient received compensation before the dependents could receive death benefits. For example, if a worker received total disability benefits

for five years and then died, his dependents had to wait five years to receive death benefits.

The Act further requires that benefits due to dependents because of the elimination of the "waiting period" be paid retroactively to the date of the worker's death. It also requires the Second Injury Fund to reimburse employers or insurers for these benefits.

EFFECTIVE DATE: July 6, 2001

P.A. 01-163 HB 6569 - An Act Concerning Vital Records

This Act makes a number of substantive and technical changes in the statutes on vital records, affecting both the Department of Public Health (DPH) and local registrars of vital statistics. The Act: (1) specifies that vital records include fetal death certificates in addition to birth, marriage, and death certificates and makes the necessary conforming changes; (2) allows DPH and local registrars to transmit and register vital records electronically and defines terms to address vital records in both electronic and paper format; (3) makes a number of changes concerning birth certificates addressing access, confidentiality, data usage, copies, paternity acknowledgements, name changes, and adoption; (4) allows certain people to access Social Security numbers on marriage licenses and death certificates; (5) allows funeral directors and embalmers licensed in states with reciprocal agreements with Connecticut to undertake a number of activities here; (6) requires DPH to develop uniform procedures concerning vital records and modifies its regulatory authority; (7) clarifies how DPH must administer the state system of registration of births, marriages, deaths, and fetal deaths; (8) standardizes the fees for vital record, including setting the same $2 fee for recording fetal deaths as for other vital records; and (9) eliminates outdated or contradictory provisions.

EFFECTIVE DATE: October 1, 2001

P.A. 01-165 SB 1366 - An Act Concerning an Articulation Agreement Between the Constituent Units of the State System of Higher Education

This Act requires the boards of trustees for the Connecticut community-technical colleges, the Connecticut State University System, The University of Connecticut, Charter Oak State College, the Bridgeport Hospital School of Nursing and Connecticut's independent colleges to develop a plan to ensure that there are articulation agreements among the nursing programs to assist nurses in advancing their education and nursing credentials.

This Act also requires the Advisory Council on Student Transfer and Articulation ("ACSTA") to develop a plan to ensure that (1) there are articulation agreements in the areas of business, nursing, allied health, and other professional and pre-professional programs selected by ACSTA among the vocational-technical schools, the community-technical colleges, and high school programs in the areas of the state where the schools are located, (2) there are system-to-system articulation agreements in the areas of business, nursing, allied health, and other professional and pre-professional programs among the community-technical colleges, Connecticut State University, and the University of Connecticut, and (3) the articulation agreements include academic programs at the public colleges and universities that the labor commissioner and the Office of Workforce Development identify as addressing a workforce shortage area. ACSTA, in conjunction with the state departments of education and higher education and the boards of trustees of the public colleges and universities, must report to the Education Committee and the Workforce Development Committee by July 1, 2001 and annually thereafter.

The plans required by this Act must be developed by July 1, 2002 and implemented by July 1, 2004.

EFFECTIVE DATE: July 6, 2001

P.A. 01-171 **SB 325 – An Act Concerning Health Insurance Coverage for Cancer Clinical Trials, Hearing Aids for Children Age Twelve and Younger, Pap Smear Tests, Colorectal Cancer Screening and Mammograms, Psychotropic Drug Availability and Medicaid Coverage for Mammograms**

This Act:

1. requires certain group and individual health insurance policies to cover routine patient care costs associated with cancer clinical trials for treatment or palliation and Phase III trials for prevention that involve therapeutic intervention;

2. prohibits the use of drug formularies, lists of covered drugs, or other restrictions on obtaining prescription drugs for mental health treatment;

3. expands coverage of mammograms by certain individual and group health insurers by requiring coverage of an annual mammogram beginning at age 40 instead of 50;

4. requires health insurers to cover pap smear tests conducted as part of primary and preventive services that participating in-network

obstetrician-gynecologists must by law provide female enrollees who choose to have direct access to such providers;

5. requires certain individual and group health insurance policies to cover colorectal cancer screening, including (a) an annual fecal occult blood test and (b) a colonoscopy, flexible sigmoidoscopy, or radiologic imaging; and

6. requires certain group and individual health insurance policies to provide limited coverage for hearing aids for children.

The cancer clinical trial, hearing aid, and colerectal screening coverage requirements apply to hospital and medical coverage offered by HMOs and policies that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, and (4) hospital or medical services. Mammogram coverage requirements for individual policies also apply to accident only and limited benefit health coverage. Coverage applies to policies delivered, issued for delivery, renewed, amended, or continued in the state on or after October 1, 2001, except for cancer clinical trial coverage, which applies to such policies beginning January 1, 2002.

EFFECTIVE DATE: October 1, 2001, except the cancer clinical trials provisions take effect January 1, 2002.

P.A. 01-174 **SB 1060 - An Act Concerning Insurance Data Reporting Requirements, Small Employer Health Plan Availability, and Licensing Requirements For Individuals Who Make Final Utilization Review Determinations**

This Act requires that any final utilization review decision not to certify an admission, service, or procedure or extension of stay for an enrollee within Connecticut, excluding claims under the workers' compensation act, must be made by a physician, nurse or other licensed health professional under the authority or a physician, nurse or other licensed health professional who has a current Connecticut license with the Department of Public Health. Likewise, any review that upholds a final determination not to certify in the case of an enrollee in Connecticut must be conducted by a physician or practitioner who is a specialist in the field related to the condition that is the subject of the appeal and must be performed under the authority of a physician or practitioner who has a current Connecticut license from the Department of Public Health.

This Act requires insurers, including HMOs, to offer all small employers (including small employers consisting of one member) every group health insurance plan it offers to the small employer market unless it adversely affects the insurer’s financial condition. The Act revises some insurance company reporting requirements,

eliminates several obsolete ones, and makes minor technical changes to the insurance statutes.

EFFECTIVE DATE: October 1, 2001

P.A. 01-175 **HB 5732 - An Act Concerning Identification Required for Check Cashing and Concerning State and National Criminal History Records Checks**

Section 17 of this Act provides that the Commissioner of Public Health must require each initial applicant for a license to establish, conduct, operate or maintain a nursing home in Connecticut to submit to state and national criminal history records checks.

Section 31 of the Act sets forth the procedures and fees for the criminal history checks. Any request for a criminal history check must be requested from the State Police Bureau of Identification ("State Police"). DPH must arrange for the fingerprinting of the applicant or for conducting any other method of positive identification required by the State Police or the FBI, for state and national criminal history records checks, respectively. To request a state criminal history records check, the fingerprints or other identifying information must be sent to the State Police which will conduct the check. To request a national criminal history records check, the fingerprints or other identifying information must be sent to the State Police which will in turn send the information to the FBI, or, if permitted by the FBI, the fingerprints or other identifying information must be submitted directly to the FBI.

The Commissioner of Public Safety may charge DPH a fee for the state criminal history records check performed by the State Police or the fee charged by the FBI for a national criminal history records check. In turn, DPH may charge the applicant a fee equal to the amount paid by DPH.

Under prior law, the Department of Pubic Health ("DPH") historically has requested state criminal history records checks on any new entity or new person, including stockholders or principals (e.g., directors, officers, trustees, or managing and general partners, etc.) and any person or entity that has 10% or greater ownership in the new owner, who files an application for a nursing home license and who has not had any prior health care holdings in Connecticut. DPH submits a request for a criminal background check to the Connecticut State Police and to the state police in any other state(s) where the new applicant has had or currently has health care holdings. DPH has not charged the applicant for the state criminal background checks.

Currently, DPH is reviewing the revised language of this Act to determine what changes, if any, it will need to made to the process for requesting state criminal history records checks as well as how it will implement the national criminal history records

checks with the Federal Bureau of Investigation ("FBI"). Among possible changes may be institution of a fee for the national criminal background check. In the meantime, DPH has indicated that it will continue to perform the state criminal background checks as it has been doing.
The Act makes revisions to various other statutes that are not health care related.

EFFECTIVE DATE: July 1, 2001, except the check cashing and school job applicant criminal records check provisions take effect October 1, 2001.

P.A. 01-182 HB 5656 - An Act Concerning Breastfeeding in The Workplace

This Act allows employees to express breast milk or breastfeed at their workplace during their meal or break period. It requires employers to make reasonable efforts to provide a room or other location close to the work area (other than a toilet stall) for the employee to express her milk in private. "Reasonable efforts" are those that do not impose significant difficulty or expense taking into account factors such as the business's size, financial resources, and operational nature and structure. The Act also prohibits employers from discriminating against employees who choose to express milk or breastfeed at work.

EFFECTIVE DATE: October 1, 2001

P.A. 01-190 HB 5933 – An Act Concerning the Care of High-Risk Newborns

This Act requires the Department of Children and Families (DCF) to adopt regulations by October 1, 2002, concerning procedures for the principal providers of daily direct care to "high-risk" newborns in hospitals (e.g., nurses and nursing assistants) to participate in ongoing DCF functions concerning the infant and in planning for the infant's discharge from the hospital. The Act defines a high-risk newborn as one who meets DCF regulatory or policy criteria.

The Act also requires all birthing hospitals to provide education and training for nurses and other staff who care for high-risk newborns on their responsibilities as mandated child abuse and neglect reporters. The law requires physicians and interns, registered and licensed practical nurses, physician's assistants, and any person paid to care for a child in any public or private facility, among others, to report to DCF within 24 hours of having reasonable cause to believe a child has been abused or neglected and to follow up with a written report within 48 hours.

EFFECTIVE DATE: October 1, 2001

P.A. 01-195 **SB 1046 - An Act Concerning the Reviser's Corrections to the General Statutes and Certain Public Acts**

PA 01-174 requires doctors, nurses, and other licensed health care professionals to have a current Connecticut license or act under the authority of a practitioner or doctor who does so in order to make certain final utilization review decisions or review those decisions and uphold them. This Act excludes claims under the Workers' Compensation Act from these provisions. The Act also makes various other changes unrelated to health care issues as well as technical changes to the statutes and three public acts (PA 01-43, PA 01-96, PA 01-87). It also repeals a few obsolete statutes.

EFFECTIVE DATE: July 11, 2001, except that technical changes to PA 01-87 are effective on October 1, 2001.

P.A. 01-209 **HB 6939 - An Act Concerning Protective Services for Elderly Persons**

This Act requires the Department of Social Services ("DSS") commissioner to investigate, rather than evaluate, allegations of elder abuse, neglect, exploitation, and abandonment and makes conforming technical changes. It authorizes the commissioner of DSS to perform the following investigative steps:

1. Interview the potential elderly victim alone, unless the potential victim refuses consent or the commissioner decides that an interview is not in his best interest (these interviews are conducted by DSS' Elderly Protective Services Division staff);

2. Seek a court order to stop a caretaker from interfering with the division staff's ability to interview the elderly individual alone;

3. Subpoena witnesses, take testimony under oath, and compel the production of documents necessary and relevant to the investigation;

4. Ask the attorney general to seek a court order as appropriate to enforce the investigation provisions; and

5. Subpoena confidential records needed for an investigation if the commissioner has reasonable cause to believe the elderly person is not capable of giving consent or if the person's caretaker has refused consent and the commissioner has reason to believe the caretaker has abused, neglected, exploited, or abandoned the person and ask the attorney general to seek a court order to enforce this provision.

The Act also provides that financial institutions may disclose otherwise confidential financial information with the consent of an elderly person or his representative. The financial institution has no obligation to determine the person's capacity to consent.

The Act further requires the probate court, when the commissioner is seeking conservatorship in an elder abuse case, to approve the commissioner's request for an examination by an independent physician, psychologist, or psychiatrist if the examination is needed to determine whether the person is capable of managing his affairs and in the person's best interests. When an examination is deemed necessary, the court must order the examination regardless of whether the elderly person or his caretaker has already submitted a medical report.

Finally, the Act also allows people who have reasonable cause to suspect or to believe such abuse is happening to report it to the commissioner. Under the prior law, people could make reports only if they have reasonable cause to believe the abuse is happening.

EFFECTIVE DATE: July 1, 2001

P.A. 01-2, June Special Session **HB 7503 – An Act Concerning the Expenditures of the Department of Social Services**

This Act implements the Department of Social Services (DSS) budget for the biennium beginning July 1, 2001 and ending June 30, 2003.

The Act:

1. increases the Connecticut Pharmaceutical Contract to the Elderly and Disabled (ConnPACE) program's income limits;

2. revises the state's system of care for providing behavioral health services to children, renames it Connecticut Community KidCare, and makes related changes;

3. (a) limits to three the number of six-month extensions most Temporary Family Assistance (TFA) families can have; (b) caps benefits for all time-limited families at 60 months, with one exception; (c) increases penalties for noncompliance with the program's work requirements; (d) creates a transportation program to take recipients to jobs in eastern Connecticut; and (e) makes other related changes;

4. prohibits legal immigrants from applying for certain cash assistance benefits as of July 2, 2001 and for the state-funded food stamp program after June 30, 2002 (but PA 01-9, June Special Session delays the July 2 cut-off date for cash assistance and keeps these and other programs for immigrants open for new applicants through June 30, 2002);

5. continues to freeze benefit levels in the TFA, Aid to Families with Dependent Children (AFDC) (small control group), State-Administered General Assistance (SAGA), general assistance (GA), and State Supplement programs from July 1, 2001 through June 30, 2003; and

6. tightens asset transfer rules for Medicaid eligibility for long-term care and limits the probate courts' authority to make exceptions to these rules.

The Act also provides Medicaid coverage for women diagnosed with breast or cervical cancer under an existing national screening program. It requires several state agencies to collaborate in preparing a plan for the state to purchase employer-sponsored health insurance for lower-income adults and children. But it eliminates coverage for nonemergency medical transportation under the SAGA and GA programs. The Act makes a number of changes concerning nursing homes, such as (1) increasing rates, (2) giving the DSS commissioner an option to provide future rate relief to enhance staffing, and (3) extending the moratorium on new nursing home beds to 2007. It also expands assisted living demonstration programs in federally funded senior housing and extends a Connecticut Home Care Program for Elders (CHCPE) pilot. The Act adjusts Medicaid rates for a number of other health care institutions, such as chronic disease hospitals and residential care homes. It allows DSS to use a primary care case management model for delivering medical benefits and subjects managed care organizations participating in the state's Medicaid managed care program to new accountability measures. It allows Medicaid to pay for used durable medical equipment and expands locations where a dental hygienist can work without a dentist's supervision.

The Act transfers administration of opportunities industrialization center (OIC) grants and individual performance contracts from DSS to the Department of Labor (DOL), and makes changes in the Security Deposit Guarantee Program. The Act makes a number of changes concerning permanency planning and residential facility placements for children in Department of Children and Families (DCF) custody, background checks for certain child care facilities, and child support enforcement orders. It also creates a parent trust fund to benefit children by encouraging their parents' community involvement. Finally, the Act makes a number of minor and technical changes concerning various health and welfare programs.

EFFECTIVE DATE: Upon passage, except (1) the provisions concerning ConnPACE expansion, KidCare revisions and changes related to advisory committees, Medicaid long-term care eligibility and limitations on probate court powers, nursing home rate increases and other changes affecting nursing homes, rates for chronic disease hospitals with a high proportion of long-term ventilator patients, residential care home rates, the rate increase for group homes, TFA work requirements for minor parents, primary care case management, dental hygienists, exit interviews for people leaving TFA, TFA treatment of income rules, child placements in residential facilities, child support enforcement orders, the transfer of OIC grants and individual performance contracts from DSS to DOL, town GA program audits, the CHCPE pilot, assisted living, cost-of-living freezes in public assistance programs, SAGA and GA nonemergency medical transportation coverage, and interpreters for the deaf are effective July 1, 2001 and (2) provisions concerning the 60-month TFA benefit limit and extension limits, penalties for noncompliance with TFA work requirements, TFA child support disregards and diversion assistance, nursing home staffing level enhancements, Medicaid managed care dental and behavioral health subcontractors, the Security Deposit Guarantee Program, DCF background checks, the Parent Trust Fund, and DCF permanency planning are effective October 1, 2001. (A few of these were later changed by PA 01-9, June Special Session.).

P.A. 01-3, June Special Session **HB 7504 – An Act Concerning Hospital Rates and Disproportionate Share Payments**

This Act increases Medicaid rates paid hospitals and restructures the state hospital disproportionate share (DSH) program, which provides extra Medicaid payments to hospitals with a large number of indigent and low-income patients for whose care they are not fully compensated. It also creates a new DSH program aimed at helping hospitals in distressed municipalities with populations over 70,000. The Act allows the state to adjust DSH payments to Yale-New Haven Hospital for claims arising out certain incorrect payments for prior years. It also makes several minor, conforming, and technical changes.

EFFECTIVE DATE: July 1, 2001

P.A. 01-4, June Special Session **HB 7505 – An Act Concerning the Implementation of Expenditures for Various State Health Programs and Services and Making Technical and Other Changes to Certain Public Health and Related Statutes**

This Act requires the Department of Public Health (DPH) to establish a comprehensive statewide asthma plan and asthma monitoring system. It also requires all children,

beginning with the 2003-04 school year, to have a chronic disease assessment that includes asthma before they enroll in public school and at certain other grade levels. The Act requires that preferred provider network (PPN) filings be made with the Department of Insurance instead of the Office of Health Care Access (OHCA). The Act requires all entities responsible for payment under an insurance policy, not just insurers, to make timely payments to health care providers. The Act allows parents to administer medications to their children on school grounds. It also requires DPH to adopt regulations by October 1, 2002, requiring child day care centers to have employees trained in cardiopulmonary resuscitation (CPR). The Act eliminates DPH's nail technicians licensure program, which was never implemented. The Act also addresses (1) use of automatic external defibrillators by certain persons; (2) emergency medical service rates; (3) gynecologic cancer informational materials; (4) chlamydia education and testing; (5) liability for HIV testing; (6) hospitals' uncompensated care and disproportionate share payments, as well as hospitals' debt collection standards; (7) safe needles; (8) the Department of Mental Retardation (DMR) and Department of Mental Health and addiction Services (DMHAS) property transfer moratorium; (9) historic structures and the Connecticut Environmental Policy Act; (10) youth camp licensure; (11) use of certain lands for golf courses; (12) a Connecticut River interceptor sewer project; (13) marriage validation; (14) operation of certain crematories; (15) community health center grants; (16) the Tobacco and Health Trust Fund Board; (17) salon inspections; (18) residential treatment facility discharge plans; (19) the state loan repayment program for primary care clinicians; (20) Developmental Disabilities Advisory Commission membership; (21) promotion of public health; (22) alternative licensure routes for a variety of health professions; (23) continuing education for professional counselors; and (24) occupational therapy services in nursing homes. The Act clarifies that "hearing aid dealers" are now known as "hearing instrument specialists." Finally, the Act makes a number of technical changes.

EFFECTIVE DATE: The Act takes effect July 1, 2001, except that the following provisions take effect October 1, 2001: (1) youth camp original license denials, (2) professional counselor continuing education, (3) PPN transfer from OHCA to the insurance Department, (4) defibrillators, (5) DPH's responsibilities concerning an asthma monitoring system, (6) timely payments, (7) salon inspections, (8) residential treatment facility discharge plan, (9) loan repayment program, (10) Developmental Disability Advisory Commission membership, and (11) CPR in day care centers. The child asthma assessment requirement takes effect July 1, 2002. Two sections concerning nail technicians and technical changes to DPH's responsibilities for various health professions take effect the later of July 1, 2001 or when DPH publishes notice that it is implementing physical therapist assistant and athletic trainers licensure.

P.A. 01-6, June Special Session **SB 2001 - An Act Concerning Various Taxes and Other Provisions Related to Revenues of The State**

This Act makes many changes in various tax laws as well as several statutory changes to implement the FY 2001-03 state budget. Changes affecting health care include:

Patient Care Services (§§ 1-3).

The Act suspends the 5.75% sales and use tax on hospital patient care services for two years, from July 1, 2001 through June 30, 2003.

HMO HUSKY Tax Credit (§ 4)

The Act increases the tax credit for HMOs providing health coverage under the HUSKY A, HUSKY B, or HUSKY Plus programs from $55 to $73.50 per patient per month. The credit counts against the HMOs' net direct subscriber tax and applies to income years starting on and after January 1, 2001. As under prior law, the credit is multiplied by the number of patients the HMO covers on the first of each month and divided by 12.

Riverview Hospital Payments (§ 12)

Starting with FY 2001-02, the Act requires revenue the Department of Administrative Services receives from Medicaid managed care plans for services performed at Riverview Hospital to be deposited in the General Fund and credited to a nonlapsing account in the Department of Social Services (DSS), to be used to pay Medicaid claims. Riverview Hospital is a children's mental health facility run by the Department of Children and Families.

EFFECTIVE DATE: July 1, 2001 unless otherwise noted.

P.A. 01-8, June Special Session **SB 2005 – An Act Concerning Community Mental Health Strategic Investment**

This Act creates a Mental Health Strategic Investment Fund comprising subaccounts for new or expanded mental health facilities and community-based services and supportive housing. The Act capitalizes the Fund with $40 million in FY 2000-01 surplus funds and $5 million in FY 2001-02 appropriations. A Community Mental Health Strategy board develops strategic and financial plans to guide disbursements from the fund, which may go to state agencies, the Connecticut Housing Finance Authority (CHFA), or other entities with which the board contracts. The Act establishes a supportive housing pilots initiative to provide up to 650 units of

affordable housing and support services to people with special needs, such as mental illness, chronic chemical dependency, homelessness, or risk of homelessness. It authorizes $10 million in bond funds for the Department of Economic and Community Development (DECD) to use for initiative -funded projects and requires CHFA to set aside $1 million a year in tax credits for them. The Act establishes a Pretrial Account in the General Fund, where fees from the Department of Mental Health and Addiction Services (DMHAS) drug and alcohol education programs and $600,000 in FY 2001 surplus funds appropriated in SA 01-1, June Special Session must be deposited. The account must be used to operate these programs. It is a separate, nonlapsing account that can be carried forward, and earnings on account investments must be credited to it. The Act requires the DMHAS and Department of Social Services (DSS) to study the implementation of adult rehabilitation services under Medicaid and permits the DSS commissioner to amend the state Medicaid plan to cover such services private providers supply to DMHAS clients. It also requires DMHAS and DSS to study the advisability of their entering into an interagency agreement under which DMHAS would provide clinical management of behavioral health services.

EFFECTIVE DATE: July 1, 2001

P.A. 01-9, June Special Session **HB 7507 - An Act Concerning The Expenditures of The Office of Policy and Management**

This Act revises various health-related statutes and public acts including:

Correctional Institutions' Pharmacy Services (§§ 25-27)

The Act sets conditions under which state correctional institutions must return specified unused drugs to vendor pharmacies for re-dispensing and reimbursement to DOC. The department must establish procedures for returning the unused drug products to the pharmacies and must reimburse the vendor pharmacies for the reasonable cost incurred in operating the program, as determined by the DOC commissioner. The Act exempts from the definition of drug wholesalers retail pharmacies that supply limited amounts of non-controlled drugs or controlled substances for emergency use to the medical director of a state correctional institution. Retail pharmacies that supply these drugs to chronic and convalescent nursing homes and rest homes were already exempt. The Act allows retail pharmacies to distribute certain controlled substances to a correctional institution's medical director for use as emergency stock. The law already allowed them to distribute these substances to chronic and convalescent nursing homes and rest homes. DOC must establish procedures for the return of unused drug products to the pharmacy from which they were purchased. Except for drugs dispensed in a bulk-dispensing container, which may not be returned, the Act requires the return to vendor pharmacies, for repackaging and reimbursement, of unused drug products that are:

1. prescription drugs that are not controlled substances,

2. sealed in individual packages,

3. returned to the vendor pharmacy within the recommended period of shelf life for re-dispensing,

4. determined to be of acceptable integrity by a licensed pharmacist,

5. oral and parenteral (taken by injection) drugs in single-dose sealed containers approved by the U.S. Food and Drug Administration (FDA),

6. topical or inhalant drugs in FDA-approved units-of-use containers, or

7. parenteral drugs in FDA-approved multiple-dose sealed containers from which no doses have been withdrawn.

Drugs meeting these criteria must also meet specified packaging standards before they can be returned. If drugs are packaged in the manufacturer's unit-dose packages, they must be returned to the vendor pharmacy if they can be re-dispensed for use before the expiration date, if any, stated on the package. If drugs are repackaged in the manufacturer's unit-dose or multiple-dose blister packs, they must be returned to the vendor pharmacy if (1) the repackaged drug clearly indicates the date of repackaging, lot number, and expiration date; (2) 90 days or less have elapsed from the date of repackaging; and (3) the pharmacy keeps a repackaging log for drugs that are prepackaged before they are needed. The Act requires the DCP commissioner, in consultation with DOC, to adopt regulations governing the repackaging and labeling of returned drug products. Until January 1, 2003, DCP must implement policies and procedures needed to carry out the act while adopting the policies and procedures in regulation form. Within 20 days of implementing the policies and procedures, he must give notice of intent to adopt the regulations in the *Connecticut Law Journal.*

Workers' Compensation Commission Assessment (§ 29)

For FYs 2001-02 and 2002-03, the Act increases the maximum annual employer assessment for the Workers' Compensation Commission's (WCC) budget from 4% to 4.5% of employers' workers' compensation expenses for the prior year. It lowers the cap back to 4% for FY 2003-04 and thereafter. Under prior law, the cap was 5% for FY 2000-01 and 4% for FY 2001-02 and thereafter. By law, the General Fund does not support the WCC budget. Rather, it is financed through a special assessment by the

state treasurer on private-sector employers and those towns that do not insure their workers' compensation liability through an interlocal risk-management agency. Each employer's assessment is based on its workers' compensation-related expenses in the previous calendar year, up to the established cap. The WCC administers the workers' compensation system.

Disproportionate Share Payments to Hospitals (§§ 32 & 130)

The Act requires crediting to the Hospital Assistance Program account any federal financial participation funds the state receives for disproportionate share (DSH) payments to hospitals for the final quarter's DSH settlement for hospital fiscal year 1999 under PA 01-3, June Special Session. This account is used to reconcile DSH over- and underpayments. Under the Act, federal funds deposited in that account during FY 2001-02 will not lapse and will continue to be available to be spent in FY 2002-03. The Act further requires the Department of Social Services (DSS) to distribute whatever remains in the account to Yale-New Haven Hospital during FY 2002-03. (PA 01-3, June Special Session, restructured the DSH program, which provides extra Medicaid payments to hospitals that have a disproportionate number of patients for whose care the hospitals are not compensated. It increased both in- and out-patient hospital Medicaid rates and created a new DSH program aimed at helping hospitals in distressed municipalities with populations over 70,000.) It also reinstates two statutes repealed in PA 01-2, June Special Session. One deals with children's general hospitals and prior disproportionate share settlements and adjustments and the other details how the DSS commissioner must apply hospitals' tax liability to calculate DSH payments to hospitals.

Assessment for Office of Managed Care Ombudsman (§§ 66 & 67)

The Act adds the actual expenditures, including fringe benefits and capital equipment purchases, of the Managed Care Ombudsman's office to the required payments that domestic insurance companies and hospital and medical service corporations must pay and deposit in the Insurance Fund, which pays the Insurance Department's annual expenditures. By July 31, annually, the Act requires the Managed Care Ombudsman's office to provide each insurer and hospital and medical service corporation with (1) a statement of the amount appropriated to the office for the same fiscal year beginning July 1, including the state comptroller's estimates for fringe benefit costs and capital equipment expenditures for the year; (2) a statement of the total premium tax imposed on them for business done in the state during the preceding calendar year; and (3) the proposed assessment for each company. The Act specifies that the amount appropriated to the Managed Care Ombudsman's office plus fringe benefit costs and estimated capital equipment purchases are the office's actual expenditures. The Act prohibits an assessment against any one company in excess of 25% of the Managed Care Ombudsman's office actual expenditures, and requires instead that any excess assessment be paid by all companies in proportion to their respective shares of

premium taxes and other charges they must pay on business done in the state during the preceding calendar year. Finally, by September 1 annually, the Act requires the Managed Care Ombudsman, after receiving objections to any proposed assessment, to adjust the assessment if he thinks it reasonable and provide each company with an adjusted assessment, and at the close of the fiscal year recalculate the proposed assessment using the actual expenditures of the office. By July 31, the Managed Care Ombudsman must provide each company with a statement showing the difference between its respective recalculated assessment and the amount it previously paid. Objections to any proposed assessment must be made by August 31.

Standardized Risk Assessment (§ 75)

The Act requires the Department of Mental Health and Addiction Services (DMHAS), within available appropriations and in conjunction with the Board of Parole and the DOC, to report to the Judiciary and Public Health committees by February 6, 2002, recommendations to develop and implement a standardized risk assessment of people with mental health needs who are eligible for parole or other community release programs. DMHAS can also consult with representatives of public and private higher learning institutions.

L-Chad Deficiency (§ 88)

By February 1, 2002, the Act requires the Department of Public Health (DPH) to report to the Public Health and Appropriations committees on the feasibility, cost, and time frames for establishing testing programs for L-chad and similar protein deficiencies. The report must include the operating costs associated with the program and the feasibility of including the cost of any testing equipment within existing resources.

Children's Comfort Care Center Pilot (§ 89)

The Act extends from September 30, 2001 to September 30, 2003, the expiration date of the Sunshine House, Inc. pilot program for a comfort care center for children with limited life expectancies and their families.

Children's Behavioral Health Advisory Committee (§ 93)

The Act puts the executive director of the Office of Protection and Advocacy for Persons with Disabilities back on the Children's Behavioral Health Advisory Committee. PA 01-19 had initially put him on the committee, but PA 01-2, June Special Session made other changes in that statute without taking PA 01-19 into account.

DSS Drug Assistance Information (§ 104)

The Act requires DSS, within available appropriations, to make information about pharmaceutical company drug programs for indigent people available to the elderly and disabled by using the ConnPACE program, CHOICES health insurance health insurance counseling and assistance program, and Infoline.

School Health Assessment (§ 105)

The Act eliminates a provision of PA 01-4, June Special Session that allowed licensed natureopaths and chiropractors to perform required school health assessments.

Medicare Part B Premium Payments (§ 106)

The Act requires DSS, for FY 2001-02, to pay any applicable Medicare buy-in cost for dually eligible Medicaid and Medicare recipients from funds deposited in a nonlapsing account created for this purpose. The account will hold revenue received from the U.S. Department of Health and Human Services for the portion designated for any applicable buy-in cost. The Act also requires DSS to continue the payments until it contracts with the federal government to administer the Medicare Part B Buy-in Program. PA 01-2, June Special Session made nearly the same change but referred to paying the Medicare Part B premiums instead of the applicable Medicare buy-in cost.

GA Medical Program (§ 107)

The Act restores town General Assistance (GA) medical program coverage for glasses, which PA 01-2, June Special Session had eliminated. Norwich is the only town that still administers its own GA program. The others are part of the State-Administered General Assistance program (SAGA), which covers glasses just as the Medicaid program does.

Immigrant Welfare and Medical Programs (§§ 108-112, 126 & 127)

The Act keeps solely state-funded welfare programs open for legal immigrants who are barred from federally funded programs but, with several exceptions, prohibits new applications after June 30, 2002. Under prior law, many of these programs would have ended July 1, 2001. The change applies to cash assistance under Temporary Family Assistance (TFA) and SAGA, town GA, state-funded medical assistance equivalent to Medicaid, SAGA medical aid, HUSKY Part B (the state's children's health insurance program), and the Connecticut Home Care Program for Elders. But those who are victims of domestic violence or have mental retardation are exempt from the bars on new applications. (PA 01-2, June Special Session also bars new applications after June 30, 2002 for the state-funded food stamp program, which serves legal immigrants who are not eligible for the federal food stamp program.) This Act applies to legal

immigrants and those whom the Immigration and Naturalization Service (INS) formerly classified us "permanently residing under color of law (PRUCOL)."

The Act adds $2 million to the state's biennial budget to keep the immigrant programs open until June 30, 2002. Up to half of the $2 million will not lapse at the end of FY 2001-02 and will continue to be available for this purpose in FY 2002-03. The budget already contains $1 million to continue intake for the immigrant food stamp program effective July 1, 2001.

Funding of DPH Asthma Activities (§ 115)

For FYs 2001-02 and 2002-03, the Act transfers $300,000 from the Tobacco and Health Trust Fund to DPH to implement the asthma monitoring system and comprehensive statewide asthma plan that PA 01-4, June Special Session directs the department to establish.

Hospital Outpatient Rates (§ 119)

The Act specifies that the outpatient hospital Medicaid rate increase required by PA 01-3, June Special Session is for the rate period beginning July 1, 2000 instead of July 1, 2001 and effective June 1, 2001.

Hospital Inpatient Rates (§ 120)

The Act makes the inpatient hospital Medicaid rate increase, as required under PA 01-3, June Special Session effective June 1, instead of July 1, 2001.

DSS Rates to Freestanding Chronic Disease Hospitals Serving Ventilator Dependent Patients (§ 121)

For FYs 2001-02 and 2002-03, the Act allows the DSS commissioner to pay up to an additional $300,000 annually to freestanding chronic disease hospitals to cover services provided to their long-term ventilator patients, on top of the hospital's normal daily rate. PA 01-2, June Special Session changes the existing rate formula beginning with rate year 2001-02. It requires the commissioner to give the rate of the highest-paid freestanding chronic disease hospital to any hospital having more than an average of 15% of its inpatient days used as ventilator patient days paid by DSS for the previous rate period, in lieu of any other rate paid. PA 01-02, June Special Session, gives all freestanding chronic disease hospitals rate increases of 2.5% in FY 2001-02 and 2% in FY 2002-03.

Effective Date Changes in DSS Implementer (§ 129)

The Act changes several effective dates in PA 01-2, June Special Session. It delays the effective date from July 1 to October 1, 2001 for that Act's changes concerning (1) exceptions to TFA work requirements for parents with minor children and (2) child placements in residential facilities. It delays the effective date from July 1 to August 1, 2001 for the elimination of SAGA and GA coverage for nonemergency medical transportation.

EFFECTIVE DATE: July 1, 2001

Wiggin & Dana

CONNECTICUT STATE REGULATIONS

Connecticut State Regulations

A. DEPARTMENT OF PUBLIC HEALTH

Retired Licensure for Nurses

Published: CLJ 1/23/01
RCSA §§19a-88-1 through 19a-88-4, inclusive

To establish a retired license status for nurses, at a reduced license fee, which allows nurses to volunteer their services without compensation under a retired license.

Anatomical Gifts

Published: CLJ 1/23/01
RCSA §§19a-279l-2 to 19a-279l-3, inclusive

To implement provisions set forth in section 2 of Public Act 99-120, which amends section 19a-279e of the Connecticut General Statutes. To implement provisions set forth in section 1 of Public Act 99-120, which amends section 19a-279c of the Connecticut General Statutes.

Emergency Medical Personnel

Published: CLJ 1/23/01
RCSA §§19a-179-16a (19a-179-16 repealed)

To revise the educational, training and experience requirements for persons seeking certification or licensure as emergency services personnel in Connecticut.

The Administration of Medications and The Monitoring of Diabetes in Youth Camps

Published: CLJ 2/20/01
RCSA §§19-13-B27a(v)

To enact regulations to administer the provisions of Section 19a-428 of the General Statutes, as amended by Public Act No. 125 of the 1999 Public Acts specifying conditions under which program staff members at youth camps may administer medicinal preparations, including controlled drugs specified in the regulations to a

child receiving services at such youth camp and administer finger stick blood glucose tests to monitor diabetes mellitus in children receiving services at a youth camp.

Hypertrichologist Licensure Requirements

Published: CLJ 4/10/01
RCSA §§20-269-8; 20-269-3; 20-269-5; 20-269-7

To define approved electrical methods for the practice of hypertrichology, to establish a process for evaluating and taking remediating action against approved hypertrichology education programs, and to require the maintenance of infection control standards.

Civil Penalties and Other Disciplinary Remedies in Family Day Care Homes

Published: CLJ 4/24/01
RCSA §§19a-87b-15

To enact regulations to administer the provisions of Connecticut General Statutes, Section 19a-79(b) specifying civil penalties and other disciplinary remedies that may be imposed by the Department when the holder of a family day care home license violates the regulations for family day care home licensure.

Civil Penalties and Other Disciplinary Remedies in Group Day Care Homes and Child Day Care Centers

Published: CLJ 4/24/01
RCSA §§19a-79-2a

To enact regulations to administer the provisions of Connecticut General Statutes, Section 19a-79(b) specifying civil penalties and other disciplinary remedies that may be imposed by the Department when the holder of a group day care home or child day care center license violates the regulations.

Nurse's Aide Training and Employment

Published: CLJ 5/1/01
RCSA §§19-13-D8t(l)(1); 19-13-D8t(1)(7); 19-13-D8t(l)(5); 19-13-D8t(l)(8); 19-13-D8t(a)(11)

To amend the regulations of Connecticut State Agencies to comply with Public Act 00-59 which increases required nurse aide training program hours and to allow for the utilization of nurses licensed in other states to function as nurse aides in long term care facilities within Connecticut.

The Definitions for Asbestos Abatement

Published: CLJ 5/1/01
RCSA §§19a-332a-1 and 20-440-1

To implement the provisions of Public Act 99-96.

Assisted Living Service Agency

Published: CLJ 7/31/01
RCSA §§19-D105(b)

To amend the regulations of Connecticut State Agencies to comply with Section 19a-6c of the general Statutes of Connecticut which would allow the Commissioner to grant waivers of the assisted living services agency regulations to state-funded congregate housing facilities that wish to offer assisted living services.

Catering Food Service

Published: CLJ 8/14/01
RCSA §§19-13-B49

To amend the definitions. To update public toilet and handwashing requirements. To define approved water source. To amend handwashing facility requirements. To specify cleaning and sanitizing requirements. To specify temperature requirements for cooking, holding, cooling and reheating specific potentially hazardous foods. To require food thermometers. To specify requirements for approved source of foods. To require proper handling of single-use food gloves, if used. To amend the prohibition

and provision for reservice of food. To specify the requirements for hygienic practices and handwashing. To amend exception to animal prohibition for assistance dogs in training. To prohibit bare hand contact with food when disease transmission has occurred. To specify requirements for qualified food operator alternates. To specify requirements for food inspector certification and recertification. To provide an enforcement provision for the lack of a qualified food operator. To change the inspection form to reflect the above code changes to include a 3 pt debit item for the lack of a qualified food operator, a 2 pt debit for the lack of an alternate and a 2 pt debit for the lack of training records for food workers.

Sanitation of Places Dispensing Foods or Beverages

Published: CLJ 8/14/01
RCSA §§19-13-B42

To amend the definitions. To update public toilet and handwashing requirements. To define approved water source. To amend handwashing facility requirements. To specify cleaning and sanitizing requirements. To specify temperature requirements for cooking, holding, cooling and reheating specific potentially hazardous foods. To require food thermometers. To specify requirements for approved source of foods. To require proper handling of single-use food gloves, if used. To amend the prohibition and provision for reservice of food. To specify the requirements for hygienic practices and handwashing. To amend exception to animal prohibition for assistance dogs in training. To prohibit bare hand contact with food when disease transmission has occurred. To exempt servers at congregate meal sites for the elderly and volunteers at nonprofit organizations from qualified food operator requirements. To specify training requirements for individuals exempt from the qualified food operator-testing requirement. To specify requirements for qualified food operator alternates. To specify requirements for food inspector certification and recertification. To provide an enforcement provision for the lack of a qualified food operator. To change the inspection form to reflect the above code changes to include a 3 pt debit item for the lack of a qualified food operator, a 2 pt debit for the lack of an alternate and a 2 pt debit for the lack of training records for food workers.

Public Drinking Water Quality Requirements

Published: CLJ 9/11/01
RCSA §§19-13-B102(a) and (b) ; 19-13-B102(e)(2) to (5), inclusive ; 19-13-B102(e)(7); 19-13-B102(f) and (g); 19-13-B102(h)(4); 19-13-B102(i)(6); 19-13-B102(j)(6)(A)(i); 19-13-102(j)(7)(E); 19-13-B102(j)(8)(D)(i) ; 19-13-B102(j)(8)(F); 19-13-B102(j)(9)(B)(ii) ; 19-13-B102(o) ; 19-13-B102(s); 25-32-7a to 25-32-9, inclusive; 25-32-11 ; 25-32-11a; 25-32-12 through 5-32-14, inclusive

To amend Sections 19-13-B102 and 25-32-7a to 25-32-9, and 25-32-11 to 25-32-14 of the Regulations of Connecticut State Agencies to conform with the federal requirements for maintaining State primacy of the enforcement of the Safe Drinking Water Act.

Licensure of Infirmaries Operated by Education Institutions

Published: CLJ 10/16/01
RCSA §§19-13-D1; 19-13-D43a

To revise regulations to expand the definition of services that can be provided by an infirmary to include primary care and to make certain technical changes.

Public Sources of Nicotine Yield Ratings for Cigarettes

Published: CLJ 10/16/01
RCSA §§19a-74a-1 to 19a-74a-2, inclusive

To establish regulations in compliance with section 19a-74a of the General Statutes of Connecticut.

Emergency Medical Services

Published: CLJ 10/23/01
RCSA §§19a-179-5

To implement the requirements of section 19a-179 of the General Statutes as amended by Public Act 00-151, which requires regulations regarding the change of ownership of emergency medical service organizations with Primary Service Area(s) involved.

Civil Penalties for Violation of Certain Drinking Water

Published: CLJ 11/20/01
RCSA §§25-32e-1

To amend Section 25-32e-1 of the Regulations of Connecticut State Agencies to conform to the new Federal requirements for maintaining State Primacy of the enforcement of the Safe Drinking Water Act.

B. DEPARTMENT OF SOCIAL SERVICES

Requirements for Payment of Services Provided by Independent Licensed Audiologists, Physical Therapists and Speech Pathologists

Published: CLJ 11/14/00
RCSA §§17b-262-630 to 17b-262-640, inclusive

To adopt and implement NEW regulations of the Department of Social Services for Medicaid clients who receive independent audiology, physical therapy, and speech pathology services and repeals Sections 176 to 176I.II.b., inclusive, of the department's Medical Services Policy for therapy services.

Increase in the Connecticut AIDS Drug Assistance Program (CADAP)

Published: CLJ 12/12/00
RCSA §§ UPM Section 8035.20

Section 17b-256 of the General Statutes provides the authority for the Commissioner of Social Services to administer the CADAP program within available appropriations. Under this authority, the Commissioner proposes to increase the CADAP income limit to 400% of the Federal Poverty Level effective 1/1/2000.

Uniform Policy Manual Updates

Published: CLJ 3/6/01
RCSA §§17b-10-1 is amended

Public Act 95-83 mandated that all state agencies eliminate unnecessary regulations. By withdrawing approximately 130 pending regulations and replacing them with this

all-encompassing regulation, the Department of Social Services is complying with this mandate.

Requirements for Payment of Public Health Dental Hygienist Services

Published: CLJ 8/14/01
RCSA §§17b-262-693 to 17b-262-700, inclusive

It is the purpose of the [proposed] regulation to authorize payment under the Medicaid program to a public health dental hygienist consistent with the changes to section 20-126l of the Connecticut General Statutes that were enacted in Public Act 99-197.

Requirements for Payment of Services Provided by Intermediate Care Facilities for the Mentally Retarded (ICFs/MR)

Published: CLJ 9/18/01
RCSA §§17b-262-299 to 17b-262-311, inclusive; 17-134d-46; 17-134d-46; 17-134d-46(f)(3); 17-134d-46(i)(l); 17-134d-46(n); 17-2-140; 17-2-141; 17-134d-47

To: (1) adopt independent regulations for the payment of services provided by Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) on behalf of their clients; (2) consolidate existing regulations for customized wheelchairs; and (3) make technical changes to the Personal Needs Allowance regulation and Customized Wheelchair regulation to ensure that they apply to ICFs/MR. To date, ICFs/MR have been paid under the ICF policy that, along with the SNF policy, is being combined into a nursing facility policy. This ICF/MR regulation establishes authority for the department to pay ICFs/MR independent of the ICF policy. Since the ICF/MR policy codifies current practice, there is no fiscal impact.

C. DEPARTMENT OF CONSUMER PROTECTION

Classes of Pharmacies

Published: CLJ 5/8/01
RCSA §§20-576-54 to 20-576-59, inclusive

To establish different classes of pharmacies, to establish procedures for the approval of pharmacies to practice in different classes, and to permit the Commission of Pharmacy to waive certain regulatory requirements for pharmacies in certain classes.

Return of Drug Products to Pharmacies

Published: CLJ 7/17/01
RCSA §§17b-363a-1

To establish guidelines for the repackaging and labeling of drug products returned to pharmacies by long-term care facilities pursuant to section 17b-363a of the Connecticut General Statutes.

Concerning Pharmacies

Published: CLJ 8/28/01
RCSA §§20-576-17 and 20-576-18a

To establish procedures for a pharmacy that desires to change the hours the prescription department is open, and to establish guidelines for the unscheduled closing of a prescription department, giving notice to the public.

D. DEPARTMENT OF MENTAL RETARDATION

Criteria for Determining Eligibility for Services/Criteria Used in Selecting which Eligible Persons will Receive Services and in Selecting Private Sector Service Providers

Published: CLJ 10/23/01
RCSA §§17a-212-1 through 17a-212-5; inclusive

To amend regulations to reflect the department's new single point of entry system for eligibility for services and to make technical changes.

CONNECTICUT CASE LAW

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MEDICAL MALPRACTICE

A. GOOD FAITH CERTIFICATES

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61 Conn. App 353, (Jan. 16, 2001), certif. granted, 255 Conn. 948 (2001)

> Court holds that plaintiff's claim involved medical malpractice and required the filing of a certificate of good faith.

Sullivan v. Manchester Memorial Hosp.
No. CV000598429S, 2001 WL 56449, (Conn. Super. Jan. 8, 2001)

> Motion to strike granted as the plaintiff's complaint sounds in medical malpractice and expert testimony would be required, thus the plaintiff was obliged by § 52-190a to file a good faith certificate.

Culetsu v. St. Vincent's Medical Center
No. CV-000378788S, 2001 WL 1378799 (Conn. Super.) (Oct. 22, 2001)

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Sullivan v. Manchester Memorial Hosp.
No. CV 000598429, 2001 WL 56449 (Conn. Super. Jan. 8, 2001)

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No. CV000444687, 2001 WL 357907, (Conn. Super. Mar. 26, 2001)

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C. EXPERT TESTIMONY

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66 Conn.App. 574 (2001)

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66 Conn.App. 293 (2001)

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62 Conn. App. 323 (2001)

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65 Conn. App. 365 (2001)

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64 Conn. App. 750 (2001)

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No. CV990080334S, 2001 WL 717491, (Conn. Super. June 1, 2001)

Motion for summary judgment granted on the grounds that the plaintiff cannot prove that the doctor was negligent.

Gold v. Greenwich Hosp. Ass'n
No. CV960150626S, 2001 WL 706962, (Conn. Super. June 1, 2001)

Motion for summary judgment granted based on the plaintiff's failure to produce any evidence as to the standard of care or any evidence that the standard has been breached.

Grondin v. Joseph F.M.
No. CV970075246, 2001 WL 292034, (Conn. Super. Mar. 15, 2001)

The defendant's motion for sanctions is denied because the plaintiff did not act in bad faith by filing an expert disclosure containing opinions that the expert did not possess.

Grondin v. Curi
No. CV970075246S, 2001 WL 292157, (Conn. Super. Mar. 15, 2001)

Summary judgment denied due to questions of fact.

Carusillo v. Associated Women's Health Specialists
No. CV960132722S, 2001 WL 102300, (Conn. Super. Jan. 17, 2001)

Defendant's motion to set aside the verdict is granted. The only causation testimony was unreliable hearsay.

Wright v. Shanley et al
No. CV97345796S, 2001 WL 1178345 (Conn. Super. Aug. 30, 2001)

Motion for summary judgment denied as the court concludes that the defendants have failed to show that the plaintiff will be unable to comply with General Statutes § 52-184c.

D. CAUSATION

Gordon v. Glass et al.
66 Conn. App. 852 (2001)

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E. CORPORATE VEIL/ CUTPA

Notarino v. Hospital of Saint Raphael
No. CV97-0400666, 2001 WL 418159 (Conn. Super. Apr. 5, 2001)

Striking plaintiff's CUTPA claims and claims that tried to pierce the corporate veil.

Clifford v. Becker
No. CV000162656, 2001 WL 1200321 (Conn. Super. Sept. 10, 2001)

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F. INFORMED CONSENT

Alswanger et l. v. Smego et al.
257 Conn. 58 (2001)

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Balletto v. Fortgang
No. CV960382418, 2001 WL 306848, (Conn. Super. Mar. 16, 2001)

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G. APPARENT AGENCY

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2001 WL 195352 (Conn. Super. Feb. 2, 2001)

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H. EMOTIONAL DISTRESS: BYSTANDER & NEGLIGENT INFLICTION

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Conn. Law Trib., 7 Conn. Ops. 1279 (Conn. Super. Nov. 12, 2001)

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Clark et al. v. New Britain General Hosp., et al.
No. CV99-0496131, 2001 WL 861744 (Conn. Super. July 6, 2001)

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Chavarria v. Stamford Health System, Inc.
No. CV000175976S, 2001 WL 838331 (Conn. Super. June 28, 2001)

Motion to strike granted as to parents' claim for deprivation of services to minor daughter, and claim of bystander emotional distress. The motion to strike is denied as to the mother's claim for negligent infliction of emotional distress.

Flory v. Henriquez
No. CV000340368S, 2001 WL 541489, (Conn. Super. May 3, 2001)

Defendants' motion to strike the plaintiffs' negligent infliction of emotional distress claim relating to the birth of her child is denied. Plaintiffs have sufficiently alleged that the defendants owed a duty and that they breached their duty.

Baranowski v. St. Mary's Hosp.
No. CV980148905, 2001 WL 237106, (Conn. Super. Feb. 20, 2001)

Motion to strike granted under the express holding of Mendillo that Connecticut does not recognize a cause of action for loss of parental consortium and that an individual may not recover for bystander distress in a medical malpractice action.

Mercede v. Kessler
No. CV990172682S, 2001 WL 220229, (Conn. Super. Feb. 13, 2001)

Granting the defendant's motion to strike plaintiff's bystander claims.

Johnson v. Day Kimball Hosp.,
No. 063592, 2001 WL 128911, (Conn. Super. Jan. 24, 2001)

Motion to strike is denied as the plaintiff has alleged a negligent infliction of emotional distress claim and not a bystander emotional distress claim as alleged by the defendant.

Turner et al. v. Obstetrics & Gynecology Associates
No. CV980169616, 2001 WL 1199850 (Conn. Super. Sept. 6, 2001)

Motion to strike granted as the court finds that the plaintiffs have not sufficiently alleged the four factors set forth in Clohessy in order to establish their claims for bystander emotional distress.

I. STATUTE OF LIMITATIONS / PRIOR PENDING ACTION

Golden, Jr. v. Johnson Memorial Hosp., et al.
66 Conn. App. 518 (2001)

Affirming summary judgment on time-barred claims.

O'Halloran v. Charlotte Hungerford Hosp. et al
63 Conn. App. 460 (2001)

Reversing case that was dismissed on prior pending action grounds.

Strickland v. Saint Francis Hosp. and Medical Center et al.
No. CV00-0599550S, 2001 WL 812751 (Conn. Super. June 14, 2001)

Granting summary judgment on statute of limitations and prior pending action grounds.

Lubin, v. Stamford Pediatric Associates, P.C. et al.
No. CV96-0153320, 2001 WL 1002530 (Conn. Super. Aug. 6, 2001)

Denying summary judgment on statute of limitations-ground.

Dawson v. Kuehn et al.
No. CV01-0806726S, 2001 WL 1353227 (Conn. Super. Aug. 2, 2001 & Oct. 29, 2001)

Wrongful death limitations.

Cook v. Frankel
No. CV0416326, 2001 WL 1200843 (Conn. Super. Sept. 17, 2001)

Motion for summary judgment denied as the defendant has not met his burden of proving that there is no genuine issue of material fact as to whether the continuous treatment or continuing course of conduct doctrine applies to toll the statute of limitations. This issue raises a question of fact that should be resolved by the trier of fact.

J. PETITION TO EXTEND TIME

Brittain v. Hospital of St. Raphael
No. CV9800413933, 2001 WL 528124, (Conn. Super. Apr. 26, 2001)

Motion for summary judgment is denied as to the claims of the administratrix of the estate of the decedent, and granted as to the plaintiff/husband of the deceased for loss of consortium that do not relate back.

Blake, et al. v. Bindelglass et al
No. CV01380046S, 2001 WL 950248 (Conn. Super. July 13, 2001)

Motion to strike denied as the plaintiffs timely filed their petition for a ninety-day extension of the statute of limitations and commenced their action within the ninety-day tolling period.

K. BIFURCATION

Wozniak v. New Britain General Hosp., et al
No. X03CV95052560S, 2001 WL 128905, (Conn. Super. Jan. 25, 2001)

Motion to bifurcate is granted in order to conserve judicial time and resources.

L. PRESENCE OF PLAINTIFF AT TRIAL

Wozniak et al v. New Britain General Hosp., et al
No. XO3CV950502560, 2001 WL 717497 (Conn. Super. June 1, 2001)

Granting defendants motion to preclude the infant plaintiff's presence at the liability phase of trial.

M. UNITY OF INTEREST

Marshall v. Hartford Hosp., et al.
65 Conn. App. 738 (2001)

Finding no error in the trial court's determination that there was no unity of interest. [*Cf*. Public Act 01-152]

N. JURY INSTRUCTIONS

Taylor v. Winsted Memorial Hosp.
No. CV960071167S, 2001 WL 686888, (Conn. Super. May 18, 2001)

Defendant's post-trial motions to set aside the verdict, remittitur, and for judgment notwithstanding the verdict all denied as some aspects of these motions seek to reargue issues decided by the court during the trial. No error in failing to give written jury instructions to the jurors.

O. INTERVENTION BY SECOND INJURY FUND

Babich v. Bonadies, et al.
No. CV00-0273122S, 2001 WL 527631 (Conn. Super. May 3, 2001)

Allowing a motion to intervene in this action.

P. INDEMNIFICATION /CONTRIBUTION

Gavigan v. Country Manor Health Care Center
No. CV990154618S, 2001 WL 314601, (Conn. Super. Mar. 19, 2001)

Motion to strike an indemnification claim.

Allstate Ins. Co. v. Lerer
No. CVX03CV950502559S, 2001 WL 85141, (Conn. Super. Jan. 16, 2001)

Motion for summary judgment granted as Allstate cannot maintain this action because it is really an attempt to seek contribution from joint tortfeasors without complying with the laws governing joinder of parties and apportionment. In addition, there is no right of subrogation stated in the policies under which Allstate made payment and no right of equitable subrogation. Lastly, the court held that Allstate brought this suit pursuant to the assignment of a personal injury action, which is prohibited under the law of this state.

Q. BILL OF COSTS

Alswanger et al. v. Smego, et al
No. X05CV92-0125294S, 2001 WL 1330011 (Conn. Super. Oct. 12, 2001)

Reviewing the defendants' bill of costs.

Maulucci v. St. Francis Hosp.
No. CV970573645S, 2001 WL 665221, (Conn. Super. May 21, 2001)

Defendant's motion to accept bill of costs as it relates to expert's preparation time granted in part and denied in part.

Rolfe et al. v. New Britain General Hosp., et al.
No. CV99496563, 2001 WL 1329982 (Conn. Super. Oct. 11, 2001)

Defendants in this medical malpractice case deposed two of the plaintiffs' experts. The court holds that the fee charged for preparation time is reasonable and orders payment.

PRIVILEGE

A. PEER REVIEW

St. Mary's Hosp. v. Mary Jane Brackett
28 Conn. L. Rptr. No. 8, 289 (Jan. 1, 2001)

Finding an administrative hearing established pursuant to bylaws regarding the revocation of privileges is a peer review.

Hakim v. The William Backus Hosp.
Conn. Law Trib., 7 Conn. Ops. 1231 (D. Conn. Oct. 29, 2001)

Holding documents are protected peer review and irrelevant to the cause of action.

Estate of Michael Ansonoff v. Griffin Hosp.
No. CV-97005791 S, 2000 WL 1872085 (Conn. Super. Dec. 4, 2000)

Finding documents protected by peer review privilege.

Neumann et al v. Johnson et al.
No. XO4CV000120565, 2001 WL 1159565 (Conn. Super. Aug. 29, 2001)

Requiring production of the defendant's credentials file under seal in an action alleging negligent credentialing.

B. WORK PRODUCT

Tracanna v. Midstate Medical Center
No. CV000443739S, 2001 WL 752702, (Conn. Super. June 12, 2001)

Mother required to produce notes regarding the accident, how it occurred, and observations of her son, written before she hired an attorney. The Court held they were not produced in anticipation of litigation.

Kroha v. Lamonica
No. CVX02CV980160366S, 2001 WL 58205, (Conn. Super. Jan. 3, 2001)

Defendant's motion to compel production of plaintiff's journal is denied.

IMMUNITY

Chadha v. Shimelman et al
No. CV-99-0079402 (J.D. Litchfield) (Conn. Super, (July 3, 2001)

Holding physicians that reported a colleague are immune from suit under Conn. Gen. Stat. §§ 19a-17b and 19a-20.

Chadha v. Charlotte Hungerford Hosp.
Conn. Law Trib., 7 Conn. Ops. 944 (Aug. 20, 2001)

Discussing immunity under the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11117 and Conn. Gen. Stat. §§ 19a-17b and 19a-20.

PRESCRIPTIVE AUTHORITY

Letter to Senator Jepson – Office of the Attorney General, Feb 7, 2001
Conn. Opinions, 7 Conn. Ops. 297 (Mar. 12, 2001)

An interesting Attorney General Opinion discussing who can prescribe RU-486 and Public Health Code § 19-13-D54.

PATIENT'S BILL OF RIGHTS

Puma v. Saint Mary Home
Conn. Opinions, 7 Conn. Ops. 917 (Aug. 13, 2001)

Discussing whether a patient's room transfer violates the Patients' Bill of Rights, Conn. Gen. Stat. § 19a-550.

CLASS ACTIONS

Rivera et al, v. Veterans Memorial Med. Center
No. X03CV980503569S, 2001 WL 1042621 (Conn. Super. Aug. 14, 2001)

Class action ordered decertified as the plaintiffs have failed to establish numerosity, commonality or typicality as required under Practice Book Sections 9-7 and 9-8.

Collins et al. v. Anthem Health Plans, Inc.
No. CV990156198S, 2001 WL 951376 (Conn. Super. July 19, 2001)

Motion for class certification granted.

Wilson-Coker v. Shalala
Conn. Law Trib., 7 Conn. Ops. 954 (Aug. 20, 2001)

Discussing class certification for the recovery of costs for home health care.

ADMINISTRATIVE PROCEDURES

Local 34 & 35, Federation of University Employees, Hotel and Restaurant Union, AFL-CIO v. Raymond Gorman, Commissioner of the Office of Health Care Access
29 Conn. L. Rptr. No. 2, 41 (Apr. 9, 2001)

Finding Conn. Gen. Stat. § 19a-638 governs the right to appeal a proposed merger of two hospitals.

Elf v. Department of Public Health
66 Conn. App. 410 (2001)

Appeal from the decision of the defendant revoking the plaintiff's license to operate a family day care home. The Superior Court denied the plaintiff's motion for a rehearing or for reconsideration, and the Appellate Court affirmed.

Ross v. Coker
No. CV000501203S, 2001 WL 1075759 (Conn. Super. Aug. 16, 2001)

An appeal of the final decision of the Department of Social Services upholding the denial of Medicaid coverage by Anthem Blue Cross and Blue Shield for four chiropractic visits. The appeal is dismissed because there is substantial evidence in the record to support the finding of the hearing officer regarding effectiveness of treatment.

SUBJECT MATTER JURISDICTION

American Medical Response of Connecticut, Inc. v. EFK of Connecticut, Inc.
No. CV4514952001 WL 835187 (Conn. Super. June 27, 2001)

Dismissing a lawsuit between two rival ambulance companies on jurisdictional grounds.

MEDICAID / MEDICARE

Hultman v. Department of Social Services
No. CV990422879S, 2001 WL 822237, (Conn. Super. June 21, 2001)

Appeal from an order suspending plaintiffs from the Medicaid program and ordering restitution of DSS overpayments is dismissed as the plaintiffs failed to sustain their grounds for the appeal.

Yale-New Haven Hosp. v. Thompson
Conn. Law Trib., 7 Conn. Ops. 1060 (Sept. 17, 2001)

Denying the defendant's motion to dismiss this action involving the denial of coverage for surgically implanted non-FDA approved Class III medical devices. The court refuses to apply collateral estoppel.

Healey v. Thompson
Conn. Law Trib., 7 Conn. Ops. 1138 (Oct. 8, 2001)

Granting the defendants motion to maintain the status quo regarding notice of reductions in benefits and information concerning appeal rights.

ERISA

Cole v. Travelers Insurance Co.
Conn. Law Trib., 7 Conn. Ops. 1231 (Oct. 29, 2001)

Finding plaintiff's claims for alleged non-payments time-barred.

TAXATION

Greenwich Hosp. v. Commissioner of Revenue Services
No. CV99-0498326S, 2001 WL 984787 (Conn. Super. Jul. 30, 2001);
2001 WL 1265322 (Conn. Super. Oct. 3, 2001) (articulation of prior decision)

Discussing the gross earnings tax and the meaning of "patient care services".

LEARNED INTERMEDIARY

Vitanza v. The Upjohn Co.
257 Conn. 365 (2001)

The learned intermediary doctrine is applicable in Connecticut.

RECOVERY OF PROBATE BOND

The Jewish Home for the Elderly of Fairfield Cty Inc. v. Cantore
257 Conn. 531 (2001)

Reversing the trial court and allowing plaintiff to bring suit to recover on a probate bond.

BANKRUPTCY

Pascarelli v. Frontier of Connecticut, Inc.
No. CV980416426S, 2001 WL 418084, (Conn. Super. Apr. 5, 2001)

Granting a motion to open due to a bankruptcy stay.

EMPLOYMENT

Munch v. Charlotte Hungerford Hosp.
30 Conn. L. Rptr. No. 9, 333 (Oct. 15, 2001)

Finding there is no cognizable cause of action under the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11112.

Shaw v. Greenwich Anesthesiology Associates P.C.
Conn. Law Trib., 7 Conn. Ops. 1231 (D. Conn. Oct. 29, 2001)

Denying a motion to set aside a plaintiff's verdict.

Gianetti, M.D. v. Greater Bridgeport Individual Practice Association et al
No. CV-98355718S, 2001 WL 1160736 (Conn. Super. Aug. 29, 2001)

Discussing issues pertaining to plaintiff's termination from a health maintenance organization.

Gianetti, M.D. v. Greater Bridgeport Individual Practice Association et al
No. CV-98355718S, 2001 WL 1160762 (Conn. Super. Aug. 29, 2001)

Discussing issues pertaining to plaintiff's termination from a health maintenance organization.

Gianetti v. Norwalk Hosp
64 Conn. App 218 (2001)

Discussing plaintiff's claim for damages on a "lost volume seller" theory and remanding the case for a hearing in damages.

Kopacz v. Day Kimball Hosp.
64 Conn. App. 263 (2001)

Affirming summary judgment for the defendant because plaintiff did not raise an inference of discrimination.

Thompson v. Bridgeport Hosp.
No. CV98352686, 2001 WL 823130, (Conn. Super. June 22, 2001)
No. CV98352686S, 2001 WL 1378829 (Conn. Super. Oct. 23, 2001)

Motion to strike granted in an employment case.

Acevedo et al. v. Ledgecrest Health Care
No. CV00509027, 2001 WL 1355594 (Conn. Super. Oct. 18, 2001)

Motion for summary judgment granted because the disclaimer found in the defendant's handbook is valid and enforceable. Accordingly, the terms of the handbook do not create a contractual relationship between the defendant and the plaintiffs. In addition, the court found that there was no question of material fact that the defendant acted reasonably when terminating the plaintiffs' employment.

Seipold v. Greenberg, et al
No. CV000437447, 2001 WL 988019 (Conn. Super. Aug. 3, 2001)

Motion to strike as to plaintiff's claim for wrongful discharge and negligent infliction of emotional distress granted. Motion to strike denied as to the plaintiff's claim for intentional infliction of emotional distress and breach of the implied covenant of good faith.

MISCELLANEOUS

Chinniah v. Garcia
Conn. Law Trib., 7 Conn. Ops. 1189 (Oct. 22, 2001)

Holding a married physician was entitled to ownership of a condominium even though he had quit claimed it to the physician's married girlfriend in order to preserve his confidentiality.

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