2018 Legislative Update

Health Care Cabinet

Selected Budget Provisions – Public Act 18-81

- *Office of Health Strategy (OHS) Implementation*. Transfers three positions and associated funding of $172,657 from the Office of Healthcare Advocate (OHA) to OHS to complete the transfer of SIM-related functions; provides funding of $170,230 to fully fund fringe benefit costs for Insurance Fund staff under OHS; and reallocates funding of $250,000 from the Other Expenses account to the Personal Services account and the Fringe Benefits account to fully support OHS staff costs

- *Medicaid Eligibility*. Restores Medicaid eligibility for HUSKY A parents and caretakers to 155% of the federal poverty level (FPL), including the 5% income disregard, from 138% FPL; results in a cost of approximately $11.3 million in FY 2019

- *Emergency Placements*. Adds $5 million in funding to the Department of Developmental Services for the development of crisis prevention and intervention strategies to de-escalate situations and prevent emergency department placements

- *Medicare Savings Program (MSP).* Maintains current eligibility limits for the Medicare Savings Program (MSP), which provides participants with Medicaid-funded assistance with their Medicare cost sharing under three different benefit tiers (see below); results in additional state costs of $130 million

MSP Program Tier	Cost-Sharing Payments Covered	Current Law as of 7/1/18 Income Limit	Under the Bill as of 7/1/18 Income Limit
Qualified Medicare Beneficiary (QMB)	-Medicare Part B Premium -All Medicare deductibles -Co-insurance	<100% FPL	<211% FPL
Specified Low-Income Medicare Beneficiary (SLMB)	Medicare Part B Premium	100-120% FPL	211-231% FPL
Qualified Individual (QI)	Medicare Part B Premium	120-135% FPL	231-246% FPL

- *Tobacco Settlement Fund (TSF)*. Eliminates the annual disbursements from the TSF to the Tobacco and Health Trust Fund (THTF) of $6 million and to the Office of Early Childhood's Smart Start program of $10 million

Health Care Delivery and Providers

AAC the Office of Health Strategy - *Public Act 18-91 (HB 5290)*

Provisions also included in Governor's Bill 16, §§55-133; 136

- Implements the Office of Health Strategy (OHS) by making the statutory changes necessary to consolidate oversight of responsibilities and functions of the All-Payers Claim Database (APCD), the State Innovation Model (SIM) Initiative and related successor initiatives, the Office of Health Care Access (OHCA), and the state's health information technology initiatives into one state agency

AAC Whiting Forensic Hospital and Connecticut Valley Hospital – *Public Act 18-86 (SB 404)*
§§2-3; 5-54 originally included in Governor's Bill 16

- Establishes a new eight-person task force staffed by the Public Health Committee to review and evaluate certain aspects of Whiting Forensic Hospital and Connecticut Valley Hospital; allows the task force to hold public forums and requires the submission of a preliminary report in January 1, 2019 and final report in January 1, 2021
- Creates new mandatory reporting requirements for any person in a DMHAS-operated behavioral health facility that is paid to provide direct care for patients or is a licensed health care provider
- Aligns the general statutes with the Governor's Executive Order No. 63, which created Whiting Forensic Hospital, a stand-alone entity that provides services and care to the unique needs of the forensic population
- Subjects Whiting Forensic Hospital to licensure from the Department of Public Health (DPH) to ensure enhanced oversight and accountability for patient care
- Requires DPH to conduct an on-site inspection of Whiting Forensic Hospital and a review of Whiting Forensic Hospital records on or before January 1, 2019; within thirty days of completion, DPH must report the outcomes of the on-site inspection and review to the new task force and the Public Health Committee

AAC Procedures Related to Collecting and Processing Sexual Assault Evidence Collection Kits - *Public Act 18-83 (SB 17)*
Governor's Bill

- Requires a barcode to be affixed to every sexual assault evidence kit for tracking by the Department of Emergency Services and Public Protection (DESPP)
- Requires health care facilities to contact a sexual assault victim advocate upon the arrival of a victim of sexual assault at their facility
- Requires the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations to develop training and guidelines around the use of kit-tracking software to record when a kit is used and when it is transferred from a hospital to DESPP
- Requires the commission to develop policies and procedures to ensure victims have access to information regarding their kit, including information about when the kit is tested, whether DNA from the kit was entered into a state or federal DNA data bank, and whether the sample matches a profile in such a DNA data bank

AAC the Department of Developmental Services' Recommendations for Revisions to its Statutes – *Public Act 18-32, §39 (SB 165):* *Department of Developmental Services Agency Bill*

- Allows an advanced practice registered nurse (APRN) to order, or provide a second opinion on, a properly executed medical order to withhold cardiopulmonary resuscitation for an individual with intellectual disability under DDS supervision

AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes – *Public Act 18-168 (HB 5163):* *Department of Public Health Agency Bill*

- *Dental Hygienists (§§4; 82).* Allows dental hygienists at least two years' experience to practice without a dentist's general supervision at senior centers, managed residential communities, or child care centers

- *Advanced Practice Registered Nurses (APRNs) (§§34-39; 54)*. Updates laws on living wills and other advance directives and orders for controlled substances to recognize full APRN scope of practice under the law
- *Supervision of Physician Assistants (PAs) (§79)*. Removes the cap on the number of PAs that a physician may supervise
- *School Health Oral Assessments (§§80-81)*. Requires local and regional boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10; establishes related requirements on, among other things, parental notification and consent, assessment forms, and records access

AA Requiring the Health Information Technology Officer to Establish a Working Group to Evaluate Issues Concerning Polypharmacy and Medication Reconciliation - ***Special Act 18-6 (SB 217)***

- Requires the Health Information Technology Officer (HITO) to establish a working group to evaluate issues concerning polypharmacy and medication reconciliation and to report back on the work group's findings to the Public Health and General Law Committees by July 1, 2019

AAC Telehealth Services– ***Public Act 18-148 (SB 302)***

- Allows telehealth providers to prescribe non-opioid Schedule II or III controlled substances using telehealth to treat a psychiatric disability or substance use disorder, as long as such prescribing is done electronically and in accordance with federal law[1]
- Specifies that provisions of the bills do not prevent a licensed or certified health care provider from using telehealth to order medication or treatment for hospital inpatients in accordance with federal law
- Modifies requirements for telehealth providers to obtain and document patient consent to provide telehealth services and disclose related records
- Adds registered nurses and pharmacists to the list of health care providers authorized to provide telehealth services

AAC Outpatient Clinics, Urgent Care Centers, and Freestanding Emergency Departments - ***Public Act 18-149 (SB 303)***

- Modifies the definition of "urgent care center" for the purposes of licensure by specifying the minimum level of services that must be offered, referring to the federal definition of "urgent care services", and excluding primary care settings
- Requires freestanding emergency departments to clearly identify themselves as hospital emergency departments through certain signage
- Clarifies that facility fee restrictions do not apply to free-standing emergency departments

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[1] The 2008 Ryan Haight Online Pharmacy Consumer Protection Act established standards for dispensing and prescribing controlled substances via the internet (e.g., online pharmacies and telehealth). Among other things, the act prohibits dispensing controlled substances via the internet without a valid prescription. For a prescription to be valid, it must be issued for a legitimate medical purpose in the usual course of a health care provider's professional practice. It requires providers to conduct at least one medical evaluation before prescribing a person a controlled substance in-person or, if specified conditions are met, via telehealth. The federal Drug Enforcement Agency enforces the act's provisions.

Insurance and Pharmacy

AA Authorizing Pregnancy as a Qualifying Event for Special Enrollment Periods for Certain Individuals- ***Public Act 18-43 (SB 206)***

- Permits eligible pregnant individuals to enroll, outside of open enrollment periods, in certain health insurance policies[2] no later than thirty days after the individual's pregnancy has been certified by a licensed health care provider

AAC Health Insurance Coverage for Prosthetic Devices – ***Public Act 18-69 (SB 376)***

- Requires certain individual and group health insurance policies to provide coverage, subject to specified conditions, of:
    - prosthetic devices that are at least equivalent to that provided under Medicare, but allows a policy to limit coverage to a device that the patient's health care provider determines is most appropriate to meet the patient's needs; and
    - medically necessary repair or replacement of prosthetic devices.

AAC Disputes Between Health Carriers and Participating Providers that are Hospitals - ***Public Act 18-115 (HB 5383)***

- Increases, from 60 to 90 days, the amount of advanced notice a health carrier and participating provider must provide each other before the carrier removes a provider from, or the provider leaves, the network
- Requires health carriers and hospitals to continue to abide by a contract's terms for 60 days following a nonrenewal or termination of a contract by one party; requires any new contract or renewal within the 60-day period to be retroactive to the original date the contract ended, unless the parties agree otherwise
- Allows health carriers and hospitals that mutually agree in writing to not renew or terminate a contract to do so without meeting the 60-day requirement as long as they provide proper notification to impacted patients
- Applies all contracting provisions to contracts entered into, renewed, amended, or continued on or after July 1, 2018

AAC Biological Products - ***Public Act 18-174 (SB 197)***

- Allows pharmacists to substitute a biological product for a prescribed biological product as long as the substitute is an interchangeable biological product and the prescribing practitioner has not prohibited the substitution
- Establishes requirements applicable only to biological and interchangeable biological products, including requiring:
    - practitioners to discuss with patients the treatment methods, alternatives to, and risks associated with using a biological product;
    - a dispensing pharmacist to inform prescribers and patients of a substitution; and
    - patients be given the option of requesting that someone sign for a product's delivery.

[2] The bill applies to all individual health plans subject to the Affordable Care Act (ACA), plans offered by health care centers, and hospital and medical service corporation contracts. It does not apply to group health insurance plans, certain group plans procured by the comptroller for state employees or fully insured municipal group health insurance plans.

AA Mandating Insurance Coverage of Essential Health Benefits and Expanding Mandated Health Benefits for Women, Children, and Adolescents - ***Public Act 18-10 (HB 5210)***

- Requires certain individual and small employer group health insurance policies to cover the ten essential health benefits required under the Patient Protection and Affordable Care Act (ACA);
- Requires certain individual and group health insurance policies to provide coverage, without imposing any cost sharing[3], of:
    - Certain preventive health services for women[4] that are evidence-based items and services recommended by the U.S. Preventive Services Task Force (USPSTF) with an "A" or "B" rating as of January 1, 2018[5], and any additional items that received such a rating after January 1, 2018;
    - Certain evidence-informed preventive care and screenings for infants, children, and adolescents as provided for in guidelines supported by the U.S. Health Resources and Services Administration in effect as of January 1, 2018 and those effective after that date;
    - Immunizations[6] recommended by the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecololgists and immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;
    - Preventive care and screenings for individuals twenty-one years of age or younger in accordance with the most recent edition of the American Academy of Pediatrics' "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" or any subsequent corresponding publication; and
    - All FDA-approved contraceptive drugs, including over-the-counter ones; all FDA-approved contraceptive devices and products, excluding over-the-counter ones; all

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[3] High-deductible plans must also comply with this cost-sharing prohibition, except those plans that are designed to be compatible with federally qualified health savings accounts (HSA). Those plans must comply to the extent permitted by federal law without disqualifying the account for the applicable federal tax deduction. In addition, cost sharing may be imposed for out-of-network providers.

[4] These services include: (A) Domestic and interpersonal violence screening and counseling for any woman; (B) Tobacco use intervention and cessation counseling for any woman who consumes tobacco; (C) Well-woman visits for any woman who is younger than sixty-five years of age; (D) Breast cancer chemoprevention counseling for any woman who is at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by such woman's physician or advanced practice registered nurse; (E) Breast cancer risk assessment, genetic testing and counseling; (F) Chlamydia infection screening for any sexually-active woman; (G) Cervical and vaginal cancer screening for any sexually-active woman; (H) Gonorrhea screening for any sexually-active woman; (I) Human immunodeficiency virus screening for any sexually-active woman; (J) Human papillomavirus screening for any woman with normal cytology results who is thirty years of age or older; (K) Sexually transmitted infections counseling for any sexually-active woman; (L) Anemia screening for any pregnant woman and any woman who is likely to become pregnant; (M) Folic acid supplements for any pregnant woman and any woman who is likely to become pregnant; (N) Hepatitis B screening for any pregnant woman; (O) Rhesus incompatibility screening for any pregnant woman and follow-up rhesus incompatibility testing for any pregnant woman who is at increased risk for rhesus incompatibility; (P) Syphilis screening for any pregnant woman and any woman who is at increased risk for syphilis; (Q) Urinary tract and other infection screening for any pregnant woman; (R) Breastfeeding support and counseling for any pregnant or breastfeeding woman; (S) Breastfeeding supplies, including, but not limited to, a breast pump for any breastfeeding woman; (T) Gestational diabetes screening for any woman who is twenty-four to twenty-eight weeks pregnant and any woman who is at increased risk for gestational diabetes; and (U) Osteoporosis screening for any woman who is sixty years of age or older.

[5] See this link for list of USPSTF A and B Recommendations: https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/

[6] This provision applies only to certain individual and group health insurance policies that provide coverage for prescription drugs.

FDA-approved sterilization methods for women; and routine follow-up care and counseling about and in the proper use of such drugs, device and products.

- Requires certain individual and group health insurance policies to cover a 12-month supply of a FDA-approved contraceptive drug, device, or product prescribed by certain practitioners, unless the insured person or prescribing provider requests less than a 12-month supply
- Prohibits certain individual and group health insurance policies from imposing an annual limit on essential health benefits

AAC Mammograms, Breast Ultrasounds, and Magnetic Resonance Imaging of Breasts - *Public Act 18-159 (HB 5208)*

- Expands coverage for mammograms and tomosynthesis under certain group and individual health insurance policies by specifying billing codes which must be covered

AAC Prescription Drug Costs - *Public Act 18-41 (HB 5384)*

- Adds multiple new reporting requirements, beginning in 2020, for pharmacy benefit managers (PBMs), health carriers, the Insurance Department (CID), the Office of Health Strategy (OHS), and prescription drug sponsors, including requiring:
    - PBMs to annually report information about drug formulary rebates to CID, who must report aggregated data to the Insurance Committee;
    - Health carriers to annually submit to the insurance commissioner, and the commissioner to report to the Insurance and Real Estate Committee, information on covered outpatient prescription drugs, including the most frequently prescribed drugs and those provided at the greatest cost;
    - Health carriers to annually certify to the commissioner that they account for all rebates when calculating plan premiums and the Insurance Commissioner to prepare a report for posting on its website on the rebate practices of health carriers;
    - A prescription drug “sponsor”, or the entity responsible for its clinical trials, to notify OHS when it files certain applications for new drugs; and
    - OHS to annually identify up to ten outpatient prescription drugs provided at a substantial state cost or critical to public health and drug manufacturers to report information to OHS on those drugs.
- Allows OHS to conduct a study, not more than annually, of each pharmaceutical manufacturer of a pipeline drug that may have significant impact on state outpatient drug expenditures, and requires drug manufacturers being studied to provide certain information to OHS
- Allows CID and OHS to impose penalties of up to $7,500 for entities that are noncompliant with each of their respective reporting requirements

Medicaid

AAC Audits of Medical Assistance Providers - ***Public Act 18-76 (SB 243)***

- Specifies that the Department of Social Services (DSS) must provide information about the types of information that will be reviewed in an audit to a provider thirty days before an audit commences
- Prohibits DSS from applying criteria, including updated medical payment codes, to make determinations in an audit unless such criteria was effective and promulgated prior to the provision of the service being audited
- Specifies the types of documents DSS may accept when conducting an audit as sufficient proof of a written order or sufficient proof of delivery of a covered item or service
- Requires DSS to ensure that an auditor reviews any electronic medical records associated with a patient chart included in an audit and that DSS, or any entity contracting to make an audit, consults with a professional experienced in the use and review of electronic medical records as needed

AA Limiting Auto Refills of Prescription Drugs Covered Under the Medicaid Program and Requiring the Commissioner of Social Services to Provide CHIP Data to the Health Information Technology Officer - ***Public Act 18-77 (SB 246)***

- Allows DSS to limit the use of auto-refill programs for Medicaid recipients for certain drugs after approval from the Human Services Committee and submission to the Pharmaceutical and Therapeutics Committee
- Requires DSS to submit the provider registry, health claims data, and recipient data from the Children's Health Insurance Program (CHIP) for inclusion in the All-Payer Claims Database (APCD)

Opioids

AAC Sober Living Homes – ***Public Act 18-171 (HB 5149)***

- *Sober Living Homes*. Defines sober living homes as alcohol-free and drug-free residences where unrelated adults who are recovering from a substance use disorder voluntarily live together and are not provided formal substance use disorder treatment services.
- *Certification*. Allows sober living homes with certain certifications to report certified status to the Department of Mental Health and Addiction Services (DMHAS), provided the home maintains at least two doses of opioid antagonists and provides training to residents on its use if at least one resident has been diagnosed with an opioid use disorder.
- *Bed Availability*. Requires sober living homes reporting to DMHAS to provide DMHAS with weekly reports of bed availability to be posted on the DMHAS website.
- *False Advertising*. Prohibits sober living homes from advertising or representing they are certified or licensed to provide substance use disorder treatment services or publish claims of particular outcomes of residents living in the home.
- *Disclosure*. Requires sober living homes to clearly state on their website that they are not licensed or certified to provide treatment services and to distribute a one-page disclosure form designed by DMHAS to prospective residents that provides a place for signature.

AAC Pharmacist and Practitioner Compliance Rates and the Electronic Prescription Drug Monitoring Program - *Public Act 18-100 (HB 5241)*

- Requires the Departments of Public Health and Consumer Protection to review the compliance rates of pharmacists and practitioners utilizing the electronic prescription drug monitoring program and report, by January 1, 2019 to the Public Health and General Law committees, on any recommendations that are necessary to achieve full compliance

AAC the Prevention and Treatment of Opioid Dependency and Opioid Overdoses in the State – *Public Act 18-166 (SB 483)*

- *Opioid Intervention Courts*. Requires the Chief Court Administrator, in consultation with the Chief Public Defender, the Chief State's Attorney and the dean of UCONN School of Law to study certain strategies that can be employed by the courts to assist arrestees that are opioid-dependent and report back to the Judiciary Committee by January 1, 2019.
- *Controlled Substance Prescriptions (provision originally included in SB 431- DCP agency bill)*. Prohibits, except in emergencies, prescribing practitioners from prescribing, dispensing, or administering controlled substances to immediate family members[7] or for the practitioner's own use.
- *Distribution of Naloxone (provision originally included in SB 431 –DCP agency bill)*. Expands mechanisms for distribution of naloxone by allowing practitioners or certified pharmacists to enter into agreements that permit non-prescribers such as EMTs, fire fighters, police officers, and other community groups to distribute the drug.
- *Alcohol and Drug Policy Council (provision originally included in SB 511)* Requires the Alcohol and Drug Policy Council to convene a working group to report to the co-chairpersons by January 1, 2019 on an evaluation of certain methods of combating the opioid epidemic in the state.
- *Reporting of Overdoses (provision originally included in SB 511).* Requires any licensed hospital and EMS personnel that treats a patient for an overdose of an opioid drug on and after January 1, 2019 to report to the Department of Public Health (DPH). By January 1, 2020, DPH will provide the reported data to local health departments; all data reported is confidential pursuant to state law.
- *Medication-Assisted Treatment for Inmates (provision originally included in SB 172).* Requires DOC, in consultation with DMHAS, DPH, DSS, and OPM, to review the established medication-assisted treatment (MAT) pilot program and submit various reports back to the Public Health, Human Services, Appropriations, and Judiciary Committees on a number of items, including results of the current pilot program, a plan to expand the pilot program to serve all inmates with opioid use disorder, and the feasibility of treating opioid use disorder, within available resources, in its health care delivery system.

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[7] Immediate family members include: a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother or sister-in-law, step-parent, step-child, step-sibling or other relative residing in the same residence as the prescribing practitioner. They do not include an animal in the residence.

Smoking and E-Cigarette Use

AAC Increased Penalties for Certain Cigarette and Tobacco Tax Violations, A Continuing Education Option for Certain Embalmers or Funeral Directors, and the Imposition of the Tobacco Products Tax on Cigars – *Public Act 18-25, §§1-8; 10 (HB 5429)*

Department of Revenue Services Agency Bill

- Increases civil and criminal penalties for various offenses related to cigarette and tobacco product sales
- Makes it illegal to transport cigarettes for sale without the required Connecticut tax stamp
- Deems any cigarettes sold in violation of cigarette packaging law[8] to be contraband and subject to confiscation
- Subjects any person or entity that willfully attempts to evade cigarette taxes or fails to pay the taxes on 20,000 or more cigarettes to prosecution[9] under the Corrupt Organizations and Racketeering Act (CORA)
- Removes from the racketeering definition under CORA possessing, transporting for sale, selling, or offering for sale 20,000 or more cigarettes in certain stamped or illegally stamped packages
- Exempts from the tobacco products tax cigars that are both exported from Connecticut and owned by a distributor located on the premises of a company performing "fulfillment services" for the distributor

AAC the Sale of Electronic Nicotine Delivery Systems and Vapor Products – *PA 18-109 (HB 5293)*

- Allows retail establishments to sell electronic nicotine delivery systems or vapor products to consumers only through employee-assisted sales where customers cannot access the products without the employee's assistance
- Expressly prohibits selling or offering these products for sale through self-service displays
- Exempts retail establishments from these requirements if they do not allow minors to enter the establishment and post notice of that prohibition clearly at entrances

AAC Recommendations by the Department of Transportation – PA 18-167, §7 (HB 5314)

Department of Transportation Agency Bill

- Prohibits smoking[10] in bus shelters and partially-enclosed shelters on rail platforms

[8] The law prohibits the sale of cigarettes in any form other than in sealed packages of twenty or more that bear the federally required health warnings (i.e. "loose cigarettes").

[9] CORA subjects violators to (1) one to twenty years in prison, a fine of up to $25,000, or both; (2) forfeiture of property acquired, maintained, or used in violation of CORA, including profits, appreciated value, and sale proceeds; and (3) forfeiture of any interest in, security of, claim against, or property or contractual right of any kind affording a source of influence over any enterprise the violator established, operated, controlled, conducted, or participated in to violate CORA. Violators are also subject to the fines and penalties associated with the underlying crimes.

[10] This prohibition is not extended to the use of electronic nicotine delivery systems or vapor products.

Autism Spectrum Disorder and Intellectual/Developmental Disabilities

AA Establishing a Task Force to Study the Needs of Persons with Intellectual Disability and Pilot Programs to Establish and Evaluate Alternative Service Models for Persons with Intellectual Disability – *Special Act 18-2 (SB 463)*

- Establishes a task force to study short-term and long-term needs of adults with intellectual disability (ID), including such individuals with significant behavioral health issues or significant issues related to aging, including Alzheimer's disease, dementia, and related disorders, and ways in which services and supports needed can be provided
- Requires the task force to submit its findings and recommendations to the Public Health Committee by January 1, 2019
- Requires DDS, within available appropriations, to establish up to three pilot programs that use alternative service models to serve individuals with ID who are on DDS' waiting list for residential services; pilot programs terminate by July 1, 2021 unless reauthorized by the General Assembly *(provision originally included in SB 296*)
    - Requires DDS to select up to three qualified service providers to participate in the pilot program and allows cost savings generated to be retained and used by the service provider, pursuant to an approved plan by DDS, to meet the needs of other individuals on the waiting list or improve or enhance other services provided to individuals with ID
    - Requires DDS to report to the Public Health committee annually beginning January 1, 2019 until the conclusion of the pilot program on a number of provisions relating to the pilot program, including the number of individuals served and outcomes

AAC Risk Assessment Practices and the Needs of Children with Intellectual and Developmental Disabilities – *Public Act 18-71, §2 (SB 312)*

- Requires the Department of Children and Families, in collaboration with Office of Early Childhood and the Departments of Development Services and Social Services, to develop investigation, assessment, and case-planning procedures that are responsive to the needs of children with intellectual and developmental disabilities and report back to the Children Committee by February 1, 2019

AAC Reports of Abuse or Neglect of Persons with Intellectual Disability or Autism Spectrum Disorder – *Public Act 18-96 (HB 5257)*

- Reduces, from 72 to 48 hours, the amount of time a mandated reporter has to report suspected abuse or neglect of a person with intellectual disability or a person served by the Department of Social Services' Division of Autism Spectrum Disorder Services
- Exempts mandated reporters from penalty if an unsuccessful attempt to report occurs on a weekend, holiday, or after normal business hours, as long as the mandated reporter engages in reasonable attempts to report
- Includes licensed behavioral analysts in the list of mandated reporters for suspected abuse or neglect of a person with intellectual disability or a person served by the Department of Social Services' Division of Autism Spectrum Disorder Services

AAC the Autism Spectrum Disorder Advisory Council – *Public Act 18-23 (HB 5255)*

- Makes the Autism Spectrum Disorder Advisory Council permanent; current law terminates the council on June 30, 2018