



General Assembly

**Amendment**

January Session, 2001

LCO No. 5883

Offered by:  
REP. EBERLE, 15<sup>th</sup> Dist.

To: Subst. House Bill No. 6572      File No. 461      Cal. No. 329

**"AN ACT MAKING TECHNICAL AND OTHER CHANGES TO  
CERTAIN PUBLIC HEALTH STATUTES."**

1      Strike out lines 168 to 175, inclusive, in their entirety and insert the  
2      following in lieu thereof:

3      "Sec. 9. Subsection (a) of section 20-126l of the general statutes is  
4      repealed and the following is substituted in lieu thereof:

5      (a) As used in this section:

6      (1) "General supervision of a licensed dentist" means supervision  
7      that authorizes dental hygiene procedures to be performed with the  
8      knowledge of [said] a licensed dentist, whether or not the dentist is on  
9      the premises when such procedures are being performed;

10      (2) "Public health facility" means an institution, as defined in section  
11      19a-490, a community health center, a group home, [or] a school, a  
12      preschool or a day care center; and

13      (3) The "practice of dental hygiene" means the performance of

14 educational, preventive and therapeutic services including: (A)  
15 Complete prophylaxis; (B) the removal of calcerous deposits,  
16 accretions and stains from the supragingival and subgingival surfaces  
17 of the teeth by scaling, root planing and polishing; (C) the application  
18 of pit and fissure sealants and topical solutions to exposed portions of  
19 the teeth; (D) dental hygiene examinations and the charting of oral  
20 conditions; (E) dental hygiene assessment, treatment planning and  
21 evaluation; and (F) collaboration in the implementation of the oral  
22 health care regimen.

23 Sec. 10. (NEW) (a) As used in this section and subsection (b) of  
24 section 20-138b of the general statutes, as amended by this act:

25 (1) "Health care services" means health care related services or  
26 products rendered or sold by a provider within the scope of the  
27 provider's license or legal authorization, and includes hospital,  
28 medical, surgical, dental, vision and pharmaceutical services or  
29 products;

30 (2) "Person" means an individual, agency, political subdivision,  
31 partnership, corporation, limited liability company, association or any  
32 other entity;

33 (3) "Preferred provider network" means an arrangement in which  
34 agreements relating to the health care services to be rendered by  
35 providers, including the amounts to be paid to the providers for such  
36 services, are entered into between such providers and a person who  
37 establishes, operates, maintains or underwrites the arrangement, in  
38 whole or in part, and includes any provider-sponsored preferred  
39 provider network or independent practice association that offers  
40 network services, but does not include a workers' compensation  
41 preferred provider organization established pursuant to section 31-  
42 279-10 of the regulations of Connecticut state agencies or an  
43 arrangement relating only to health care services offered by providers  
44 to individuals covered under self-insured Employee Welfare Benefit  
45 Plans established pursuant to the federal Employee Retirement Income

46 Security Act of 1974, as from time to time amended;

47 (4) "Provider" means an individual or entity duly licensed or legally  
48 authorized to provide health care services; and

49 (5) "Commissioner" means the Insurance Commissioner.

50 (b) All preferred provider networks shall file with the commissioner  
51 prior to the start of enrollment and shall annually update such filing  
52 by July first of each year thereafter. The filing required by such  
53 preferred provider network shall include the following information:

54 (1) The identity of any company or organization controlling the  
55 operation of the preferred provider network, a description of such  
56 company or organization and, where applicable, the following: (A) A  
57 certificate from the Secretary of the State regarding the company's or  
58 organization's good standing to do business in the state; (B) a copy of  
59 the company's or organization's balance sheet at the end of its most  
60 recently concluded fiscal year, along with the name and address of any  
61 public accounting firm or internal accountant which prepared or  
62 assisted in the preparation of such balance sheet; (C) a list of the  
63 names, official positions and occupations of members of the company's  
64 or organization's board of directors or other policy-making body and  
65 of those executive officers who are responsible for the company's or  
66 organization's activities with respect to the medical care network; (D) a  
67 list of the company's or organization's principal owners; (E) in the case  
68 of an out-of-state company or organization, a certificate that such  
69 company or organization is in good standing in its state of  
70 organization; (F) in the case of a Connecticut or out-of-state company  
71 or organization, a report of the details of any suspension, sanction or  
72 other disciplinary action relating to such company or organization in  
73 this state or in any other state; and (G) the identity, address and  
74 current relationship of any related or predecessor company or  
75 organization. For purposes of this subparagraph, "related" means that  
76 a substantial number of the board or policy-making body members,  
77 executive officers or principal owners of both companies are the same;  
78 (2) a general description of the preferred provider network and

79 participation in the preferred provider network, including: (A) The  
80 geographical service area of and the names of the hospitals included in  
81 the preferred provider network; and (B) the primary care physicians,  
82 the specialty physicians, any other contracting health care providers  
83 and the number and percentage of each group's capacity to accept new  
84 patients; and (3) the name and address of the person to whom  
85 applications may be made for participation.

86 (c) Any person developing a preferred provider network, or  
87 expanding a preferred provider network into a new county, pursuant  
88 to this section and subsection (b) of section 20-138b of the general  
89 statutes, as amended by this act, shall publish a notice, in at least one  
90 newspaper having a substantial circulation in the service area in which  
91 the preferred provider network operates or will operate, indicating  
92 such planned development or expansion. Such notice shall include the  
93 medical specialties included in the preferred provider network, the  
94 name and address of the person to whom applications may be made  
95 for participation and a time frame for making application. The  
96 preferred provider network shall provide the applicant with written  
97 acknowledgment of receipt of the application. Each complete  
98 application shall be considered by the preferred provider network in a  
99 timely manner.

100 (d) (1) Each preferred provider network shall file with the  
101 commissioner and make available upon request from a provider, the  
102 general criteria for its selection or termination of providers. Disclosure  
103 shall not be required of criteria deemed by the preferred provider  
104 network to be of a proprietary or competitive nature that would hurt  
105 the preferred provider network's ability to compete or to manage  
106 health services. For purposes of this section, disclosure of criteria is  
107 proprietary or anticompetitive if it has the tendency to cause health  
108 care providers to alter their practice pattern in a manner that would  
109 circumvent efforts to contain health care costs and is proprietary if  
110 revealing criteria would cause the preferred provider network's  
111 competitors to obtain valuable business information.

112 (2) If a preferred provider network uses criteria that have not been  
113 filed pursuant to subdivision (1) of this subsection to judge the quality  
114 and cost-effectiveness of a provider's practice under any specific  
115 program within the preferred provider network, the preferred  
116 provider network may not reject or terminate the provider  
117 participating in that program based upon such criteria until the  
118 provider has been informed of the criteria that the provider's practice  
119 fails to meet.

120 (e) A preferred provider network which has a limited network and  
121 which does not provide any reimbursement when an enrollee obtains  
122 service outside that limited network shall inform each applicant of that  
123 fact prior to enrolling the applicant for coverage.

124 Sec. 11. Subsection (b) of section 20-138b of the general statutes is  
125 repealed and the following is substituted in lieu thereof:

126 (b) If any health care center, as defined in section 38a-175 or  
127 preferred provider network, as defined in section [19a-647b] 10 of this  
128 act, offers health care benefits which provide ophthalmologic care for  
129 any person, partnership, corporation, association or [any] group,  
130 however organized, such health care center or preferred provider  
131 network shall provide optometric care. If the ophthalmologic care  
132 provided may be lawfully rendered by an optometrist, such health  
133 care center or preferred provider network shall provide the identical  
134 eye care coverage and benefits for its members when such care is  
135 rendered by an optometrist under contract with such health care center  
136 or preferred provider network. Such health care center or preferred  
137 provider network shall (1) contract with ophthalmologists and  
138 optometrists in a manner which will provide fair and sufficient  
139 representation of such providers in relation to the benefits provided by  
140 the health care center plan or preferred provider network, and (2)  
141 equally inform its members of the availability of ophthalmologic and  
142 optometric services.

143 Sec. 12. Section 38a-478a of the general statutes is repealed and the

144 following is substituted in lieu thereof:

145 On March 1, 1999, and annually thereafter, the Insurance  
146 Commissioner shall submit a report, to the Governor and to the joint  
147 standing committees of the General Assembly having cognizance of  
148 matters relating to public health and relating to insurance, concerning  
149 the commissioner's responsibilities under the provisions of sections  
150 [19a-647,] 38a-226 to 38a-226d, inclusive, 38a-478 to 38a-478u, inclusive,  
151 [and] 38a-993 and section 10 of this act. The report shall include: (1) A  
152 summary of the quality assurance plans submitted by managed care  
153 organizations pursuant to section 38a-478c along with suggested  
154 changes to improve such plans; (2) suggested modifications to the  
155 consumer report card developed under the provisions of section 38a-  
156 478l; (3) a summary of the commissioner's procedures and activities in  
157 conducting market conduct examinations of utilization review  
158 companies, including, but not limited to: (A) The number of desk and  
159 field audits completed during the previous calendar year; (B) a  
160 summary of findings of the desk and field audits, including any  
161 recommendations made for improvements or modifications; (C) a  
162 description of complaints concerning managed care companies,  
163 including a summary and analysis of any trends or similarities found  
164 in the managed care complaints filed by enrollees; (4) a summary of  
165 the complaints received by the Insurance Department's Consumer  
166 Affairs Division and the commissioner under section 38a-478n,  
167 including a summary and analysis of any trends or similarities found  
168 in the complaints received; (5) a summary of any violations the  
169 commissioner has found against any managed care organization; and  
170 (6) a summary of the issues discussed related to health care or  
171 managed care organizations at the Insurance Department's quarterly  
172 forums throughout the state.

173 Sec. 13. Section 38a-478b of the general statutes is repealed and the  
174 following is substituted in lieu thereof:

175 (a) Each managed care organization, as defined in section 38a-478,  
176 that fails to file the data, reports or information required by sections

177 [19a-647,] 38a-226 to 38a-226d, inclusive, 38a-478 to 38a-478u, inclusive,  
178 [and] 38a-993 and section 10 of this act, shall pay a late fee of one  
179 hundred dollars per day for each day from the due date of such data,  
180 reports or information to the date of filing. Each managed care  
181 organization that files incomplete data, reports or information shall be  
182 so informed by the commissioner, shall be given a date by which to  
183 remedy such incomplete filing and shall pay said late fee commencing  
184 from the new due date.

185 (b) On June 1, 1998, and annually thereafter, the commissioner shall  
186 submit, to the Governor and to the joint standing committees of the  
187 General Assembly having cognizance of matters relating to public  
188 health and matters relating to insurance, a list of those managed care  
189 organizations that have failed to file any data, report or information  
190 required by sections [19a-647,] 38a-226 to 38a-226d, inclusive, 38a-478  
191 to 38a-478u, inclusive, [and] 38a-993 and section 10 of this act.

192 Sec. 14. Section 38a-478t of the general statutes is repealed and the  
193 following is substituted in lieu thereof:

194 The Commissioner of Public Health may request and shall receive  
195 any data, report or information filed with the Insurance Commissioner  
196 pursuant to the provisions of sections [19a-647,] 38a-226 to 38a-226d,  
197 inclusive, 38a-478 to 38a-478u, inclusive, [and] 38a-993 and section 10  
198 of this act.

199 Sec. 15. Section 38a-478u of the general statutes is repealed and the  
200 following is substituted in lieu thereof:

201 The Insurance Commissioner shall adopt regulations in accordance  
202 with the provisions of chapter 54 to implement the provisions of  
203 sections [19a-647,] 38a-226 to 38a-226d, inclusive, 38a-478 to 38a-478u,  
204 inclusive, [and] 38a-993 and section 10 of this act.

205 Sec. 16. (NEW) Not later than June 1, 2002, and annually thereafter,  
206 the Insurance Commissioner, in consultation with the Commissioner  
207 of Public Health and the Commissioner of Health Care Access, shall

208 submit a report to the joint standing committees of the General  
209 Assembly having cognizance of matters relating to public health and  
210 insurance concerning risk-sharing or risk-shifting arrangements  
211 between health care providers and managed care organizations. The  
212 report shall include, but not be limited to, an evaluation of: (1)  
213 Arrangements or relationships among health care providers and  
214 between health care providers and managed care organizations that  
215 require health care providers to carry more risk as a condition of  
216 participation in a provider network or in return for financial  
217 incentives; (2) the ability of health care providers to manage such risk;  
218 (3) the need for financial or other standards to govern the carrying of  
219 such risk by health care providers; (4) mechanisms for protection in the  
220 event of insolvency of health care providers or managed care  
221 organizations; and (5) the impact of such risk-sharing or risk-shifting  
222 arrangements in specific geographic areas of the state. The report  
223 required by this section shall be submitted in accordance with the  
224 provisions of section 11-4a of the general statutes.

225 Sec. 17. Subsection (a) of section 46b-22 of the general statutes is  
226 repealed and the following is substituted in lieu thereof:

227 (a) All judges and retired judges, including federal and state judges  
228 who may legally join persons in marriage in their jurisdiction, either  
229 elected or appointed, family support magistrates, state referees and  
230 justices of the peace may join persons in marriage in any town in the  
231 state and all ordained or licensed clergymen, belonging to this state or  
232 any other state, so long as they continue in the work of the ministry  
233 may join persons in marriage. All marriages solemnized according to  
234 the forms and usages of any religious denomination in this state,  
235 including marriages witnessed by a duly constituted Spiritual  
236 Assembly of the Baha'is, are valid. All marriages attempted to be  
237 celebrated by any other person are void.

238 Sec. 18. Notwithstanding the provisions of subsection (a) of section  
239 20-195c of the general statutes, during the period commencing on the  
240 effective date of this section and ending thirty days after said effective

241 date, an applicant for licensure as a marital and family therapist under  
242 chapter 383a of the general statutes, in lieu of the requirements for  
243 having completed a graduate degree specializing in marital and family  
244 therapy and having completed a minimum of twelve months of a  
245 supervised practicum or internship supervised by the program  
246 granting the requisite degree or by an accredited postgraduate clinical  
247 training program approved by the Commission on Accreditation for  
248 Marriage and Family Therapy Education, may submit evidence  
249 satisfactory to the Commissioner of Public Health of: (1) Having  
250 earned a master's degree in counseling and guidance prior to 1980; (2)  
251 having passed the licensing examination for marital and family  
252 therapy prior to 2000; (3) current licensure as a marital and family  
253 therapist in another state; (4) current clinical membership in the  
254 American Association of Marriage and Family Therapy; and (5) having  
255 no disciplinary history.

256 Sec. 19. Notwithstanding the provisions of subsection (b) of section  
257 20-206bb of the general statutes, during the period commencing on the  
258 effective date of this section and ending thirty days after said effective  
259 date, the Department of Public Health shall issue a license as an  
260 acupuncturist under chapter 384c of the general statutes to any  
261 applicant who presents to the department satisfactory evidence that  
262 the applicant has: (1) Passed the National Commission for the  
263 Certification of Acupuncturists written examination by test or by  
264 credentials review; (2) successfully completed the practical  
265 examination of point location skills offered by the National  
266 Commission for the Certification of Acupuncturists; and (3)  
267 successfully completed the Clean Needle Technique Course offered by  
268 the Council of Colleges of Acupuncture and Oriental Medicine.

269 Sec. 20. Notwithstanding the provisions of subsection (a) of section  
270 20-195dd of the general statutes, during the period commencing on the  
271 effective date of this section and ending thirty days after said effective  
272 date, an applicant for licensure as a professional counselor under  
273 chapter 383c of the general statutes, in lieu of the requirements for  
274 having completed sixty graduate semester hours in or related to the

275 field of professional counseling and having earned a master's degree of  
276 at least forty-two graduate semester hours, may submit evidence  
277 satisfactory to the Commissioner of Public Health of: (1) Having  
278 earned a master's degree in counselor education prior to 1980; (2)  
279 having practiced professional counseling for a minimum of ten years  
280 immediately preceding the date of application; (3) current certification  
281 by the American Nurses Association as a psychiatric nurse; and (4)  
282 having passed the national clinical mental health counseling  
283 examination.

284 Sec. 21. Section 19a-647 of the general statutes is repealed.

285 Sec. 22. Section 18 of public act 00-135 is repealed.

286 Sec. 23. This act shall take effect from its passage, except that  
287 sections 3 to 5, inclusive, sections 10 to 16, inclusive, and section 21  
288 shall take effect October 1, 2001, and section 2 shall take effect the later  
289 of its passage or on the date notice is published by the Commissioner  
290 of Public Health in the Connecticut Law Journal indicating that the  
291 licensing of athletic trainers and physical therapist assistants is being  
292 implemented by the commissioner."