



General Assembly

January Session, 2003

Raised Bill No. 1164

LCO No. 4839

Referred to Committee on Judiciary

Introduced by:
(JUD)

AN ACT CONCERNING QUALITY HEALTH CARE FOR CONNECTICUT CITIZENS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-127n of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2003*):

3 (a) For purposes of this section, an "adverse event" means an injury
4 that was caused by or is associated with medical management,
5 treatment or advice and that results in death or measurable disability.
6 Such events shall also include those sentinel events for which
7 remediation plans are required by the Joint Commission on the
8 Accreditation of Healthcare Organizations.

9 (b) Adverse events shall be classified into the following categories:

10 (1) "Class A adverse event" means an event that has resulted in or is
11 associated with a patient's death or the immediate danger of death;

12 (2) "Class B adverse event" means an event that has resulted in or is
13 associated with a patient's serious injury or disability or the immediate
14 danger of serious injury or disability;

15 (3) "Class C adverse event" means an event that has resulted in or is
16 associated with the physical or sexual abuse of a patient; and

17 (4) "Class D adverse event" means an adverse event that is not
18 reported under subdivisions (1) to (3), inclusive, of this subsection.

19 (c) On and after October 1, 2002, a hospital or outpatient surgical
20 facility shall report to the Department of Public Health on Class A, B
21 and C adverse events as follows: (1) A verbal report shall be made not
22 later than twenty-four hours after the adverse event occurred; (2) a
23 written report shall be submitted not later than seventy-two hours
24 after the adverse event occurred; and (3) a corrective action plan shall
25 be filed not later than seven days after the adverse event occurred.

26 (d) A hospital or outpatient surgical facility shall report to the
27 Department of Public Health on Class D adverse events on a quarterly
28 basis. Such reports shall include corrective action plans. For purposes
29 of this subsection and subsection (c) of this section, "corrective action
30 plan" means a plan that implements strategies that reduce the risk of
31 similar events occurring in the future. Said plan shall measure the
32 effectiveness of such strategies by addressing the implementation,
33 oversight and time lines of such strategies. Failure to implement a
34 corrective action plan may result in disciplinary action by the
35 Commissioner of Public Health, pursuant to section 19a-494.

36 (e) On and after October 1, 2003, a physician licensed pursuant to
37 chapter 370 shall report to the Department of Public Health on class A,
38 B, C and D adverse events involving a patient of such physician in the
39 same manner as a hospital or outpatient surgical facility is required to
40 report such events pursuant to subsections (c) and (d) of this section.

41 [(e)] (f) The Commissioner of Public Health shall adopt regulations,
42 in accordance with chapter 54, to carry out the provisions of this
43 section. Such regulations shall include, but shall not be limited to, a
44 prescribed form for the reporting of adverse events pursuant to
45 subsections (c), [and] (d) and (e) of this section. The commissioner may

46 require the use of said form prior to the adoption of said regulations.

47 [(f)] (g) On or before March first annually, the commissioner shall
48 report, in accordance with the provisions of section 11-4a, on adverse
49 event reporting, to the joint standing committee of the General
50 Assembly having cognizance of matters relating to public health.

51 [(g)] (h) Information collected pursuant to this section shall not be
52 required to be disclosed pursuant to subsection (a) of section 1-210 for
53 a period of six months from the date of submission of the written
54 report required pursuant to subsection (c) or (e) of this section and
55 shall not be subject to subpoena or discovery or introduced into
56 evidence in any judicial or administrative proceeding except as
57 otherwise specifically provided by law.

58 Sec. 2. (NEW) (*Effective October 1, 2003*) (a) For the purposes of this
59 section:

60 (1) "Covered countermeasure against smallpox" has the meaning
61 provided in 42 USC 233, as amended from time to time; and

62 (2) "Health care provider" has the meaning provided in section 20-7f
63 of the general statutes.

64 (b) Any health care provider shall, prior to administering a covered
65 countermeasure against smallpox to any person, warn such person of
66 the risks and possible side effects of such countermeasure.

67 (c) If a health care provider fails to provide the warning required by
68 subsection (b) of this section, any person who suffers personal injury
69 arising out of such administration of such countermeasure may bring a
70 civil action against such health care provider for damages.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>

Statement of Purpose:

To allow the Department of Public Health to monitor, review and investigate adverse events involving acts or omissions of physicians and to create a duty to warn of the risks and possible side effects of the smallpox vaccine and authorize a cause of action for damages if such warning is not given.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]