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# House of Representatives

## **File No. 28**

General Assembly

January Session, 2005

**(Reprint of File No. 8)**

Substitute House Bill No. 5169  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
March 11, 2005

### **AN ACT CONCERNING QUALITY OF CARE IN CHRONIC DISEASE HOSPITALS.**

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

1 Section 1. Section 19a-253 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2005*):

3 [The Department of Public Health shall admit to chronic disease  
4 hospitals only patients with chronic illness and shall give preference to  
5 patients receiving public assistance from the state or any political  
6 subdivision thereof.] On and after October 1, 2005, no patient shall be  
7 admitted to a chronic disease hospital, unless the medical director of  
8 the hospital determines that the hospital and its medical staff are  
9 capable of providing adequate care and treatment to the patient,  
10 consistent with the hospital's by-laws. In making such determination,  
11 the medical director shall have access to the patient's medical records  
12 and may examine the patient.

13 Sec. 2. Section 19a-6 of the general statutes is repealed and the  
 14 following is substituted in lieu thereof (*Effective October 1, 2005*):

15 (a) The commissioner shall be responsible for planning state-wide  
 16 programs for the control and treatment of lung diseases; the treatment  
 17 of persons affected with other chronic illness, and the medical  
 18 rehabilitation of chronically ill, physically disabled and handicapped  
 19 persons. The commissioner [shall] may provide and maintain facilities  
 20 and personnel for the diagnosis or detection and treatment of such  
 21 diseases or enter into contracts for the provision of diagnostic and  
 22 treatment programs for such diseases with persons or organizations  
 23 capable in [his] the commissioner's judgment of providing such  
 24 services.

25 (b) The commissioner shall be responsible for the administration of  
 26 the department's programs as they relate to lung disease, other chronic  
 27 illness and medical rehabilitation. [He shall be responsible for the  
 28 administration and operation of the chronic disease hospitals of the  
 29 Department of Public Health. As used in this chapter, "chronic illness"  
 30 means conditions which require prolonged definitive hospital or  
 31 restorative care as distinguished from diseases or conditions which  
 32 may be properly cared for in convalescent, custodial or domiciliary  
 33 facilities; "chronic disease hospital" means a hospital operated by the  
 34 Department of Public Health; and "medical rehabilitation" means  
 35 specific medical therapies directed toward the reduction of the effect of  
 36 disability resulting from a chronic disease.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	19a-253
Sec. 2	<i>October 1, 2005</i>	19a-6

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect
Public Health, Dept.	GF - None
Department of Veterans' Affairs	GF - None

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

No fiscal impact will result from requiring medical directors of chronic disease hospitals to make admittance determinations.

The bill makes discretionary the authority of the Commissioner of Public Health to provide and maintain facilities and personnel for the diagnosis or detection and treatment of lung disease, chronic illness, and the medical rehabilitation of chronically ill, physically disabled and handicapped persons. The Department of Public Health’s budget contains no funding for this purpose at this time.

Repealing obsolete references to Department of Public Health-operated chronic disease hospitals also results in no fiscal impact.

House “A” modifies current law by making the authority of the Commissioner of Public Health to operate health care facilities, as described above, discretionary rather than mandatory. No fiscal impact is associated with this change.

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**OLR Bill Analysis**

sHB 5169 (as amended by House "A")\*

**AN ACT CONCERNING QUALITY OF CARE IN CHRONIC DISEASE HOSPITALS****SUMMARY:**

This bill requires the medical director of a chronic disease hospital to determine that the hospital and its staff are capable of adequately caring for and treating prospective patients, consistent with the hospital's by-laws, before they can be admitted. The director may examine patients and must have access to their records before making these determinations.

The bill also eliminates obsolete language concerning the Department of Public Health directly operating chronic disease hospitals. Under the bill, the commissioner remains responsible for planning and contracting for statewide chronic disease control and treatment programs. It allows, rather than requires, him to provide and maintain facilities and personnel to diagnose and treat chronic diseases or contract for such services.

\*House Amendment "A" adds back the commissioner's authority to provide for chronic disease diagnosis and treatment services and makes it and the authority to contract for such services discretionary.

EFFECTIVE DATE: October 1, 2005

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 23      Nay 0