



House of Representatives

General Assembly

File No. 466

January Session, 2005

Substitute House Bill No. 6714

House of Representatives, April 20, 2005

The Committee on Public Health reported through REP. SAYERS of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING PHYSICIAN PROFILES AND CONTINUING MEDICAL EDUCATION.

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

1 Section 1. Section 19a-88b of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2005*):

3 (a) (1) Notwithstanding section 19a-14 or any other provisions of the
4 general statutes relating to continuing education or refresher training,
5 the Department of Public Health shall renew a license, certificate,
6 permit or registration issued to an individual pursuant to chapters
7 368d, 368v, [370] 371 to 388, inclusive, 393a, 395, 398, 399, 400a and
8 400c [which] that becomes void pursuant to section 19a-88 or 19a-195b
9 while the holder [thereof] of the license, certificate, permit or
10 registration is on active duty in the armed forces of the United States,
11 [within] not later than six months from the date of discharge from
12 active duty, upon completion of any continuing education or refresher
13 training required to renew a license, certificate, registration or permit

14 [which] that has not become void pursuant to section 19a-88 or 19a-
15 195b. A licensee applying for license renewal pursuant to this section
16 shall submit an application on a form prescribed by the department
17 and other such documentation as may be required by the department.

18 (2) Notwithstanding section 19a-14 or any other provision of the
19 general statutes relating to continuing education, the Department of
20 Public Health shall renew a license issued to an individual pursuant to
21 chapter 370 that becomes void pursuant to section 19a-88 while the
22 holder of the license is on active duty in the armed forces of the United
23 States, not later than one year from the date of discharge from active
24 duty, upon completion of twenty-five contact hours of continuing
25 education that meet the criteria set forth in subsection (b) of section 5
26 of this act. A licensee applying for license renewal pursuant to this
27 subdivision shall submit an application on a form prescribed by the
28 department and other such documentation as may be required by the
29 department.

30 (b) The provisions of this section [shall] do not apply to reservists or
31 National Guard members on active duty for annual training that is a
32 regularly scheduled obligation for reservists or members of the
33 National Guard for training [which] that is not a part of mobilization.

34 (c) No license shall be issued under this section to any applicant
35 against whom professional disciplinary action is pending or who is the
36 subject of an unresolved complaint.

37 Sec. 2. Section 20-13c of the general statutes is repealed and the
38 following is substituted in lieu thereof (*Effective October 1, 2005*):

39 The board is authorized to restrict, suspend or revoke the license or
40 limit the right to practice of a physician or take any other action in
41 accordance with section 19a-17, for any of the following reasons: (1)
42 Physical illness or loss of motor skill, including, but not limited to,
43 deterioration through the aging process; (2) emotional disorder or
44 mental illness; (3) abuse or excessive use of drugs, including alcohol,
45 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in

46 the practice of medicine; (5) possession, use, prescription for use, or
47 distribution of controlled substances or legend drugs, except for
48 therapeutic or other medically proper purposes; (6) misrepresentation
49 or concealment of a material fact in the obtaining or reinstatement of a
50 license to practice medicine; (7) failure to adequately supervise a
51 physician assistant; (8) failure to fulfill any obligation resulting from
52 participation in the National Health Service Corps; (9) failure to
53 maintain professional liability insurance or other indemnity against
54 liability for professional malpractice as provided in subsection (a) of
55 section 20-11b; (10) failure to provide information requested by the
56 department for purposes of completing a health care provider profile,
57 as required by section 20-13j, as amended by this act; (11) engaging in
58 any activity for which accreditation is required under section 19a-690
59 or 19a-691 without the appropriate accreditation required by section
60 19a-690 or 19a-691; (12) failure to provide evidence of accreditation
61 required under section 19a-690 or 19a-691 as requested by the
62 department pursuant to section 19a-690 or 19a-691; (13) failure to
63 comply with the continuing medical education requirements set forth
64 in section 5 of this act; or ~~[(13)]~~ (14) violation of any provision of this
65 chapter or any regulation established hereunder. In each case, the
66 board shall consider whether the physician poses a threat, in the
67 practice of medicine, to the health and safety of any person. If the
68 board finds that the physician poses such a threat, the board shall
69 include such finding in its final decision and act to suspend or revoke
70 the license of said physician.

71 Sec. 3. Subsection (b) of section 20-13j of the general statutes is
72 repealed and the following is substituted in lieu thereof (*Effective*
73 *October 1, 2005*):

74 (b) The department, after consultation with the Connecticut Medical
75 Examining Board and the Connecticut State Medical Society shall
76 collect the following information to create an individual profile on
77 each physician for dissemination to the public:

78 (1) The name of the medical school attended by the physician and

79 the date of graduation;

80 (2) The site, training, discipline and inclusive dates of the
81 physician's postgraduate medical education required pursuant to the
82 applicable licensure section of the general statutes;

83 (3) The area of the physician's practice specialty;

84 (4) The address of the physician's primary practice location or
85 primary practice locations, if more than one;

86 (5) A list of languages, other than English, spoken at the physician's
87 primary practice locations;

88 (6) An indication of any disciplinary action taken against the
89 physician by the department, [or by] the state board or any
90 professional licensing or disciplinary body in another jurisdiction;

91 (7) Any current certifications issued to the physician by a specialty
92 board of the American Board of Medical Specialties;

93 (8) The hospitals and nursing homes at which the physician has
94 admitting privileges;

95 (9) Any appointments of the physician to Connecticut medical
96 school faculties and an indication as to whether the physician has
97 current responsibility for graduate medical education;

98 (10) A listing of the physician's publications in peer reviewed
99 literature;

100 (11) A listing of the physician's professional services, activities and
101 awards;

102 (12) Any hospital disciplinary actions against the physician that
103 resulted, within the past ten years, in the termination or revocation of
104 the physician's hospital privileges for a medical disciplinary cause or
105 reason, or the resignation from, or nonrenewal of, medical staff
106 membership or the restriction of privileges at a hospital taken in lieu of

107 or in settlement of a pending disciplinary case related to medical
108 competence in such hospital;

109 (13) A description of any criminal conviction of the physician for a
110 felony within the last ten years. For the purposes of this subdivision, a
111 physician shall be deemed to be convicted of a felony if the physician
112 pleaded guilty or was found or adjudged guilty by a court of
113 competent jurisdiction or has been convicted of a felony by the entry of
114 a plea of nolo contendere; [and]

115 (14) To the extent available, and consistent with the provisions of
116 subsection (c) of this section, all medical malpractice court judgments
117 and all medical malpractice arbitration awards against the physician in
118 which a payment was awarded to a complaining party during the last
119 ten years, and all settlements of medical malpractice claims against the
120 physician in which a payment was made to a complaining party
121 within the last ten years;

122 (15) An indication as to whether the physician is actively involved
123 in patient care; and

124 (16) The name of the physician's professional liability insurance
125 carrier and the policy number.

126 Sec. 4. Subsection (k) of section 20-13j of the general statutes is
127 repealed and the following is substituted in lieu thereof (*Effective*
128 *October 1, 2005*):

129 (k) A physician shall notify the department of any changes to the
130 information required in [subdivisions (3), (4), (5), (7), (8) and (13) of]
131 subsection (b) of this section, as amended by this act, not later than
132 sixty days after such change.

133 Sec. 5. (NEW) (*Effective October 1, 2005*) (a) As used in this section:

134 (1) "Active professional practice" includes, but is not limited to,
135 activities of a currently licensed physician who functions as the
136 medical director of a managed care organization or other organization;

137 (2) "Commissioner" means the Commissioner of Public Health;

138 (3) "Contact hour" means a minimum of fifty minutes of continuing
139 education activity;

140 (4) "Department" means the Department of Public Health;

141 (5) "Licensee" means any person who receives a license from the
142 department pursuant to section 20-13 of the general statutes; and

143 (6) "Registration period" means the one-year period for which a
144 license has been renewed in accordance with section 19a-88 of the
145 general statutes and is current and valid.

146 (b) Except as otherwise provided in subsections (d), (e) and (f) of
147 this section, for registration periods beginning on and after October 1,
148 2007, a licensee applying for license renewal shall earn a minimum of
149 fifty contact hours of continuing education within the preceding
150 twenty-four-month period. Such continuing medical education shall
151 (1) be in an area of the physician's practice; (2) reflect the professional
152 needs of the licensee in order to meet the health care needs of the
153 public; and (3) include at least one contact hour of training or
154 education in infectious diseases, including, but not limited to, acquired
155 immune deficiency syndrome and human immunodeficiency virus,
156 risk management, sexual assault and domestic violence. For purposes
157 of this section, qualifying continuing medical education activities
158 include, but are not limited to, courses offered or approved by the
159 American Medical Association, American Osteopathic Medical
160 Association, Connecticut Hospital Association, the Connecticut State
161 Medical Society, county medical societies or equivalent organizations
162 in another jurisdiction, educational offerings sponsored by a hospital
163 or other health care institution or courses offered by a regionally
164 accredited academic institution or a state or local health department.

165 (c) Each licensee applying for license renewal pursuant to section
166 19a-88 of the general statutes shall sign a statement attesting that the
167 licensee has satisfied the continuing education requirements of

168 subsection (a) of this section on a form prescribed by the department.
169 Each licensee shall retain records of attendance or certificates of
170 completion that demonstrate compliance with the continuing
171 education requirements of said subsection (a) for a minimum of three
172 years following the year in which the continuing education activities
173 were completed and shall submit such records to the department for
174 inspection not later than forty-five days after a request by the
175 department for such records.

176 (d) A licensee applying for the first time for license renewal
177 pursuant to section 19a-88 of the general statutes is exempt from the
178 continuing education requirements of this section.

179 (e) (1) A licensee who is not engaged in active professional practice
180 in any form during a registration period shall be exempt from the
181 continuing education requirements of this section, provided the
182 licensee submits to the department, prior to the expiration of the
183 registration period, a notarized application for exemption on a form
184 prescribed by the department and such other documentation as may
185 be required by the department. The application for exemption
186 pursuant to this subdivision shall contain a statement that the licensee
187 may not engage in professional practice until the licensee has met the
188 requirements set forth in subdivision (2) or (3) of this subsection, as
189 appropriate.

190 (2) Any licensee who is exempt from the provisions of subsection (b)
191 of this section for less than two years shall be required to complete
192 twenty-five contact hours of continuing education that meets the
193 criteria set forth in said subsection (b) within the twelve-month period
194 immediately preceding the licensee's return to active professional
195 practice.

196 (3) Any licensee who is exempt from the requirements of subsection
197 (b) of this section for two or more years shall be required to
198 successfully complete the Special Purpose Examination of the
199 Federation of State Medical Boards prior to returning to active
200 professional practice.

201 (f) In individual cases involving medical disability or illness, the
 202 commissioner may, in the commissioner's discretion, grant a waiver of
 203 the continuing education requirements or an extension of time within
 204 which to fulfill the continuing education requirements of this section to
 205 any licensee, provided the licensee submits to the department an
 206 application for waiver or extension of time on a form prescribed by the
 207 department, along with a certification by a licensed physician of the
 208 disability or illness and such other documentation as may be required
 209 by the commissioner. The commissioner may grant a waiver or
 210 extension for a period not to exceed one registration period, except that
 211 the commissioner may grant additional waivers or extensions if the
 212 medical disability or illness upon which a waiver or extension is
 213 granted continues beyond the period of the waiver or extension and
 214 the licensee applies for an additional waiver or extension.

215 (g) Any licensee whose license has become void pursuant to section
 216 19a-88 of the general statutes and who applies to the department for
 217 reinstatement of such license pursuant to section 19a-14 of the general
 218 statutes shall submit evidence documenting successful completion of
 219 twenty-five contact hours of continuing education within the one-year
 220 period immediately preceding application for reinstatement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2005	19a-88b
Sec. 2	October 1, 2005	20-13c
Sec. 3	October 1, 2005	20-13j(b)
Sec. 4	October 1, 2005	20-13j(k)
Sec. 5	October 1, 2005	New section

PH *Joint Favorable Subst.*

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	FY 06 \$	FY 07 \$
Public Health, Dept.	GF - Revenue Gain	Potential Minimal	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill makes changes to the information that must be reported by physicians within their physician profiles. It also requires the department to provide forms for use by physicians when attesting to their satisfactory completion of continuing education requirements, or when applying for an exemption, waiver or extension of time. It is anticipated that the Department of Public Health (DPH) can accommodate these changes without requiring additional resources.

The bill makes failure to comply with the continuing education requirements a cause for disciplinary action by the Connecticut Medical Examining Board. Per Section 19a-17 CGS, disciplinary action may include assessment of a civil penalty of up to \$10,000.

OLR Bill Analysis

sHB 6714

AN ACT CONCERNING PHYSICIAN PROFILES AND CONTINUING MEDICAL EDUCATION

SUMMARY:

This bill amends the physician profile law to require more information about adverse licensure actions in other states, professional liability insurance, and active involvement in patient care. It also requires physicians to report any changes or updates in mandatory reporting information.

The bill establishes continuing education requirements for physicians as a condition of license renewal. It establishes exemptions from continuing education under certain conditions. Physicians currently are not required to complete mandatory continuing education as a condition of license renewal.

The bill also requires a physician whose license becomes void for failure to renew while on active duty in the armed forces to complete continuing education requirements in order to have his license renewed.

EFFECTIVE DATE: October 1, 2005

PHYSICIAN PROFILES

The bill amends the physician profile program, administered by the Department of Public Health (DPH), by requiring physicians to report adverse licensure actions taken in other states. Current law only requires the reporting of disciplinary action taken against the physician by DPH or the state medical examining board. The bill also requires the physician to report, for the first time, (1) whether he is actively involved in patient care and (2) the name of his professional liability insurance carrier and policy number.

Current law requires the physician periodically to update certain

information in his profile about practice specialty, board certifications, practice location, languages spoken, hospital and nursing home privileges, and any felony convictions. The bill requires periodic updating of all physician profile elements, including hospital disciplinary actions, medical malpractice judgments, arbitration awards and settlements.

CONTINUING EDUCATION

Requirements and Acceptable Education and activities

Beginning October 1, 2007, the bill requires a physician applying for license renewal to complete at least 50 contact hours of continuing education within the previous 24-month period. A “contact hour” means a minimum of 50 minutes of continuing education activity. It must (1) be in the physician’s practice area; (2) reflect the physician’s professional needs in order to meet the public’s health care needs; and (3) include at least one contact hour of training or education in infectious diseases (e.g. AIDS, HIV), risk management, sexual assault and domestic violence.

Acceptable continuing medical education includes courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent bodies in other jurisdictions; education sponsored by hospitals and other health institutions; and courses offered by regionally accredited academic institutions, or state or local health departments.

Attesting to Continuing Education When Renewing a License

A physician applying for license renewal must sign a statement that he satisfied the continuing education requirements. The physician must keep attendance records or certificates of completion showing compliance with the continuing education requirements for at least three years following the year in which they were completed. He must provide the records to DPH for inspection within 45 days after a request is made.

Exemptions

A first-time applicant for license renewal is exempt from the

continuing education requirements. Also exempt is a physician not actively practicing during a registration period (license renewal period) if he provides DPH, before expiration of the registration period, a notarized application for exemption on a DPH form. DPH may require other documentation. The exemption application must include a statement that the physician cannot practice until he meets the continuing education requirements. The bill specifies that "active professional practice" includes the activities of a currently licensed physician who functions as the medical director of a managed care organization or other organization.

A physician exempt from the continuing education requirements for less than two years must complete 25 contact hours of continuing education within the 12 months immediately preceding his return to active practice. A physician exempt for two or more years must complete the Special Purpose Examination of the Federation of State Medical Boards before returning to active practice.

Medical Disability or Illness Waiver

The bill allows the DPH commissioner to waive the continuing education requirements or grant an extension to a physician in the case of medical disability or illness. The physician must apply to DPH for a waiver or extension on a DPH form, and provide a certification by a licensed physician of the disability or illness, as well as other documentation the commissioner may require. DPH can grant a waiver or extension for up to one registration period. It can grant additional waivers or extensions if the disability or illness continues beyond that period and the physician applies for the additional waiver or extension.

Failure to Renew License

A physician whose license becomes void for failure to renew and who applies for reinstatement must document to DPH successful completion of the 25-hour continuing education requirement within the one-year preceding the application.

PHYSICIANS IN THE ARMED FORCES

Under the bill, DPH must renew the license of a physician that becomes void for nonrenewal because he is on active duty in the

armed forces within one year from the discharge date upon completion of the 25 contact hours of continuing education. The physician must apply to DPH and provide any documentation required. Under current law, DPH must renew a license in such a situation within six months from the discharge date.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 24 Nay 0