



Senate

General Assembly

File No. 635

January Session, 2005

Substitute Senate Bill No. 1024

Senate, May 3, 2005

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING PERFUSIONISTS.

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

1 Section 1. (NEW) (*Effective October 1, 2005*) As used in sections 1 to 3,
2 inclusive, of this act and subsection (c) of section 19a-14 of the general
3 statutes, as amended by this act:

4 (1) "Commissioner" means the Commissioner of Public Health.

5 (2) "Department" means the Department of Public Health.

6 (3) "Extracorporeal circulation" means the diversion of a patient's
7 blood through a heart-lung machine or a similar device that assumes
8 the functions of the patient's heart, lungs, kidney, liver or other organs.

9 (4) "Perfusion" means the functions necessary for the support,
10 treatment, measurement or supplementation of the cardiovascular,
11 circulatory or respiratory system or other organs, or a combination of
12 such activities, and to ensure the safe management of physiologic

13 functions by monitoring and analyzing the parameters of the systems
14 under an order and under the supervision of a licensed physician,
15 including, but not limited to:

16 (A) The use of extracorporeal circulation, long-term
17 cardiopulmonary support techniques including extracorporeal carbon-
18 dioxide removal and extracorporeal membrane oxygenation and
19 associated therapeutic and diagnostic technologies;

20 (B) Counterpulsation, ventricular assistance, autotransfusion, blood
21 conservation techniques, myocardial and organ preservation,
22 extracorporeal life support and isolated limb perfusion;

23 (C) The use of techniques involving blood management, advanced
24 life support and other related functions; and

25 (D) In the performance of the following activities:

26 (i) The administration of pharmacological and therapeutic agents, or
27 blood products or anesthetic agents through the extracorporeal circuit
28 or through an intravenous line as ordered by a physician;

29 (ii) The performance and use of anticoagulation monitoring and
30 analysis; physiologic monitoring and analysis; blood gas and
31 chemistry monitoring and analysis; hematologic monitoring and
32 analysis; hypothermia; hyperthermia; hemoconcentration and
33 hemodilution; or modified extracorporeal circulatory hemodialysis; or

34 (iii) The observation of signs and symptoms related to perfusion
35 services, the determination of whether the signs and symptoms exhibit
36 abnormal characteristics, and the implementation of appropriate
37 reporting, perfusion protocols, or changes in or the initiation of
38 emergency procedures.

39 (5) "Perfusionist" means a person who is licensed to practice
40 perfusion pursuant to the provisions of sections 1 to 3, inclusive, of this
41 act.

42 Sec. 2. (NEW) (*Effective October 1, 2005*) (a) No person shall practice
43 perfusion in this state unless the person holds a valid license from the
44 department to practice perfusion in this state. No person shall use the
45 title "perfusionist" or make use of any title, words, letters or
46 abbreviations that may reasonably be confused with licensure as a
47 perfusionist unless such person holds a valid license from the
48 department to practice perfusion in this state.

49 (b) Each person seeking licensure to practice perfusion in this state
50 shall make application on forms prescribed by the department, pay an
51 application fee of two hundred fifty dollars and present to the
52 department satisfactory evidence that such person (1) successfully
53 completed a perfusion education program with standards established
54 by the Accreditation Committee for Perfusion Education and approved
55 by the Commission on Accreditation of Allied Health Education
56 Programs, or a program with substantially equivalent standards
57 approved by the department, and (2) successfully completed the
58 certification examination offered by the American Board of
59 Cardiovascular Perfusion, or its successor, or a substantially equivalent
60 examination approved by the department. The commissioner shall
61 grant a license as a perfusionist to any applicant who meets the
62 requirements of this section.

63 (c) No license shall be issued under this section to any applicant
64 against whom professional disciplinary action is pending or who is the
65 subject of an unresolved complaint in this or any other state or
66 territory.

67 (d) Licenses shall be renewed annually in accordance with the
68 provisions of section 19a-88 of the general statutes, as amended by this
69 act, for a fee of two hundred fifty dollars.

70 Sec. 3. (NEW) (*Effective October 1, 2005*) The Commissioner of Public
71 Health may take any disciplinary action set forth in section 19a-17 of
72 the general statutes, against a perfusionist for any of the following
73 reasons: (1) Failure to conform to the accepted standards of the
74 profession; (2) conviction of a felony; (3) fraud or deceit in obtaining or

75 seeking reinstatement of a license to practice perfusion; (4) fraud or
76 deceit in the practice of the profession; (5) negligent, incompetent or
77 wrongful conduct in professional activities; (6) physical, mental or
78 emotional illness or disorder resulting in an inability to conform to the
79 accepted standards of the profession; (7) alcohol or substance abuse;
80 (8) wilful falsification of entries in any hospital, patient or other record
81 pertaining to the profession; or (9) violation of any provision of
82 sections 1 to 3, inclusive, of this act. The commissioner may order a
83 license holder to submit to a reasonable physical or mental
84 examination if the physical or mental capacity of the license holder to
85 practice safely is the subject of an investigation. The commissioner may
86 petition the superior court for the judicial district of Hartford to
87 enforce such order or any action taken pursuant to said section 19a-17.
88 The commissioner shall give notice and an opportunity to be heard on
89 any contemplated action under said section 19a-17.

90 Sec. 4. Subsection (c) of section 19a-14 of the general statutes is
91 repealed and the following is substituted in lieu thereof (*Effective*
92 *October 1, 2005*):

93 (c) No board shall exist for the following professions that are
94 licensed or otherwise regulated by the Department of Public Health:

- 95 (1) Speech pathologist and audiologist;
- 96 (2) Hearing instrument specialist;
- 97 (3) Nursing home administrator;
- 98 (4) Sanitarian;
- 99 (5) Subsurface sewage system installer or cleaner;
- 100 (6) Marital and family therapist;
- 101 (7) Nurse-midwife;
- 102 (8) Licensed clinical social worker;

- 103 (9) Respiratory care practitioner;
- 104 (10) Asbestos contractor and asbestos consultant;
- 105 (11) Massage therapist;
- 106 (12) Registered nurse's aide;
- 107 (13) Radiographer;
- 108 (14) Dental hygienist;
- 109 (15) Dietitian-Nutritionist;
- 110 (16) Asbestos abatement worker;
- 111 (17) Asbestos abatement site supervisor;
- 112 (18) Licensed or certified alcohol and drug counselor;
- 113 (19) Professional counselor;
- 114 (20) Acupuncturist;
- 115 (21) Occupational therapist and occupational therapist assistant;
- 116 (22) Lead abatement contractor, lead consultant contractor, lead
117 consultant, lead abatement supervisor, lead abatement worker,
118 inspector and planner-project designer;
- 119 (23) Emergency medical technician, emergency medical technician-
120 intermediate, medical response technician and emergency medical
121 services instructor; [and]
- 122 (24) Paramedic; and
- 123 (25) Perfusionist.

124 The department shall assume all powers and duties normally vested
125 with a board in administering regulatory jurisdiction over such
126 professions. The uniform provisions of this chapter and chapters 368v,

127 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
128 and 400c, including, but not limited to, standards for entry and
129 renewal; grounds for professional discipline; receiving and processing
130 complaints; and disciplinary sanctions, shall apply, except as otherwise
131 provided by law, to the professions listed in this subsection.

132 Sec. 5. Subsection (c) of section 19a-14 of the general statutes, as
133 amended by section 8 of public act 00-226, is repealed and the
134 following is substituted in lieu thereof (*Effective on and after the later of*
135 *October 1, 2000, or the date notice is published by the Commissioner of Public*
136 *Health in the Connecticut Law Journal indicating that the licensing of athletic*
137 *trainers and physical therapist assistants is being implemented by the*
138 *commissioner*):

139 (c) No board shall exist for the following professions that are
140 licensed or otherwise regulated by the Department of Public Health:

- 141 (1) Speech pathologist and audiologist;
- 142 (2) Hearing instrument specialist;
- 143 (3) Nursing home administrator;
- 144 (4) Sanitarian;
- 145 (5) Subsurface sewage system installer or cleaner;
- 146 (6) Marital and family therapist;
- 147 (7) Nurse-midwife;
- 148 (8) Licensed clinical social worker;
- 149 (9) Respiratory care practitioner;
- 150 (10) Asbestos contractor and asbestos consultant;
- 151 (11) Massage therapist;
- 152 (12) Registered nurse's aide;

- 153 (13) Radiographer;
- 154 (14) Dental hygienist;
- 155 (15) Dietitian-Nutritionist;
- 156 (16) Asbestos abatement worker;
- 157 (17) Asbestos abatement site supervisor;
- 158 (18) Licensed or certified alcohol and drug counselor;
- 159 (19) Professional counselor;
- 160 (20) Acupuncturist;
- 161 (21) Occupational therapist and occupational therapist assistant;
- 162 (22) Lead abatement contractor, lead consultant contractor, lead
163 consultant, lead abatement supervisor, lead abatement worker,
164 inspector and planner-project designer;
- 165 (23) Emergency medical technician, emergency medical technician-
166 intermediate, medical response technician and emergency medical
167 services instructor;
- 168 (24) Paramedic; [and]
- 169 (25) Perfusionist; and
- 170 ~~[(25)]~~ (26) Athletic trainer.

171 The department shall assume all powers and duties normally vested
172 with a board in administering regulatory jurisdiction over such
173 professions. The uniform provisions of this chapter and chapters 368v,
174 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
175 and 400c, including, but not limited to, standards for entry and
176 renewal; grounds for professional discipline; receiving and processing
177 complaints; and disciplinary sanctions, shall apply, except as otherwise
178 provided by law, to the professions listed in this subsection.

179 Sec. 6. Subsection (e) of section 19a-88 of the general statutes is
180 amended by adding subdivision (5) as follows (*Effective October 1,*
181 *2005*):

182 (NEW) (5) Each person holding a license issued pursuant to section
183 2 of this act shall, annually, during the month of such person's birth,
184 apply for renewal of such license to the Department of Public Health,
185 upon payment of a fee of two hundred fifty dollars, giving such
186 person's name in full, such person's residence and business address
187 and such other information as the department requests.

188 Sec. 7. Subsection (e) of section 19a-88 of the general statutes, as
189 amended by section 9 of public act 00-226, is amended by adding
190 subdivision (5) as follows (*Effective on and after the later of October 1,*
191 *2000, or the date notice is published by the Commissioner of Public Health in*
192 *the Connecticut Law Journal indicating that the licensing of athletic trainers*
193 *and physical therapist assistants is being implemented by the commissioner*):

194 (NEW) (5) Each person holding a license issued pursuant to section
195 2 of this act shall, annually, during the month of such person's birth,
196 apply for renewal of such license to the Department of Public Health,
197 upon payment of a fee of two hundred fifty dollars, giving such
198 person's name in full, such person's residence and business address
199 and such other information as the department requests.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	New section
Sec. 2	<i>October 1, 2005</i>	New section
Sec. 3	<i>October 1, 2005</i>	New section
Sec. 4	<i>October 1, 2005</i>	19a-14(c)

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 - Implements the Budget	85,000	82,000
Public Health, Dept.	GF - Revenue Gain	18,000/140,000	12,000/53,500
Comptroller Misc. Accounts (Fringe Benefits)	GF - Implements the Budget	18,007	42,858

Note: GF=General Fund

Municipal Impact: None

Explanation

Funding, in the amount of \$85,000 in FY 06 and \$82,000 in FY 07, has been included under the budget of the Department of Public Health within sHB 6671 (the FY 06-07 Appropriations Act, as favorably reported by the Appropriations Committee) to institute licensure of perfusionists, effective October 1, 2005. These amounts will support the salaries of one Nurse Consultant and one half-time Office Assistant, as well as the costs of associated other expenses and equipment. Corresponding fringe benefit costs of \$18,007 in FY 06 and \$42,858 in FY 07 have also been reflected within sHB 6671.

A projected FY 06 revenue gain of \$18,000 would result, based upon collection of a \$250 initial application fee and a \$250 license renewal fee from an estimated 48 individuals seeking licensure. Since applicants for license renewal must submit their applications during the month of their birthday, a portion of those seeking licensure will pay both an initial and renewal fee in the first year of the program. A total of \$12,000 would be collected in subsequent fiscal years from perfusionists renewing their licenses.

It should be noted that it is expected that the two new staff will also be responsible for implementing previously authorized licensure programs for athletic trainers and physical therapy assistants. A first year revenue gain of approximately \$140,000 would result from the collection of initial and renewal licensure fees from applicants. In subsequent fiscal years, revenues from licensure renewal fees would be approximately \$53,500.

OLR Bill Analysis

sSB 1024

AN ACT CONCERNING PERFUSIONISTS**SUMMARY:**

This bill establishes a licensure requirement for perfusionists, administered by the Department of Public Health (DPH). Perfusionists operate circulation equipment during medical situations when it is necessary to temporarily and artificially replace the patient's circulatory or respiratory functions. A perfusionist is part of the surgical team for operations, such as open-heart surgery.

The bill defines terms, establishes the standards and requirements for licensure, and sets license fees. It also authorizes DPH to take various disciplinary actions against perfusionists in the same manner that it currently can against other licensed health care practitioners.

EFFECTIVE DATE: October 1, 2005; the later of October 1, 2000 or the date notice is published by the DPH commissioner in the Connecticut Law Journal that the licensing of athletic trainers and physical therapist assistants is being implemented for sections 5 and 7.

PERFUSION AND PERFUSIONISTS

The bill defines "perfusion" as the functions necessary to support, treat, measure, or supplement the cardiovascular, circulatory, or respiratory system or other organs, and to ensure the safe management of physiologic functions by monitoring and analyzing the parameters of the systems under a licensed physician's order and supervision. It includes:

1. the use of "extracorporeal circulation" (diversion of a patient's blood through a heart-lung machine or similar device that assumes the functions of the patient's heart, lungs, kidney, liver or other organs), long-term cardiopulmonary support techniques including extracorporeal carbon-dioxide removal and extracorporeal membrane oxygenation and associated therapeutic and diagnostic technologies;

2. counterpulsation, ventricular assistance, autotransfusion, blood conservation techniques, myocardial and organ preservation, extracorporeal life support, and isolated limb perfusion; and
3. the use of techniques involving blood management, advanced life support, and other related functions.

It also includes (1) the administration of pharmacological and therapeutic agents, or blood products or anesthetic agents, through the extracorporeal circuit or through an intravenous line as ordered by a physician; (2) the performance and use of anticoagulation monitoring and analysis, physiologic monitoring and analysis, blood gas and chemistry monitoring and analysis, hematologic monitoring and analysis, hypothermia, hyperthermia, hemoconcentration and hemodilution, or modified extracorporeal circulatory hemodialysis; or (3) the observation of signs and symptoms related to perfusion services, determination of whether they exhibit abnormal characteristics, and implementation of appropriate reporting, perfusion protocols, or changes in or initiation of emergency procedures.

LICENSURE REQUIREMENTS

License applicants must pay a \$250 application fee and provide satisfactory evidence of successful completion of (1) a perfusion education program with standards established by the Accreditation Committee for Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs, or a program approved by DPH with substantially equivalent standards and (2) the certification examination offered by the American Board of Cardiovascular Perfusion, or its successor, or a substantially equivalent examination approved by DPH.

The bill prohibits DPH from issuing a license to an applicant facing pending disciplinary action or who is the subject of an unresolved complaint in any state or territory.

The bill prohibits an individual from using the title “perfusionist” or using any title, words, letters, or abbreviations that may be reasonably confused with licensure as a perfusionist unless he has a valid license from DPH.

A license can be renewed annually for \$250. The individual must apply for renewal annually during the month of his birth, providing his full name, residence, business address, and other information DPH requires.

DISCIPLINARY ACTIONS

The bill subjects perfusionists to the same disciplinary actions DPH can currently take against other licensed health care practitioners for:

1. failure to conform to accepted practice standards;
2. felony conviction;
3. fraud or deceit in obtaining or reinstating a license;
4. fraud or deceit in practice;
5. negligent, incompetent, or wrongful conduct in professional activities;
6. physical, mental or emotional illness or disorder resulting in an inability to conform to accepted practice standards;
7. alcohol or substance abuse;
8. willful falsification of entries in any medical records; or
9. violation of any of the perfusionist licensure provisions.

By law, DPH can order a licensee to undergo a reasonable physical or mental examination if the physical or mental capacity of the licensee to practice safely is under investigation.

The possible disciplinary actions DPH can take include (1) suspending or revoking a license, (2) issuing a letter of reprimand to or censuring the licensee, (3) placing the licensee on probation, (4) assessing a civil penalty up to \$10,000, or (5) taking summary action against the licensee if he is found guilty of a state or federal felony or is subject to disciplinary action in another jurisdiction.

DPH can petition the Hartford Superior Court to enforce any order or action taken above. DPH must give the practitioner notice and an opportunity for a hearing.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute Change of Reference

Yea 24 Nay 0

Appropriations Committee

Joint Favorable Report

Yea 50 Nay 0