



# House of Representatives

General Assembly

**File No. 399**

February Session, 2006

Substitute House Bill No. 5718

*House of Representatives, April 5, 2006*

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 A PROFESSIONAL ASSISTANCE PROGRAM FOR HEALTH CARE PROFESSIONALS.***

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

1 Section 1. (NEW) (*Effective October 1, 2006*) (a) As used in this  
2 section:

3 (1) "Chemical dependency" means abusive or excessive use of  
4 drugs, including alcohol, narcotics or chemicals, that results in  
5 physical or psychological dependence;

6 (2) "Department" means Department of Public Health;

7 (3) "Health care professionals" includes any person licensed  
8 pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a, 376b, 376c, 377,  
9 378, 379, 379a, 380, 381, 381a, 383, 383a, 383b, 383c, 384, 384a, 384b,  
10 384c, 384d or 400j of the general statutes; and

11 (4) "Medical review committee" has the same meaning as provided  
12 in section 19a-17b of the general statutes.

13 (b) State or local professional societies and organizations of health  
14 care professionals may establish health care professional assistance  
15 programs to provide prevention, intervention, referral assistance and  
16 support services to any health care professional and to any person who  
17 has applied to become a health care professional, who has a chemical  
18 dependency, emotional or behavioral disorder or physical or mental  
19 illness. The program shall (1) be an alternative, voluntary and  
20 confidential opportunity for the rehabilitation of health care  
21 professionals and persons who have applied to become a health care  
22 professional, and (2) include mandatory, periodic evaluations of each  
23 participant's ability to practice with skill and safety, and without  
24 posing a threat to the health and safety of any person or patient.

25 (c) Prior to admitting any health care professional into a program  
26 established pursuant to subsection (b) of this section, a medical review  
27 committee shall (1) determine if the health care professional is an  
28 appropriate candidate for rehabilitation and participation in the  
29 program, and (2) establish the participant's terms and conditions for  
30 participating in the program. No action taken by the medical review  
31 committee pursuant to this subsection shall be construed as the  
32 practice of medicine or mental health care.

33 (d) The medical review committee shall not refer to the program,  
34 established pursuant to subsection (b) of this section, any health care  
35 professional who has been subject to, or currently has pending  
36 charges, disciplinary action or a consent order by any professional  
37 licensing or disciplinary body or has been charged with or convicted of  
38 a felony under the laws of this state, or of an offense that, if committed  
39 within this state, would constitute a felony. The medical review  
40 committee shall refer such health care professional to the department.  
41 Upon such referral, the department shall determine if the health care  
42 professional is eligible for intervention, referral assistance and support  
43 services and the department may seek the advice of professional health  
44 care societies or organizations in determining what referral assistance,  
45 rehabilitation program or support services are appropriate for such  
46 health care professional.

47 (e) Professional societies and organizations that provide prevention,  
48 intervention and rehabilitation support to health care professionals  
49 with a chemical dependency, emotional or behavioral disorder, or  
50 physical or mental illness shall meet periodically with the department  
51 and report to the appropriate professional licensing board or  
52 commission on the number of health care professionals receiving such  
53 services, the purpose of participation and an evaluation as to whether  
54 the participants are practicing health care with skill and safety, and  
55 without posing a threat to the health and safety of any person or  
56 patient.

57 (f) Any physician, hospital or state or local professional society or  
58 organization of health care professionals that refers an individual for  
59 intervention to a program established pursuant to subsection (b) of this  
60 section shall be deemed to have satisfied the obligations imposed on  
61 the person or organization pursuant to subsection (a) of section 20-13d  
62 of the general statutes.

63 (g) All information given or received in connection with any  
64 intervention, referral assistance or support services provided pursuant  
65 to this section, including the identity of any health care professional  
66 seeking or receiving such prevention, intervention, referral assistance  
67 or support services shall be confidential and shall not be disclosed to  
68 any third person other than a person to whom disclosure is reasonably  
69 necessary in order to accomplish the purposes of such intervention,  
70 referral assistance or support services. Such information shall not be  
71 requested or disclosed in any civil or criminal case or proceeding or in  
72 any legal or administrative proceeding, unless the health care  
73 professional seeking or obtaining intervention, referral assistance or  
74 support services waives such privilege.

75 (h) If at any time it is determined that a health care professional is  
76 not able to practice with skill and safety, or without posing a threat to  
77 the health and safety of any person or patient, and the health care  
78 professional does not refrain from practicing health care or fails to  
79 participate in a recommended program of rehabilitation, then the

80 health care professional shall be referred to the department.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2006	New section

**Statement of Legislative Commissioners:**

In Subdiv. (3) of section 1, the reference to chapter 378a was changed to 379a for accuracy. Chapter 378a regulates nurse's aides, who do not have licensing requirements and chapter 379a regulates dental hygienists, who are required to obtain a license in order to practice in this state.

**PH**            *Joint Favorable Subst.-LCO*

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:

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

It is anticipated that the Department of Public Health will be able to accommodate provisions in the bill without requiring additional resources.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

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**OLR Bill Analysis**  
**HB 5718**

***AN ACT CONCERNING A PROFESSIONAL ASSISTANCE PROGRAM FOR HEALTH CARE PROFESSIONALS.***

**SUMMARY:**

This bill allows private professional societies to establish voluntary, alternative, and confidential health care professional assistance programs. These programs can provide prevention, intervention, referral assistance, and support services to health care professionals who suffer from alcohol or substance abuse, mental illness, or other behavioral or physical problems. A medical review committee must determine appropriate candidates for such a program.

The bill applies to the following licensed health care professionals in the state: physicians and surgeons, physician assistants, chiropractors, naturopaths, homeopathic physicians, podiatrists, athletic trainers, physical therapists, occupational therapists, alcohol and drug counselors, radiographers and radiologic technologists, nurse-midwives, nurses, dentists, dental hygienists, optometrists, opticians, respiratory care practitioners, psychologists, marital and family therapists, clinical social workers, professional counselors, veterinarians, massage therapists, dietitian-nutritionists, acupuncturists, paramedics, and pharmacists.

EFFECTIVE DATE: October 1, 2006

**ESTABLISHING PROFESSIONAL ASSISTANCE PROGRAMS**

The bill authorizes state or local professional societies of health care professionals to establish health care professional assistance programs to provide prevention, intervention, referral assistance, and support

services to any professional (and anyone who has applied to be one) with a chemical dependency, emotional or behavioral disorder, or physical or mental illness. "Chemical dependency" means abusive, or excessive use of drugs, including alcohol, narcotics, or chemicals that result in physical or psychological dependence.

The assistance program must (1) be an alternative, voluntary, and confidential opportunity for the rehabilitation of health care professionals and licensure applicants and (2) include mandatory, periodic evaluations of each participant's ability to practice with skill and safety, and without threat to the health and safety of any person or patient.

### **MEDICAL REVIEW COMMITTEE**

Before admitting any health care professional into a program, a medical review committee must (1) determine if he is an appropriate candidate for rehabilitation and participation and (2) establish his terms and conditions of participation.

A "medical review committee" includes (1) any committee of a state or local professional society or committee of any health care institution established according to written by-laws or (2) any utilization review committee or professional standards review organization established pursuant to federal law that engages in peer review. Such committees gather and review information relating to the treatment of patients for purposes of (1) evaluating and improving health care quality, (2) reducing morbidity or mortality, or (3) establishing and enforcing guidelines to control health care costs. A medical review committee also includes any hospital board or committee reviewing the professional qualifications or activities of its medical staff or applicants for admission to the staff (CGS § 19a-17b(a)(4)).

The bill specifies that no action a medical review committee takes on the appropriateness of a person to participate in the program and the terms and conditions of participation can be construed as practicing medicine or mental health care.

The bill prohibits a medical review committee from referring to a program any health care professional who (1) has been subject to or is currently facing charges, disciplinary action, or a consent order by any professional licensing or disciplinary body or (2) has been charged with or convicted of a felony under Connecticut law, or an offense that, if committed in this state, would be a felony. In such cases, the committee must refer the person to the Department of Public Health (DPH), which must determine if the person is eligible for intervention, referral assistance, and support services. DPH can seek advice from professional health care societies and organizations to determine appropriate programs and services for the person.

### **REPORTS TO DPH AND LICENSING BOARDS**

The bill requires professional societies and organizations providing the support services to meet periodically with DPH and report to the appropriate professional licensing board or commission. They must report on the number of health care professionals receiving these services and the purpose of participation. The report must also include an evaluation of whether the participants are practicing with skill and safety, and not posing a threat to anyone's health and safety.

If determined that the professional cannot practice with skill and safety or without posing a threat to others' health and safety, and he continues to practice or doesn't participate in recommended rehabilitation, he must be referred to DPH.

### **CONFIDENTIALITY**

Under the bill, all information given or received about an intervention, referral assistance, or support services provided, including a health care professional's identity, is confidential and cannot be disclosed to any third person. Disclosure can be made when reasonably necessary to accomplish the purposes of the intervention and support services. This information cannot be requested or disclosed in any civil or criminal proceeding or any legal or administrative proceeding, unless the health care professional waives the privilege.

**REQUIRED REPORTING UNDER CURRENT LAW**

Current law requires physicians, hospitals, and medical societies to report impaired physicians they know about to DPH within 30 days of knowing of the impairment. Impairment basically means that the physician is or may be unable to practice medicine with reasonable skill or safety because of:

1. physical illness or loss or motor skill;
2. emotional disorder or mental illness;
3. drug abuse;
4. illegal, incompetent, or negligent conduct in the practice of medicine;
5. possession, use, or distribution of controlled substances or legend drugs (except for therapeutic purposes); or
6. misrepresentation or concealment of a material fact in obtaining or reinstating a medical license (CGS § 20-13c, 13d).

Under the bill, any physician, hospital, or state or local professional society of health care professionals that refers an individual for intervention to a program established according to the bill is deemed to have satisfied the obligations of the existing reporting law described above.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable  
Yea 23    Nay 0    (03/17/2006)