



Senate

File No. 772

General Assembly

February Session, 2008

(Reprint of File No. 172)

Substitute Senate Bill No. 471
As Amended by Senate Amendment Schedules
"A" and "B" and House Amendment Schedule
"A"

Approved by the Legislative Commissioner
May 1, 2008

AN ACT EXTENDING THE STATE PHYSICIAN PROFILE TO CERTAIN OTHER HEALTH CARE PROVIDERS.

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

1 Section 1. Section 20-13j of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2010*):

3 (a) For the purposes of this section:

4 (1) "Department" means the Department of Public Health; [,] and
5 ["physician" means a physician licensed pursuant to this chapter]

6 (2) "Health care provider" means: (A) A physician licensed under
7 this chapter; (B) a dentist licensed under chapter 379; (C) a chiropractor
8 licensed under chapter 372; (D) an optometrist licensed under chapter
9 380; (E) a podiatrist licensed under chapter 375; (F) a natureopath
10 licensed under chapter 373; (G) a dental hygienist licensed under
11 chapter 379a; (H) an advanced practice registered nurse licensed under
12 chapter 378; or (I) a physical therapist licensed under chapter 376.

13 (b) The department, after consultation with the Connecticut Medical
14 Examining Board, [and] the Connecticut State Medical Society, or any
15 other appropriate state board, shall, within available appropriations,
16 collect the following information to create an individual profile on
17 each [physician] health care provider for dissemination to the public:

18 (1) The name of the medical or dental school, chiropractic college,
19 school or college of optometry, school or college of chiropody or
20 podiatry, school or college of natureopathy, school of dental hygiene,
21 school of physical therapy or other school or institution giving
22 instruction in the healing arts attended by the [physician] health care
23 provider and the date of graduation;

24 (2) The site, training, discipline and inclusive dates of [the
25 physician's] any completed postgraduate [medical] education or other
26 professional education required pursuant to the applicable licensure
27 section of the general statutes;

28 (3) The area of the [physician's] health care provider's practice
29 specialty;

30 (4) The address of the [physician's] health care provider's primary
31 practice location or primary practice locations, if more than one;

32 (5) A list of languages, other than English, spoken at the
33 [physician's] health care provider's primary practice locations;

34 (6) An indication of any disciplinary action taken against the
35 [physician] health care provider by the department, the appropriate
36 state board or any professional licensing or disciplinary body in
37 another jurisdiction;

38 (7) Any current certifications issued to the [physician] health care
39 provider by a specialty board of the [American Board of Medical
40 Specialties] profession;

41 (8) The hospitals and nursing homes at which the [physician has
42 admitting] health care provider has been granted privileges;

43 (9) Any appointments of the [physician] health care provider to a
44 Connecticut medical school [faculties] faculty and an indication as to
45 whether the [physician] health care provider has current responsibility
46 for graduate medical education;

47 (10) A listing of the [physician's] health care provider's publications
48 in peer reviewed literature;

49 (11) A listing of the [physician's] health care provider's professional
50 services, activities and awards;

51 (12) Any hospital disciplinary actions against the [physician] health
52 care provider that resulted, within the past ten years, in the
53 termination or revocation of the [physician's] health care provider's
54 hospital privileges for a [medical] professional disciplinary cause or
55 reason, or the resignation from, or nonrenewal of, [medical]
56 professional staff membership or the restriction of privileges at a
57 hospital taken in lieu of or in settlement of a pending disciplinary case
58 related to [medical] professional competence in such hospital;

59 (13) A description of any criminal conviction of the [physician]
60 health care provider for a felony within the last ten years. For the
61 purposes of this subdivision, a [physician] health care provider shall
62 be deemed to be convicted of a felony if the [physician] health care
63 provider pleaded guilty or was found or adjudged guilty by a court of
64 competent jurisdiction or has been convicted of a felony by the entry of
65 a plea of nolo contendere;

66 (14) To the extent available, and consistent with the provisions of
67 subsection (c) of this section, all [medical] professional malpractice
68 court judgments and all [medical] professional malpractice arbitration
69 awards against the [physician] health care provider in which a
70 payment was awarded to a complaining party during the last ten
71 years, and all settlements of [medical] professional malpractice claims
72 against the [physician] health care provider in which a payment was
73 made to a complaining party within the last ten years;

74 (15) An indication as to whether the [physician] health care provider
75 is actively involved in patient care; and

76 (16) The name of the [physician's] health care provider's
77 professional liability insurance carrier.

78 (c) Any report of a [medical] professional malpractice judgment or
79 award against a [physician] health care provider made under
80 subdivision (14) of subsection (b) of this section shall comply with the
81 following: (1) Dispositions of paid claims shall be reported in a
82 minimum of three graduated categories indicating the level of
83 significance of the award or settlement; (2) information concerning
84 paid [medical] professional malpractice claims shall be placed in
85 context by comparing an individual [physician's medical] health care
86 provider's professional malpractice judgments, awards and
87 settlements to the experience of other [physicians] health care
88 providers licensed in Connecticut who perform procedures and treat
89 patients with a similar degree of risk; (3) all judgment award and
90 settlement information reported shall be limited to amounts actually
91 paid by or on behalf of the [physician] health care provider; and (4)
92 comparisons of professional malpractice payment data shall be
93 accompanied by (A) an explanation of the fact that [physicians] health
94 care providers treating certain patients and performing certain
95 procedures are more likely to be the subject of litigation than others
96 and that the comparison given is for [physicians] health care providers
97 who perform procedures and treat patients with a similar degree of
98 risk; (B) a statement that the report reflects data for the last ten years
99 and the recipient should take into account the number of years the
100 [physician] health care provider has been in practice when considering
101 the data; (C) an explanation that an incident giving rise to a
102 professional malpractice claim may have occurred years before any
103 payment was made due to the time lawsuits take to move through the
104 legal system; (D) an explanation of the effect of treating high-risk
105 patients on a [physician's] health care provider's professional
106 malpractice history; and (E) an explanation that professional
107 malpractice cases may be settled for reasons other than liability and

108 that settlements are sometimes made by the insurer without the
109 [physician's] health care provider's consent. Information concerning all
110 settlements shall be accompanied by the following statement:
111 "Settlement of a claim may occur for a variety of reasons that do not
112 necessarily reflect negatively on the professional competence or
113 conduct of the [physician] health care provider. A payment in
114 settlement of a [medical] professional malpractice action or claim
115 should not be construed as creating a presumption that [medical]
116 professional malpractice has occurred."

117 (d) Pending professional malpractice claims against a [physician]
118 health care provider and actual amounts paid by or on behalf of a
119 [physician] health care provider in connection with a professional
120 malpractice judgment, award or settlement shall not be disclosed by
121 the department to the public. This subsection shall not be construed to
122 prevent the department from investigating and disciplining a
123 [physician] health care provider on the basis of [medical] professional
124 malpractice claims that are pending.

125 (e) Prior to the initial release of a [physician's] health care provider's
126 profile to the public, the department shall provide the [physician]
127 health care provider with a copy of the [physician's] health care
128 provider's profile. Additionally, any amendments or modifications to
129 the profile that were not supplied by the [physician] health care
130 provider or not generated by the department itself shall be provided to
131 the [physician] health care provider for review prior to release to the
132 public. A [physician] health care provider shall have sixty days from
133 the date the department mails or delivers the prepublication copy to
134 dispute the accuracy of any information that the department proposes
135 to include in such profile and to submit a written statement setting
136 forth the basis for such dispute. If a [physician] health care provider
137 does not notify the department that the [physician] health care
138 provider disputes the accuracy of such information within such sixty-
139 day period, the department shall make the profile available to the
140 public and the [physician] health care provider shall be deemed to
141 have approved the profile and all information contained [therein] in

142 the profile. If a [physician] health care provider notifies the department
143 that the [physician] health care provider disputes the accuracy of such
144 information in accordance with this subsection, the [physician's] health
145 care provider's profile shall be released to the public without the
146 disputed information, but with a statement to the effect that
147 information in the identified category is currently the subject of a
148 dispute and is therefore not currently available. Not later than thirty
149 days after the department's receipt of notice of a dispute, the
150 department shall review any information submitted by the [physician]
151 health care provider in support of such dispute and determine whether
152 to amend the information contained in the profile. In the event that the
153 department determines not to amend the disputed information, the
154 disputed information shall be included in the profile with a statement
155 that such information is disputed by the [physician] health care
156 provider.

157 (f) A [physician] health care provider may elect to have the
158 [physician's] health care provider's profile omit information provided
159 pursuant to subdivisions (9) to (11), inclusive, of subsection (b) of this
160 section. In collecting information for such profiles and in the
161 dissemination of such profiles, the department shall inform
162 [physicians] health care providers that they may choose not to provide
163 the information described in said subdivisions (9) to (11), inclusive.

164 (g) Each profile created pursuant to this section shall include the
165 following statement: "This profile contains information that may be
166 used as a starting point in evaluating [the physician] a health care
167 provider. This profile should not, however, be your sole basis for
168 selecting a [physician] health care provider."

169 (h) The department shall maintain a web site on the Internet for use
170 by the public in obtaining profiles of [physicians] health care
171 providers.

172 (i) No state law that would otherwise prohibit, limit or penalize
173 disclosure of information about a [physician] health care provider shall

174 apply to disclosure of information required by this section.

175 (j) All information provided by a [physician] health care provider
176 pursuant to this section shall be subject to the [penalties of] penalty for
177 false statement [, pursuant to] under section 53a-157b.

178 (k) Except for the information in subdivisions (1), (2), (10) and (11)
179 of subsection (b) of this section, a [physician] health care provider shall
180 notify the department of any changes to the information required in
181 [said] subsection (b) of this section not later than sixty days after such
182 change.

183 Sec. 2. Section 20-29 of the general statutes is repealed and the
184 following is substituted in lieu thereof (*Effective January 1, 2010*):

185 The Board of Chiropractic Examiners may take any of the actions set
186 forth in section 19a-17 of the 2008 supplement to the general statutes
187 for any of the following reasons: The employment of fraud or
188 deception in obtaining a license, habitual intemperance in the use of
189 ardent spirits, narcotics or stimulants to such an extent as to
190 incapacitate the user for the performance of professional duties,
191 violation of any provisions of this chapter or regulations adopted
192 hereunder, engaging in fraud or material deception in the course of
193 professional services or activities, physical or mental illness, emotional
194 disorder or loss of motor skill, including, but not limited to,
195 deterioration through the aging process, illegal, incompetent or
196 negligent conduct in the practice of chiropractic, [or] failure to
197 maintain professional liability insurance or other indemnity against
198 liability for professional malpractice as provided in subsection (a) of
199 section 20-28b, or failure to provide information to the Department of
200 Public Health required to complete a health care provider profile, as
201 set forth in section 20-13j, as amended by this act. Any practitioner
202 against whom any of the foregoing grounds for action under said
203 section 19a-17 of the 2008 supplement to the general statutes are
204 presented to said board shall be furnished with a copy of the
205 complaint and shall have a hearing before said board. The hearing

206 shall be conducted in accordance with the regulations established by
207 the Commissioner of Public Health. Said board may, at any time
208 within two years of such action, by a majority vote, rescind such
209 action. The Commissioner of Public Health may order a license holder
210 to submit to a reasonable physical or mental examination if his
211 physical or mental capacity to practice safely is the subject of an
212 investigation. Said commissioner may petition the superior court for
213 the judicial district of Hartford to enforce such order or any action
214 taken pursuant to section 19a-17 of the 2008 supplement to the general
215 statutes.

216 Sec. 3. Section 20-40 of the general statutes is repealed and the
217 following is substituted in lieu thereof (*Effective January 1, 2010*):

218 Said department may refuse to grant a license to practice
219 natureopathy or may take any of the actions set forth in section 19a-17
220 of the 2008 supplement to the general statutes for any of the following
221 reasons: The employment of fraud or material deception in obtaining a
222 license, habitual intemperance in the use of ardent spirits, narcotics or
223 stimulants to such an extent as to incapacitate the user for the
224 performance of professional duties, violations of the provisions of this
225 chapter or regulations adopted hereunder, engaging in fraud or
226 material deception in the course of professional services or activities,
227 physical or mental illness, emotional disorder or loss of motor skill,
228 including, but not limited to, deterioration through the aging process,
229 illegal, incompetent or negligent conduct in his practice, [or] failure to
230 maintain professional liability insurance or other indemnity against
231 liability for professional malpractice as provided in subsection (a) of
232 section 20-39a, or failure to provide information to the Department of
233 Public Health required to complete a health care provider profile, as
234 set forth in section 20-13j, as amended by this act. Any applicant for a
235 license to practice natureopathy or any practitioner against whom any
236 of the foregoing grounds for refusing a license or action under said
237 section 19a-17 of the 2008 supplement to the general statutes are
238 presented to said board shall be furnished with a copy of the
239 complaint and shall have a hearing before said board in accordance

240 with the regulations adopted by the Commissioner of Public Health.
241 The Commissioner of Public Health may order a license holder to
242 submit to a reasonable physical or mental examination if his physical
243 or mental capacity to practice safely is the subject of an investigation.
244 Said commissioner may petition the superior court for the judicial
245 district of Hartford to enforce such order or any action taken pursuant
246 to section 19a-17 of the 2008 supplement to the general statutes.

247 Sec. 4. Section 20-59 of the 2008 supplement to the general statutes is
248 repealed and the following is substituted in lieu thereof (*Effective*
249 *January 1, 2010*):

250 The board may take any of the actions set forth in section 19a-17 of
251 the 2008 supplement to the general statutes for any of the following
252 reasons: (1) Procurement of a license by fraud or material deception;
253 (2) conviction in a court of competent jurisdiction, either within or
254 without this state, of any crime in the practice of podiatry; (3)
255 fraudulent or deceptive conduct in the course of professional services
256 or activities; (4) illegal or incompetent or negligent conduct in the
257 practice of podiatry; (5) habitual intemperance in the use of spirituous
258 stimulants or addiction to the use of morphine, cocaine or other drugs
259 having a similar effect; (6) aiding and abetting the practice of podiatry
260 by an unlicensed person or a person whose license has been suspended
261 or revoked; (7) mental illness or deficiency of the practitioner; (8)
262 physical illness or loss of motor skill, including, but not limited to,
263 deterioration through the aging process, of the practitioner; (9)
264 undertaking or engaging in any medical practice beyond the privileges
265 and rights accorded to the practitioner of podiatry by the provisions of
266 this chapter; (10) failure to maintain professional liability insurance or
267 other indemnity against liability for professional malpractice as
268 provided in subsection (a) of section 20-58a; (11) independently
269 engaging in the performance of ankle surgery procedures without a
270 permit, in violation of section 20-54 of the 2008 supplement to the
271 general statutes; [or] (12) violation of any provision of this chapter or
272 any regulation adopted hereunder; or (13) failure to provide
273 information to the Department of Public Health required to complete a

274 health care provider profile, as set forth in section 20-13j, as amended
275 by this act. The Commissioner of Public Health may order a license
276 holder to submit to a reasonable physical or mental examination if his
277 physical or mental capacity to practice safely is the subject of an
278 investigation. Said commissioner may petition the superior court for
279 the judicial district of Hartford to enforce such order or any action
280 taken pursuant to section 19a-17 of the 2008 supplement to the general
281 statutes. The clerk of any court in this state in which a person
282 practicing podiatry has been convicted of any crime shall, upon such
283 conviction, make written report, in duplicate, to the Department of
284 Public Health of the name and residence of such person, the crime of
285 which such person was convicted and the date of conviction; and said
286 department shall forward one of such duplicate reports to the board.

287 Sec. 5. Subsection (a) of section 20-73a of the general statutes is
288 repealed and the following is substituted in lieu thereof (*Effective*
289 *January 1, 2010*):

290 (a) The Board of Examiners for Physical Therapists shall have
291 jurisdiction to hear all charges of conduct that fails to conform to the
292 accepted standards of the practice of physical therapy brought against
293 any person licensed as a physical therapist or physical therapist
294 assistant and, after holding a hearing, written notice of which shall be
295 given to the person complained of, the board, if it finds such person to
296 be guilty, may revoke or suspend such person's license or take any of
297 the actions set forth in section 19a-17 of the 2008 supplement to the
298 general statutes. Any proceedings relative to such action may be begun
299 by the filing of written charges with the Commissioner of Public
300 Health. The causes for which such action may be taken are as follows:
301 (1) Conviction in a court of competent jurisdiction, either within or
302 without this state, of any crime in the practice of such person's
303 profession; (2) illegal, incompetent or negligent conduct in the practice
304 of physical therapy or in the supervision of a physical therapist
305 assistant; (3) aiding or abetting the unlawful practice of physical
306 therapy; (4) treating human ailments by physical therapy without the
307 oral or written referral by a person licensed in this state or in a state

308 having licensing requirements meeting the approval of the appropriate
309 examining board in this state to practice medicine and surgery,
310 podiatry, natureopathy, chiropractic or dentistry if such referral is
311 required pursuant to section 20-73; (5) failure to register with the
312 Department of Public Health as required by law; (6) fraud or deception
313 in obtaining a license; (7) engaging in fraud or material deception in
314 the course of professional services or activities; (8) failure to comply
315 with the continuing education requirements of section 20-73b of the
316 2008 supplement to the general statutes; [or] (9) violation of any
317 provision of this chapter, or any regulation adopted under this
318 chapter; or (10) failure to provide information to the Department of
319 Public Health required to complete a health care provider profile, as
320 set forth in section 20-13j, as amended by this act.

321 Sec. 6. Subsection (b) of section 20-99 of the general statutes is
322 repealed and the following is substituted in lieu thereof (*Effective*
323 *January 1, 2010*):

324 (b) Conduct which fails to conform to the accepted standards of the
325 nursing profession includes, but is not limited to, the following: (1)
326 Fraud or material deception in procuring or attempting to procure a
327 license to practice nursing; (2) illegal conduct, incompetence or
328 negligence in carrying out usual nursing functions; (3) physical illness
329 or loss of motor skill, including, but not limited to deterioration
330 through the aging process; (4) emotional disorder or mental illness; (5)
331 abuse or excessive use of drugs, including alcohol, narcotics or
332 chemicals; (6) fraud or material deception in the course of professional
333 services or activities; (7) wilful falsification of entries in any hospital,
334 patient or other record pertaining to drugs, the results of which are
335 detrimental to the health of a patient; [and] (8) conviction of the
336 violation of any of the provisions of this chapter by any court of
337 criminal jurisdiction; and (9) failure to provide information to the
338 Department of Public Health required to complete a health care
339 provider profile, as set forth in section 20-13j, as amended by this act.
340 The Commissioner of Public Health may order a license holder to
341 submit to a reasonable physical or mental examination if his physical

342 or mental capacity to practice safely is the subject of an investigation.
343 Said commissioner may petition the superior court for the judicial
344 district of Hartford to enforce such order or any action taken pursuant
345 to section 19a-17 of the 2008 supplement to the general statutes.

346 Sec. 7. Subsection (a) of section 20-114 of the general statutes is
347 repealed and the following is substituted in lieu thereof (*Effective*
348 *January 1, 2010*):

349 (a) The Dental Commission may take any of the actions set forth in
350 section 19a-17 of the 2008 supplement to the general statutes for any of
351 the following causes: (1) The presentation to the department of any
352 diploma, license or certificate illegally or fraudulently obtained, or
353 obtained from an institution that is not reputable or from an
354 unrecognized or irregular institution or state board, or obtained by the
355 practice of any fraud or deception; (2) proof that a practitioner has
356 become unfit or incompetent or has been guilty of cruelty,
357 incompetence, negligence or indecent conduct toward patients; (3)
358 conviction of the violation of any of the provisions of this chapter by
359 any court of criminal jurisdiction, provided no action shall be taken
360 under section 19a-17 of the 2008 supplement to the general statutes
361 because of such conviction if any appeal to a higher court has been
362 filed until the appeal has been determined by the higher court and the
363 conviction sustained; (4) the employment of any unlicensed person for
364 other than mechanical purposes in the practice of dental medicine or
365 dental surgery subject to the provisions of section 20-122a; (5) the
366 violation of any of the provisions of this chapter or of the regulations
367 adopted hereunder or the refusal to comply with any of said
368 provisions or regulations; (6) the aiding or abetting in the practice of
369 dentistry, dental medicine or dental hygiene of a person not licensed to
370 practice dentistry, dental medicine or dental hygiene in this state; (7)
371 designating a limited practice, except as provided in section 20-106a;
372 (8) engaging in fraud or material deception in the course of
373 professional activities; (9) the effects of physical or mental illness,
374 emotional disorder or loss of motor skill, including, but not limited to,
375 deterioration through the aging process, upon the license holder; (10)

376 abuse or excessive use of drugs, including alcohol, narcotics or
377 chemicals; (11) failure to comply with the continuing education
378 requirements set forth in section 20-126c; [or] (12) failure of a holder of
379 a dental anesthesia or conscious sedation permit to successfully
380 complete an on-site evaluation conducted pursuant to subsection (c) of
381 section 20-123b; or (13) failure to provide information to the
382 Department of Public Health required to complete a health care
383 provider profile, as set forth in section 20-13j, as amended by this act.
384 A violation of any of the provisions of this chapter by any unlicensed
385 employee in the practice of dentistry or dental hygiene, with the
386 knowledge of the employer, shall be deemed a violation by the
387 employer. The Commissioner of Public Health may order a license
388 holder to submit to a reasonable physical or mental examination if his
389 or her physical or mental capacity to practice safely is the subject of an
390 investigation. Said commissioner may petition the superior court for
391 the judicial district of Hartford to enforce such order or any action
392 taken pursuant to section 19a-17 of the 2008 supplement to the general
393 statutes.

394 Sec. 8. Subsection (a) of section 20-126o of the general statutes is
395 repealed and the following is substituted in lieu thereof (*Effective*
396 *January 1, 2010*):

397 (a) The Department of Public Health may take any of the actions set
398 forth in section 19a-17 of the 2008 supplement to the general statutes
399 for any of the following causes: (1) The presentation to the department
400 of any diploma, license or certificate illegally or fraudulently obtained,
401 or obtained from an institution that is not accredited or from an
402 unrecognized or irregular institution or state board, or obtained by the
403 practice of any fraud or deception; (2) illegal conduct; (3) negligent,
404 incompetent or wrongful conduct in professional activities; (4)
405 conviction of the violation of any of the provisions of sections 20-126h
406 to 20-126w, inclusive, by any court of criminal jurisdiction; (5) the
407 violation of any of the provisions of said sections or of the regulations
408 adopted hereunder or the refusal to comply with any of said
409 provisions or regulations; (6) the aiding or abetting in the practice of

410 dental hygiene of a person not licensed to practice dental hygiene in
411 this state; (7) engaging in fraud or material deception in the course of
412 professional activities; (8) the effects of physical or mental illness,
413 emotional disorder or loss of motor skill, including, but not limited to,
414 deterioration through the aging process, upon the license holder; [or]
415 (9) abuse or excessive use of drugs, including alcohol, narcotics or
416 chemicals; or (10) failure to provide information to the Department of
417 Public Health required to complete a health care provider profile, as
418 set forth in section 20-13j, as amended by this act. A violation of any of
419 the provisions of sections 20-126h to 20-126w, inclusive, by any
420 unlicensed employee in the practice of dental hygiene, with the
421 knowledge of his employer, shall be deemed a violation thereof by his
422 employer. The Commissioner of Public Health may order a license
423 holder to submit to a reasonable physical or mental examination if his
424 physical or mental capacity to practice safely is the subject of an
425 investigation. Said commissioner may petition the superior court for
426 the judicial district of Hartford to enforce such order or any action
427 taken pursuant to said section 19a-17 of the 2008 supplement to the
428 general statutes.

429 Sec. 9. Section 20-133 of the general statutes is repealed and the
430 following is substituted in lieu thereof (*Effective January 1, 2010*):

431 The board may take any of the actions set forth in section 19a-17 of
432 the 2008 supplement to the general statutes after notice and hearing,
433 for any of the following reasons: (1) Conviction in a court of competent
434 jurisdiction, either within or without this state, of any crime in the
435 practice of optometry; (2) illegal or incompetent or negligent conduct
436 in the practice of optometry; (3) publication or circulation of any
437 fraudulent or misleading statement; (4) aiding or abetting the practice
438 of optometry by an unlicensed person or a person whose license has
439 been suspended or revoked; (5) presentation to the department of any
440 diploma, license or certificate illegally or fraudulently obtained, or
441 from an unrecognized or irregular institution or state board, or
442 obtained by the practice of any fraud or deception; (6) violation of any
443 provision of this chapter or any regulation adopted hereunder; (7) the

444 effects of physical or mental illness, emotional disorder or loss of
 445 motor skill, including, but not limited to, deterioration through the
 446 aging process, upon the practitioner; (8) abuse or excessive use of
 447 drugs, including alcohol, narcotics or chemicals; [or] (9) failure to
 448 maintain professional liability insurance or other indemnity against
 449 liability for professional malpractice as required by section 20-133b; or
 450 (10) failure to provide information to the Department of Public Health
 451 required to complete a health care provider profile, as set forth in
 452 section 20-13j, as amended by this act. The Commissioner of Public
 453 Health may order a license holder to submit to a reasonable physical or
 454 mental examination if his physical or mental capacity to practice safely
 455 is the subject of an investigation. Said commissioner may petition the
 456 superior court for the judicial district of Hartford to enforce such order
 457 or any action taken pursuant to section 19a-17 of the 2008 supplement
 458 to the general statutes. The license of any optometrist who peddles
 459 optical goods, or solicits orders therefor, from door to door, or who
 460 establishes a temporary office, may be revoked, and said department
 461 may refuse to renew such license. The license of any optometrist who
 462 employs solicitors or obtains money by fraud or misrepresentation in
 463 connection with the conduct of the profession of optometry shall be
 464 revoked, and said department shall not renew such license. The
 465 violation of any of the provisions of this chapter by any unlicensed
 466 employee in the employ of an optometrist, with the knowledge of his
 467 employer, shall be deemed to be a violation thereof by his employer;
 468 and continued violation by such an unlicensed employee shall be
 469 deemed prima facie knowledge on the part of such employer. Nothing
 470 herein contained shall be construed as prohibiting the conducting of
 471 clinics or visual surveys when they are conducted without profit.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2010</i>	20-13j
Sec. 2	<i>January 1, 2010</i>	20-29
Sec. 3	<i>January 1, 2010</i>	20-40
Sec. 4	<i>January 1, 2010</i>	20-59

Sec. 5	<i>January 1, 2010</i>	20-73a(a)
Sec. 6	<i>January 1, 2010</i>	20-99(b)
Sec. 7	<i>January 1, 2010</i>	20-114(a)
Sec. 8	<i>January 1, 2010</i>	20-126o(a)
Sec. 9	<i>January 1, 2010</i>	20-133

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 chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Public Health, Dept.	GF - Cost	None	256,184
Comptroller Misc. Accounts (Fringe Benefits) ¹	GF - Cost	None	47,348
Public Health, Dept.	GF - Revenue Gain	None	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Public Health (DPH) to expand its current physician profile database system to include dentists, chiropractors, optometrists, podiatrists, naturopaths, dental hygienists, advanced practice registered nurses and physical therapists by 1/1/10. It further specifies that this is to be accomplished within available appropriations.

DPH will incur FY 10 costs of \$256,184 to support the salaries of: 1 half-year Office Assistant; 1 full-year Office Assistant; 1 full-year Health Program Assistant; and 1 full-year IT Analyst, as well as associated other expenses and one-time equipment costs. Additional fringe benefits costs of \$47,348 would also be incurred.

Should no appropriation be forthcoming for this initiative in FY 10,

¹ The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The first year fringe benefit costs for new positions do not include pension costs. The estimated first year fringe benefit rate as a percentage of payroll is 25.36%. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS fringe benefit rate is 33.27%, which when combined with the rate for non-pension fringe benefits totals 58.63%.

the requirement that it be undertaken within available appropriations will likely result in one of four outcomes: (1) The Department of Public Health (DPH) will proceed with the development of the database, and will require a deficiency appropriation during FY 10; (2) DPH will delay the implementation pending approval of additional appropriations to meet this mandate in future fiscal years; (3) DPH will shift resources from other department priorities, thereby impacting existing departmental programs; or (4) DPH will not create the database.

Associated FY 11 costs would be \$180,383 (DPH) and \$97,257 (fringe benefits), as the temporary Office Assistant would no longer be required, and one-time other expenses and equipment costs would not recur.

The bill also makes failure to provide information needed to complete a health care provider's profile a reason for disciplinary action. A minimal revenue gain would ensue to the extent that any civil penalties are imposed. (Section 19a-17 authorizes a civil penalty of up to \$10,000.)

It is expected that information concerning each provider's history of medical malpractice or criminal activity will be self-reported. Therefore, no resulting fiscal impact is anticipated for either the Departments of Insurance or Public Safety.

Senate "A" changes the bill's effective date to 1/1/10, which significantly reduces costs of implementation from amounts described in the original fiscal note. This is because the delay will allow the DPH to incorporate the expanded practitioner profile database within a new computer system, currently in development, and thus avert certain significant costs that would have been unavoidable given the original bill's 10/1/08 effective date.

Senate "B" expands the information that must be reported within the practitioner profile database and results in no fiscal impact.

House "A" requires the expanded health care provider profile database to be established within available appropriations. It also makes failure to provide information needed to complete a health care provider's profile a reason for disciplinary action. A minimal revenue gain would ensue to the extent that any civil penalties are imposed.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 471 (File 172, as amended by Senate “A” and “B” and House “A”)******AN ACT EXTENDING THE STATE PHYSICIAN PROFILE TO CERTAIN OTHER HEALTH CARE PROVIDERS.*****SUMMARY:**

Under current law, the Department of Public Health (DPH), after consulting with the Connecticut Medical Examining Board and the Connecticut State Medical Society, must collect certain information to create an individual public profile on each physician licensed to practice medicine in Connecticut. This bill, within available appropriations, extends this requirement to dentists, chiropractors, optometrists, podiatrists, naturopaths, dental hygienists, advanced practice registered nurses, and physical therapists. Consistent with existing law for physicians, the bill requires DPH to consult with the appropriate state board. It also makes other conforming changes, including authorizing the appropriate board, commission, or department to revoke or suspend the health care provider’s license for failing to provide DPH with the information the bill requires.

EFFECTIVE DATE: January 1, 2010

*Senate Amendment “A” changes the effective date from January 1, 2008 to January 1, 2010.

*Senate Amendment “B” requires the newly covered health care provider’s profile to include (1) current specialty board certifications and (2) appointments to a Connecticut medical school faculty.

*House Amendment “A” specifies that the bill applies within available appropriations and authorizes the appropriate board,

commission, or department to revoke or suspend the health care provider's license for failing to provide the required information to DPH.

INFORMATION INCLUDED IN THE PUBLIC PROFILE

Education and Practice Information

The profiles must contain information about the health care provider's medical education and practice including:

1. professional school names and graduation dates;
2. the site, training, discipline, and dates of any completed postgraduate education or other required professional education;
3. practice specialty;
4. the address of his or her primary practice location;
5. the languages, other than English, spoken at the practice;
6. the current specialty board certifications;
7. appointments to a Connecticut medical school faculty and an indication as to whether he or she has current responsibility for graduate medical school education;
8. the hospitals and nursing homes where he or she has privileges;
9. a list of publications in peer-reviewed literature;
10. a list of professional services, activities, and awards;
11. an indication as to whether he or she is actively involved in patient care; and
12. the name of the provider's professional liability insurance carrier.

A provider can choose to have his or her profile omit information about publications, professional services, activities, and awards. DPH must inform providers of this option.

Disciplinary Actions

The profile must indicate any disciplinary actions DPH the appropriate state board, or any professional licensing or disciplinary body in another jurisdiction has taken against the health care provider. It must also include any hospital disciplinary actions taken against him or her in the past 10 years resulting in (1) termination or revocation of privileges for a professional disciplinary reason; (2) resignation from, or non-renewal of, professional staff membership; or (3) restriction of privileges in lieu of or in settling a pending disciplinary case related to professional competence.

Criminal Convictions

The profile must contain a description of criminal convictions for felonies within the last 10 years. Conviction of a felony means the health care provider pled guilty, was found guilty by a court, or was convicted by a plea of no contest.

Medical Malpractice Claims

The profile must contain, to the extent available, all professional malpractice court judgments, arbitration awards, or settlements against the health care provider where payment was made during the last 10 years.

Duty to Update Information

A provider must notify DPH of any changes in the information other than publications and professional services, activities, and awards within 60 days of the change.

Prohibited Disclosure

DPH may not disclose to the public pending malpractice claims or actual amounts paid by or for the provider because of a judgment, award, or settlement.

Advance Copy to Providers

DPH must give the provider a copy of his or her profile before it is released to the public. Profile amendments or modifications not given by the health care provider or produced by DPH must be given to the provider to review before release. The provider can challenge the accuracy of any information in the profile and provide a written statement supporting the challenge.

Internet

DPH must have an Internet web site so the public can get the profiles.

Other Disclosure Laws

The law specifies that other state laws that would limit, prohibit, or penalize the disclosure of provider information do not apply to the provider profiles.

False Statements

All information from the provider is subject to penalties for 2nd degree false statement, which is a Class A misdemeanor punishable by imprisonment of up to one year, a fine of up to \$2,000, or both.

Action Against a Provider's License

The law allows DPH or the appropriate board to restrict, suspend, revoke, or take other appropriate action against a provider's license for failure to provide DPH with information needed to complete a profile.

BACKGROUND***Related Legislation***

SB 483, File 267, as amended by Senate "A," makes similar, but not identical, changes.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/11/2008)

Public Health Committee

Joint Favorable

Yea 27 Nay 0 (04/16/2008)