



**Substitute Senate Bill No. 471**

**Public Act No. 08-109**

**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:

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 Section 20-13j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(a) For the purposes of this section:

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

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

(b) The department, after consultation with the Connecticut Medical Examining Board, [and] the Connecticut State Medical Society, or any other appropriate state board, shall, within available appropriations, collect the following information to create an individual profile on

**Substitute Senate Bill No. 471**

each [physician] health care provider for dissemination to the public:

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

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

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

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

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

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

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

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

(9) Any appointments of the [physician] health care provider to a

**Substitute Senate Bill No. 471**

Connecticut medical school [faculties] faculty and an indication as to whether the [physician] health care provider has current responsibility for graduate medical education;

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

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

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

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

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

**Substitute Senate Bill No. 471**

made to a complaining party within the last ten years;

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

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

(c) Any report of a [medical] professional malpractice judgment or award against a [physician] health care provider made under subdivision (14) of subsection (b) of this section shall comply with the following: (1) Dispositions of paid claims shall be reported in a minimum of three graduated categories indicating the level of significance of the award or settlement; (2) information concerning paid [medical] professional malpractice claims shall be placed in context by comparing an individual [physician's medical] health care provider's professional malpractice judgments, awards and settlements to the experience of other [physicians] health care providers licensed in Connecticut who perform procedures and treat patients with a similar degree of risk; (3) all judgment award and settlement information reported shall be limited to amounts actually paid by or on behalf of the [physician] health care provider; and (4) comparisons of professional malpractice payment data shall be accompanied by (A) an explanation of the fact that [physicians] health care providers treating certain patients and performing certain procedures are more likely to be the subject of litigation than others and that the comparison given is for [physicians] health care providers who perform procedures and treat patients with a similar degree of risk; (B) a statement that the report reflects data for the last ten years and the recipient should take into account the number of years the [physician] health care provider has been in practice when considering the data; (C) an explanation that an incident giving rise to a professional malpractice claim may have occurred years before any payment was made due to the time lawsuits take to move through the

**Substitute Senate Bill No. 471**

legal system; (D) an explanation of the effect of treating high-risk patients on a [physician's] health care provider's professional malpractice history; and (E) an explanation that professional malpractice cases may be settled for reasons other than liability and that settlements are sometimes made by the insurer without the [physician's] health care provider's consent. Information concerning all settlements shall be accompanied by the following statement: "Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the [physician] health care provider. A payment in settlement of a [medical] professional malpractice action or claim should not be construed as creating a presumption that [medical] professional malpractice has occurred."

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

(e) Prior to the initial release of a [physician's] health care provider's profile to the public, the department shall provide the [physician] health care provider with a copy of the [physician's] health care provider's profile. Additionally, any amendments or modifications to the profile that were not supplied by the [physician] health care provider or not generated by the department itself shall be provided to the [physician] health care provider for review prior to release to the public. A [physician] health care provider shall have sixty days from the date the department mails or delivers the prepublication copy to dispute the accuracy of any information that the department proposes

***Substitute Senate Bill No. 471***

to include in such profile and to submit a written statement setting forth the basis for such dispute. If a [physician] health care provider does not notify the department that the [physician] health care provider disputes the accuracy of such information within such sixty-day period, the department shall make the profile available to the public and the [physician] health care provider shall be deemed to have approved the profile and all information contained [therein] in the profile. If a [physician] health care provider notifies the department that the [physician] health care provider disputes the accuracy of such information in accordance with this subsection, the [physician's] health care provider's profile shall be released to the public without the disputed information, but with a statement to the effect that information in the identified category is currently the subject of a dispute and is therefore not currently available. Not later than thirty days after the department's receipt of notice of a dispute, the department shall review any information submitted by the [physician] health care provider in support of such dispute and determine whether to amend the information contained in the profile. In the event that the department determines not to amend the disputed information, the disputed information shall be included in the profile with a statement that such information is disputed by the [physician] health care provider.

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

(g) Each profile created pursuant to this section shall include the following statement: "This profile contains information that may be

**Substitute Senate Bill No. 471**

used as a starting point in evaluating [the physician] a health care provider. This profile should not, however, be your sole basis for selecting a [physician] health care provider."

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

(i) No state law that would otherwise prohibit, limit or penalize disclosure of information about a [physician] health care provider shall apply to disclosure of information required by this section.

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

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

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

The Board of Chiropractic Examiners may take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes for any of the following reasons: The employment of fraud or deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violation of any provisions of this chapter or regulations adopted hereunder, engaging in fraud or material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to,

**Substitute Senate Bill No. 471**

deterioration through the aging process, illegal, incompetent or negligent conduct in the practice of chiropractic, [or] failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-28b, or failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act. Any practitioner against whom any of the foregoing grounds for action under said section 19a-17 of the 2008 supplement to the general statutes are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board. The hearing shall be conducted in accordance with the regulations established by the Commissioner of Public Health. Said board may, at any time within two years of such action, by a majority vote, rescind such action. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the 2008 supplement to the general statutes.

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

Said department may refuse to grant a license to practice natureopathy or may take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes for any of the following reasons: The employment of fraud or material deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violations of the provisions of this chapter or regulations adopted hereunder, engaging in fraud or

**Substitute Senate Bill No. 471**

material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, illegal, incompetent or negligent conduct in his practice, [or] failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-39a, or failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act. Any applicant for a license to practice natureopathy or any practitioner against whom any of the foregoing grounds for refusing a license or action under said section 19a-17 of the 2008 supplement to the general statutes are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board in accordance with the regulations adopted by the Commissioner of Public Health. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the 2008 supplement to the general statutes.

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

The board may take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes for any of the following reasons: (1) Procurement of a license by fraud or material deception; (2) conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of podiatry; (3) fraudulent or deceptive conduct in the course of professional services or activities; (4) illegal or incompetent or negligent conduct in the

**Substitute Senate Bill No. 471**

practice of podiatry; (5) habitual intemperance in the use of spirituous stimulants or addiction to the use of morphine, cocaine or other drugs having a similar effect; (6) aiding and abetting the practice of podiatry by an unlicensed person or a person whose license has been suspended or revoked; (7) mental illness or deficiency of the practitioner; (8) physical illness or loss of motor skill, including, but not limited to, deterioration through the aging process, of the practitioner; (9) undertaking or engaging in any medical practice beyond the privileges and rights accorded to the practitioner of podiatry by the provisions of this chapter; (10) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-58a; (11) independently engaging in the performance of ankle surgery procedures without a permit, in violation of section 20-54 of the 2008 supplement to the general statutes; [or] (12) violation of any provision of this chapter or any regulation adopted hereunder; or (13) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the 2008 supplement to the general statutes. The clerk of any court in this state in which a person practicing podiatry has been convicted of any crime shall, upon such conviction, make written report, in duplicate, to the Department of Public Health of the name and residence of such person, the crime of which such person was convicted and the date of conviction; and said department shall forward one of such duplicate reports to the board.

Sec. 5. Subsection (a) of section 20-73a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective*

**Substitute Senate Bill No. 471**

January 1, 2010):

(a) The Board of Examiners for Physical Therapists shall have jurisdiction to hear all charges of conduct that fails to conform to the accepted standards of the practice of physical therapy brought against any person licensed as a physical therapist or physical therapist assistant and, after holding a hearing, written notice of which shall be given to the person complained of, the board, if it finds such person to be guilty, may revoke or suspend such person's license or take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes. Any proceedings relative to such action may be begun by the filing of written charges with the Commissioner of Public Health. The causes for which such action may be taken are as follows: (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of such person's profession; (2) illegal, incompetent or negligent conduct in the practice of physical therapy or in the supervision of a physical therapist assistant; (3) aiding or abetting the unlawful practice of physical therapy; (4) treating human ailments by physical therapy without the oral or written referral by a person licensed in this state or in a state having licensing requirements meeting the approval of the appropriate examining board in this state to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry if such referral is required pursuant to section 20-73; (5) failure to register with the Department of Public Health as required by law; (6) fraud or deception in obtaining a license; (7) engaging in fraud or material deception in the course of professional services or activities; (8) failure to comply with the continuing education requirements of section 20-73b of the 2008 supplement to the general statutes; [or] (9) violation of any provision of this chapter, or any regulation adopted under this chapter; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act.

**Substitute Senate Bill No. 471**

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

(b) Conduct which fails to conform to the accepted standards of the nursing profession includes, but is not limited to, the following: (1) Fraud or material deception in procuring or attempting to procure a license to practice nursing; (2) illegal conduct, incompetence or negligence in carrying out usual nursing functions; (3) physical illness or loss of motor skill, including, but not limited to deterioration through the aging process; (4) emotional disorder or mental illness; (5) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (6) fraud or material deception in the course of professional services or activities; (7) wilful falsification of entries in any hospital, patient or other record pertaining to drugs, the results of which are detrimental to the health of a patient; [and] (8) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction; and (9) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the 2008 supplement to the general statutes.

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

(a) The Dental Commission may take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes for any of the following causes: (1) The presentation to the department of any

**Substitute Senate Bill No. 471**

diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not reputable or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients; (3) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction, provided no action shall be taken under section 19a-17 of the 2008 supplement to the general statutes because of such conviction if any appeal to a higher court has been filed until the appeal has been determined by the higher court and the conviction sustained; (4) the employment of any unlicensed person for other than mechanical purposes in the practice of dental medicine or dental surgery subject to the provisions of section 20-122a; (5) the violation of any of the provisions of this chapter or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dentistry, dental medicine or dental hygiene of a person not licensed to practice dentistry, dental medicine or dental hygiene in this state; (7) designating a limited practice, except as provided in section 20-106a; (8) engaging in fraud or material deception in the course of professional activities; (9) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; (10) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (11) failure to comply with the continuing education requirements set forth in section 20-126c; [or] (12) failure of a holder of a dental anesthesia or conscious sedation permit to successfully complete an on-site evaluation conducted pursuant to subsection (c) of section 20-123b; or (13) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act. A violation of any of the provisions of this chapter by any unlicensed

**Substitute Senate Bill No. 471**

employee in the practice of dentistry or dental hygiene, with the knowledge of the employer, shall be deemed a violation by the employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the 2008 supplement to the general statutes.

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

(a) The Department of Public Health may take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes for any of the following causes: (1) The presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not accredited or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) illegal conduct; (3) negligent, incompetent or wrongful conduct in professional activities; (4) conviction of the violation of any of the provisions of sections 20-126h to 20-126w, inclusive, by any court of criminal jurisdiction; (5) the violation of any of the provisions of said sections or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dental hygiene of a person not licensed to practice dental hygiene in this state; (7) engaging in fraud or material deception in the course of professional activities; (8) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; [or] (9) abuse or excessive use of drugs, including alcohol, narcotics or

**Substitute Senate Bill No. 471**

chemicals; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act. A violation of any of the provisions of sections 20-126h to 20-126w, inclusive, by any unlicensed employee in the practice of dental hygiene, with the knowledge of his employer, shall be deemed a violation thereof by his employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17 of the 2008 supplement to the general statutes.

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

The board may take any of the actions set forth in section 19a-17 of the 2008 supplement to the general statutes after notice and hearing, for any of the following reasons: (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of optometry; (2) illegal or incompetent or negligent conduct in the practice of optometry; (3) publication or circulation of any fraudulent or misleading statement; (4) aiding or abetting the practice of optometry by an unlicensed person or a person whose license has been suspended or revoked; (5) presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (6) violation of any provision of this chapter or any regulation adopted hereunder; (7) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the practitioner; (8) abuse or excessive use of

***Substitute Senate Bill No. 471***

drugs, including alcohol, narcotics or chemicals; [or] (9) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as required by section 20-133b; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j, as amended by this act. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the 2008 supplement to the general statutes. The license of any optometrist who peddles optical goods, or solicits orders therefor, from door to door, or who establishes a temporary office, may be revoked, and said department may refuse to renew such license. The license of any optometrist who employs solicitors or obtains money by fraud or misrepresentation in connection with the conduct of the profession of optometry shall be revoked, and said department shall not renew such license. The violation of any of the provisions of this chapter by any unlicensed employee in the employ of an optometrist, with the knowledge of his employer, shall be deemed to be a violation thereof by his employer; and continued violation by such an unlicensed employee shall be deemed prima facie knowledge on the part of such employer. Nothing herein contained shall be construed as prohibiting the conducting of clinics or visual surveys when they are conducted without profit.

Approved May 27, 2008