



Senate

General Assembly

File No. 806

January Session, 2011

Substitute Senate Bill No. 1202

Senate, May 17, 2011

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 THE STATE'S HEALTH CARE WORKFORCE.

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

1 Section 1. (*Effective from passage*) (a) The Department of Public
2 Health, in collaboration with the Department of Higher Education, the
3 Labor Department, the Office of Workforce Competitiveness, The
4 University of Connecticut, The University of Connecticut School of
5 Medicine, The University of Connecticut School of Dentistry, the
6 Connecticut State University System and the regional community-
7 technical college system, shall, within existing budgetary resources,
8 develop an initiative to address the state's health care workforce
9 shortage. Such initiative shall seek to increase the number of health
10 care workers in the state through the offering of expanded and
11 enhanced educational programs at public institutions of higher
12 education. The initiative shall include, but not be limited to, the
13 following: (1) Expansion of existing health care related academic
14 programs to promote increased enrollment and retention of students in
15 such programs; (2) development of alternative academic programs that

16 are designed to assimilate displaced workers and other individuals
 17 considering a career change into the health care workforce; (3)
 18 recruitment and retention of underserved populations into the health
 19 care workforce; (4) the establishment of collaborative relationships
 20 between health care professions that will assist in improving access to
 21 health care; (5) development of distance learning initiatives; (6)
 22 mechanisms for ensuring that a health care professional is practicing at
 23 such professional's highest level of competency; (7) streamlined
 24 processes within the Department of Public Health which ensure that
 25 out-of-state professionals with licensing credentials that are
 26 substantially similar to those required by the Department of Public
 27 Health are able to expeditiously obtain licensure in this state in order
 28 to alleviate workforce shortage areas; and (8) development of on-the-
 29 job training initiatives that are designed to provide valuable work
 30 experience to those receiving the training and assist in alleviating
 31 health care workforce shortages, particularly in areas of the state with
 32 underserved populations.

33 (b) Not later than January 1, 2013, the Commissioner of Public
 34 Health shall report, in accordance with the provisions of section 11-4a
 35 of the general statutes, on the initiative to the joint standing
 36 committees of the General Assembly having cognizance of matters
 37 relating to higher education and employment advancement, public
 38 health and labor and public employees.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

APP *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 12 \$	FY 13 \$
Public Health, Dept.	GF - Potential Cost	up to 50,000	None
Various State Agencies and Constituent Units of Higher Education	GF - Potential Cost	less than 5,000	less than 2,500

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Public Health (DPH), in collaboration with various state agencies and academic institutions, to establish a health care workforce initiative. It specifies that DPH implement the provisions of the bill within existing budgetary resources. However, if the bill were to be implemented, the potential General Fund cost would be less than \$55,000 in FY 12, and less than \$2,500 in FY 13.

The potential cost to DPH in FY 12 is up to \$50,000 for consultant support of the health care workforce initiative. This cost will vary to the extent that DPH requires a consultant to research and report on any areas of knowledge not supplied by other collaborators. As a report must be submitted to various committees of the General Assembly no later than 1/1/13, it is anticipated that any consultant cost to DPH will be incurred in FY 12 only.

Other state agencies and academic institutions could incur minimal costs, estimated to be less than \$5,000 in FY 12, and less than \$2,500 in FY 13, associated with mileage reimbursement for staff (who seek such reimbursement) participating in this initiative. Potential mileage costs

are estimated based on full year participation in FY 12 and six months of participation in FY 13.

The Out-Years: None

OLR Bill Analysis

sSB 1202

AN ACT CONCERNING THE STATE'S HEALTH CARE WORKFORCE.

SUMMARY:

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 28 Nay 0 (04/01/2011)

Appropriations Committee

Joint Favorable Substitute

Yea 46 Nay 2 (05/04/2011)