



# House of Representatives

**File No. 774**

General Assembly

January Session, 2011

**(Reprint of File No. 109)**

Substitute House Bill No. 6481  
As Amended by House  
Amendment Schedule "A"

Approved by the Legislative Commissioner  
May 9, 2011

***AN ACT CONCERNING THE ESTABLISHMENT OF A LUPUS  
EDUCATION AND AWARENESS PLAN.***

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

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) There is established  
2 within the Department of Public Health an Interagency and  
3 Partnership Advisory Panel on Lupus.

4 (b) The advisory panel shall consist of the following members:

5 (1) One appointed by the Governor, as recommended by the  
6 Connecticut Advanced Practice Registered Nurse Society, who shall be  
7 a nonphysician medical clinician with significant experience in treating  
8 persons with lupus;

9 (2) Five appointed by the Commissioner of Public Health; one of  
10 whom shall be a person with lupus recommended by the state chapter  
11 of the Lupus Foundation of America; one of whom shall be a scientist  
12 from a university based in the state who has experience in lupus and  
13 who participates in various fields of scientific endeavor, including, but

14 not limited to, biomedical, social, translational, behavioral or  
15 epidemiological research recommended by the Medical and Scientific  
16 Advisory Council of the state chapter of the Lupus Foundation of  
17 America; one of whom shall be a physician with significant experience  
18 in treating persons with lupus recommended by the Connecticut  
19 Medical Society; one of whom shall be a representative from the state  
20 chapter of the Lupus Foundation of America; and one of whom shall  
21 be a state resident representing the Lupus Research Institute;

22 (3) One appointed by the speaker of the House of Representatives;

23 (4) One appointed by the president pro tempore of the Senate;

24 (5) One appointed by the minority leader of the House of  
25 Representatives;

26 (6) One appointed by the minority leader of the Senate;

27 (7) One appointed by the executive director of the Permanent  
28 Commission on the Status of Women;

29 (8) One appointed by the executive director of the African-American  
30 Affairs Commission; and

31 (9) One appointed by the executive director of the Latino and Puerto  
32 Rican Affairs Commission.

33 (c) All appointments to the advisory panel shall be made not later  
34 than thirty days after the effective date of this section. Panel members  
35 shall serve two-year terms. Any person appointed to be a panel  
36 member shall serve not more than two full terms. Any vacancy shall be  
37 filled by the appointing authority.

38 (d) The Commissioner of Public Health shall select the chairperson  
39 of the advisory panel from among the members of the panel. Such  
40 chairperson shall schedule the first meeting of the task force, which  
41 shall be held not later than sixty days after the effective date of this  
42 section. The advisory panel shall meet quarterly and at other times

43 upon the call of the chair or upon the majority request of panel  
44 members.

45 (e) Seven members of the advisory panel shall constitute a quorum.  
46 A majority vote of a quorum shall be required for any official action of  
47 the advisory panel.

48 (f) The administrative staff of the joint standing committee of the  
49 General Assembly having cognizance of matters relating to public  
50 health shall serve as administrative staff of the advisory panel.

51 Sec. 2. (NEW) (*Effective July 1, 2011*) (a) The Interagency and  
52 Partnership Advisory Panel on Lupus established pursuant to section 1  
53 of this act shall: (1) Analyze the current state of education on lupus in  
54 the state, (2) evaluate materials and resources currently available from  
55 government agencies, hospitals and lupus advocacy organizations, and  
56 (3) identify gaps in the current lupus education modalities in the state  
57 through a needs assessment or similar mechanism.

58 (b) Upon completing the needs assessment described in subsection  
59 (a) of this section, the advisory panel shall report, in accordance with  
60 the provisions of section 11-4a of the general statutes, on the results of  
61 its assessment to the joint standing committee of the General Assembly  
62 having cognizance of matters relating to public health and to the  
63 Department of Public Health. Utilizing the results of such assessment,  
64 and with input from the joint standing committee of the General  
65 Assembly having cognizance of matters relating to public health and  
66 the Department of Public Health, the advisory panel shall develop and  
67 implement a comprehensive lupus education and awareness plan.

68 (c) The advisory panel shall develop and implement a  
69 comprehensive plan to improve education and awareness surrounding  
70 lupus for health care practitioners, public health personnel, patients  
71 and persons who may have lupus. The plan shall include the  
72 recommendations on how to best:

73 (1) Distribute medically sound health information on lupus that is

74 endorsed by government agencies, that include, but are not limited to,  
75 the National Institutes of Health, the Centers for Disease Control and  
76 Prevention and the Social Security Administration, through local  
77 health departments, schools, agencies on aging, employer wellness  
78 programs, physicians and other health professionals, hospitals, health  
79 plans and health maintenance organizations, women's health groups  
80 and nonprofit and community-based organizations;

81 (2) Utilize volunteers in the community to distribute brochures and  
82 other materials that promote lupus education and awareness;

83 (3) Develop educational materials for health professionals that  
84 identify the most recent scientific and medical information and clinical  
85 applications regarding the treatment of lupus;

86 (4) Work to increase knowledge among physicians, nurses and  
87 health and human services professionals about the importance of  
88 lupus diagnosis, treatment, and rehabilitation;

89 (5) Support continuing medical education programs in the state's  
90 leading academic institutions by ensuring that such institutions are  
91 provided the most recent scientific and medical information and  
92 clinical applications regarding the treatment of lupus;

93 (6) Conduct state-wide workshops and seminars for extensive  
94 professional development regarding the care and management of  
95 patients with lupus in an effort to bring the latest information on  
96 clinical advances to health care providers; and

97 (7) Maintain and develop a directory of lupus-related health care  
98 services, that includes a listing of health care providers with  
99 specialization in the diagnosis and treatment of lupus and that can be  
100 disseminated, within available appropriations, by the Department of  
101 Public Health to individuals with lupus, family members of those with  
102 lupus, representatives from voluntary organizations, health care  
103 professionals, health plans, local health agencies and authorities and to  
104 other agencies of the state.

105 (d) The advisory panel shall present the initial plan to the  
 106 Department of Public Health and the joint standing committee of the  
 107 General Assembly having cognizance of matters relating to public  
 108 health on or before October 1, 2012. The advisory panel may make  
 109 periodic revisions to the plan that are consistent with the purposes of  
 110 this section.

111 Sec. 3. (NEW) (*Effective July 1, 2011*) The Department of Public  
 112 Health may, within available appropriations, provide assistance to the  
 113 Interagency and Partnership Advisory Panel on Lupus established  
 114 pursuant to section 1 of this act, in carrying out its functions. Such  
 115 assistance may include, but shall not be limited to, the dissemination of  
 116 educational materials to state health care providers serving minority  
 117 populations. The Commissioner of Public Health may accept funds  
 118 from any source to implement the provisions of sections 1 to 3,  
 119 inclusive, of this act. The commissioner shall take such actions as the  
 120 commissioner deems necessary to maximize federal funding to  
 121 implement the provisions of sections 1 to 3, inclusive, of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2011</i>	New section
Sec. 2	<i>July 1, 2011</i>	New section
Sec. 3	<i>July 1, 2011</i>	New section

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:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 12 \$</b>	<b>FY 13 \$</b>
Public Health, Dept.	GF - Potential Cost	up to 500	up to 500
Legislative Mgmt.	GF - Potential Cost	less than 5,000	less than 5,000

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill results in a potential cost to the Department of Public Health (DPH) for printing and mailing a lupus-related health care services directory, and educational materials, to various individuals, health plans, agencies, and authorities. The bill specifies that the agency implement the provision of the bill within available appropriations. However, if this provision of the bill were to be implemented the cost to DPH would be \$500 in FY 12 and FY 13.

The bill also creates an Interagency and Partnership Advisory Panel on Lupus ("the Panel") to, among other requirements, complete a needs assessment of existing lupus-related educational materials, develop and implement a comprehensive lupus education and awareness plan, and conduct state-wide lupus workshops and seminars. The speaker of the House of Representatives, the president pro tempore of the Senate, and the minority leader of the House of Representatives must appoint members to this Panel under the bill. The Office of Legislative Management may incur minimal costs, estimated to be less than \$5,000, associated with mileage reimbursement of 51 cents per mile for legislators (who seek reimbursement) appointed to the Panel.

House "A," which makes certain changes to the appointment of members to the Interagency and Partnership Advisory Panel on Lupus and other technical changes, does not result in a fiscal impact.

***The Out Years***

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

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**OLR Bill Analysis****sHB 6481 (as amended by House "A")\******AN ACT CONCERNING THE ESTABLISHMENT OF A LUPUS EDUCATION AND AWARENESS PLAN.*****SUMMARY:**

This bill establishes, within the Department of Public Health (DPH), an "Interagency and Partnership Advisory Panel on Lupus." Lupus is a chronic inflammatory disease that occurs when the body's immune system attacks its own tissues and organs. Inflammation caused by lupus can affect many different body systems, including the joints, skin, kidneys, blood cells, heart, and lungs.

The governor, DPH commissioner, legislative leaders, and certain legislative commissions appoint advisory panel members. The panel must develop and implement a comprehensive lupus education and awareness plan after evaluating and analyzing existing educational materials and resources.

\*House Amendment "A" replaces the chairpersons and ranking members of the Public Health Committee as panel members with members appointed by the legislative leaders. It also makes technical and clarifying changes.

EFFECTIVE DATE: July 1, 2011

**INTERAGENCY AND PARTNERSHIP ADVISORY PANEL*****Members***

The 13-member advisory panel consists of:

1. a nonphysician medical clinician with significant experience treating lupus recommended by the Connecticut Advanced

Practice Registered Nurse Society, and appointed by the governor;

2. five people appointed by the DPH commissioner: one with lupus, recommended by the state chapter of the Lupus Foundation of America; a scientist from a Connecticut university with experience in lupus who participates in various scientific fields, including biomedical, social, translational, behavioral, or epidemiological research recommended by the Medical and Scientific Advisory Council of the state chapter of the Lupus Foundation; a physician with significant experience treating lupus, recommended by the Connecticut Medical Society; a representative from the state chapter of the Lupus Foundation; and a state resident representing the Lupus Research Institute;
3. one member each appointed by the House speaker, Senate president pro tempore, and the House and Senate minority leaders;
4. one person each appointed by the executive directors of the Permanent Commission on the Status of Women, the African-American Affairs Commission, and the Latino and Puerto Rican Affairs Commission.

The appointing authorities must make their appointments by July 31, 2011 and fill any vacancies. Members serve two two-year terms. The Public Health commissioner selects the chairperson from among the members.

The panel must meet quarterly and at any other time the chair or a majority of the members requests a meeting. The chairperson must schedule the first meeting by August 30, 2011. Seven members constitute a quorum and a majority vote of the quorum is needed for any official action. The Public Health Committee's administrative staff serves as the panel's administrative staff.

### ***Needs Assessment and Comprehensive Plan***

The panel must (1) analyze the current state of education on lupus in Connecticut; (2) evaluate materials and resources currently available from government agencies, hospitals, and lupus advocacy organizations; and (3) conduct a needs assessment or similar mechanism to identify gaps in current lupus education modalities in the state.

Once the needs assessment is completed, the advisory panel must report its results in writing to the Public Health Committee and DPH. The panel must then develop and implement, with input from the committee and DPH, a comprehensive lupus education and awareness plan to improve education and awareness of lupus for health care providers, public health personnel, patients, and people who may have lupus.

The plan must include recommendations on how to best:

1. distribute medically sound, government-endorsed, lupus health information through local health departments, schools, agencies on aging, employer wellness programs, physicians and other health professionals, hospitals, health plans and health maintenance organizations, women's health groups, and nonprofit and community-based organizations;
2. use community volunteers to distribute promotional brochures and other materials on lupus education and awareness;
3. develop educational materials for health professionals that identify the most recent scientific and medical information and clinical applications regarding lupus treatment;
4. work to increase knowledge among physicians, nurses, and health and human services professionals about the importance of lupus diagnosis, treatment, and rehabilitation;
5. support continuing medical education programs in the state's leading academic institutions by ensuring that such institutions

are provided the most recent scientific and medical information and clinical applications regarding lupus treatment;

- 6. conduct state-wide workshops and seminars for extensive professional development on the care and management of lupus patients to bring the latest information on clinical advances to health care providers; and
- 7. maintain and develop a directory of lupus-related health care services, including a list of specialists in lupus diagnosis and treatment that DPH can distribute, within available appropriations, to individuals with lupus and their families, representatives from volunteer organizations, health care professionals, health plans, local health agencies and authorities, and other state agencies.

The advisory panel must submit its initial plan to DPH and the Public Health Committee by October 1, 2012 and may make periodic revisions to it.

**DPH Assistance**

Under the bill, DPH, within available appropriations, can help the panel such as by distributing educational materials to state health care providers serving minority populations. DPH may accept funds from any source to implement the bill’s provisions and must take any necessary actions to maximize federal funding.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
Yea 25 Nay 0 (03/07/2011)

Government Administration and Elections Committee

Joint Favorable  
Yea 11 Nay 0 (04/13/2011)