



# House of Representatives

**File No. 887**

General Assembly

January Session, 2011

**(Reprint of File No. 538)**

Substitute House Bill No. 6549  
As Amended by House  
Amendment Schedules "A" and "B"

Approved by the Legislative Commissioner  
June 2, 2011

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF  
PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.**

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

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) Any person or entity,  
2 acting on behalf of a health care profession that seeks to establish a  
3 new scope of practice or change a profession's scope of practice, may  
4 submit a written scope of practice request to the Department of Public  
5 Health not later than August fifteenth of the year preceding the  
6 commencement of the next regular session of the General Assembly.

7 (b) (1) Any written scope of practice request submitted to the  
8 Department of Public Health pursuant to subsection (a) of this section  
9 shall include the following information:

10 (A) A plain language description of the request;

11 (B) Public health and safety benefits that the requestor believes will  
12 be achieved should the request be implemented and, if applicable, a  
13 description of any harm to public health and safety should the request  
14 not be implemented;

15 (C) The impact that the request will have on public access to health  
16 care;

17 (D) A brief summary of state or federal laws that govern the health  
18 care profession making the request;

19 (E) The state's current regulatory oversight of the health care  
20 profession making the request;

21 (F) All current education, training and examination requirements  
22 and any relevant certification requirements applicable to the health  
23 care profession making the request;

24 (G) A summary of known scope of practice changes either requested  
25 or enacted concerning the health care profession in the five-year period  
26 preceding the date of the request;

27 (H) The extent to which the request directly impacts existing  
28 relationships within the health care delivery system;

29 (I) The anticipated economic impact of the request on the health care  
30 delivery system;

31 (J) Regional and national trends concerning licensure of the health  
32 care profession making the request and a summary of relevant scope  
33 of practice provisions enacted in other states;

34 (K) Identification of any health care professions that can reasonably  
35 be anticipated to be directly impacted by the request, the nature of the  
36 impact and efforts made by the requestor to discuss the request with  
37 such health care professions; and

38 (L) A description of how the request relates to the health care  
39 profession's ability to practice to the full extent of the profession's  
40 education and training.

41 (2) In lieu of submitting a scope of practice request as described in  
42 subdivision (1) of this subsection, any person or entity acting on behalf

43 of a health care profession may submit a request for an exemption  
44 from the processes described in this section and section 2 of this act. A  
45 request for exemption shall include a plain language description of the  
46 request and the reasons for the request for exemption, including, but  
47 not limited to: (A) Exigent circumstances which necessitate an  
48 immediate response to the scope of practice request, (B) the lack of any  
49 dispute concerning the scope of practice request, or (C) any  
50 outstanding issues among health care professions concerning the scope  
51 of practice request can easily be resolved. Such request for exemption  
52 shall be submitted to the Department of Public Health not later than  
53 August fifteenth of the year preceding the commencement of the next  
54 regular session of the General Assembly.

55 (c) In any year in which a scope of practice request is received  
56 pursuant to this section, not later than September fifteenth of the year  
57 preceding the commencement of the next regular session of the  
58 General Assembly, the Department of Public Health, within available  
59 appropriations, shall: (1) Provide written notification to the joint  
60 standing committee of the General Assembly having cognizance of  
61 matters relating to public health of any health care profession that has  
62 submitted a scope of practice request, including any request for  
63 exemption, to the department pursuant to this section; and (2) post any  
64 such request, including any request for exemption, and the name and  
65 address of the requestor on the department's web site.

66 (d) Any person or entity, acting on behalf of a health care profession  
67 that may be directly impacted by a scope of practice request submitted  
68 pursuant to this section, may submit to the department a written  
69 statement identifying the nature of the impact not later than October  
70 first of the year preceding the next regular session of the General  
71 Assembly. Any such person or entity directly impacted by a scope of  
72 practice request shall indicate the nature of the impact taking into  
73 consideration the criteria set forth in subsection (b) of this section and  
74 shall provide a copy of the written impact statement to the requestor.  
75 Not later than October fifteenth of such year, the requestor shall  
76 submit a written response to the department and any person or entity

77 that has provided a written impact statement. The requestor's written  
78 response shall include, but not be limited to, a description of areas of  
79 agreement and disagreement between the respective health care  
80 professions.

81 Sec. 2. (NEW) (*Effective July 1, 2011*) (a) On or before November first  
82 of the year preceding the commencement of the next regular session of  
83 the General Assembly, the Commissioner of Public Health shall,  
84 within available appropriations allocated to the department, establish  
85 and appoint members to a scope of practice review committee for each  
86 timely scope of practice request submitted to the department pursuant  
87 to section 1 of this act. Committees established pursuant to this section  
88 shall consist of the following members: (1) Two members  
89 recommended by the requestor to represent the health care profession  
90 making the scope of practice request; (2) two members recommended  
91 by each person or entity that has submitted a written impact statement  
92 pursuant to subsection (d) of section 1 of this act, to represent the  
93 health care professions directly impacted by the scope of practice  
94 request; and (3) the Commissioner of Public Health or the  
95 commissioner's designee, who shall serve as an ex-officio, nonvoting  
96 member of the committee. The Commissioner of Public Health or the  
97 commissioner's designee shall serve as the chairperson of any such  
98 committee. The Commissioner of Public Health may appoint  
99 additional members to any committee established pursuant to this  
100 section to include representatives from health care professions having  
101 a proximate relationship to the underlying request if the commissioner  
102 or the commissioner's designee determines that such expansion would  
103 be beneficial to a resolution of the issues presented. Any member of  
104 such committee shall serve without compensation.

105 (b) Any committee established pursuant to this section shall review  
106 and evaluate the scope of practice request, subsequent written  
107 responses to the request and any other information the committee  
108 deems relevant to the scope of practice request. Such review and  
109 evaluation shall include, but not be limited to, an assessment of any  
110 public health and safety risks that may be associated with the request,

111 whether the request may enhance access to quality and affordable  
 112 health care and whether the request enhances the ability of the  
 113 profession to practice to the full extent of the profession's education  
 114 and training. The committee, when carrying out the duties prescribed  
 115 in this section, may seek input on the scope of practice request from  
 116 the Department of Public Health and such other entities as the  
 117 committee determines necessary in order to provide its written  
 118 findings as described in subsection (c) of this section.

119 (c) The committee, upon concluding its review and evaluation of the  
 120 scope of practice request, shall provide its findings to the joint  
 121 standing committee of the General Assembly having cognizance of  
 122 matters relating to public health. The committee shall provide the  
 123 written findings to said joint standing committee not later than the  
 124 February first following the date of the committee's establishment. The  
 125 committee shall include with its written findings all materials that  
 126 were presented to the committee for review and consideration during  
 127 the review process. The committee shall terminate on the date that it  
 128 submits its written findings to said joint standing committee.

129 Sec. 3. (NEW) (*Effective July 1, 2011*) On or before January 1, 2013,  
 130 the Commissioner of Public Health shall evaluate the processes  
 131 implemented pursuant to sections 1 and 2 of this act and report to the  
 132 joint standing committee of the General Assembly having cognizance  
 133 of matters relating to public health, in accordance with the provisions  
 134 of section 11-4a of the general statutes, on the effectiveness of such  
 135 processes in addressing scope of practice requests. Such report may  
 136 also include recommendations from the committee concerning  
 137 measures that could be implemented to improve the scope of practice  
 138 review process.

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:**

Agency Affected	Fund-Effect	FY 12 \$	FY 13 \$
Public Health, Dept.	GF - Cost	56,000 - 88,000	56,000 - 88,000

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill establishes a health care profession scope of practice (SOP) review process. This will result in an annual consultant cost to the Department of Public Health (DPH) of \$56,000 to \$88,000. This projection is based on the expectation that there would be 7 to 11 such reviews each year, incurring a consultant cost of \$8,000 per review<sup>1</sup>. From 2005 to 2009, there were an average of 9 bills filed or introduced by the Public Health Committee creating or modifying health professions' SOP.

House "A" struck the underlying bill and its associated impact and replaced it with similar language resulting in the impact described above.

House "B" made a technical change and does not result in a fiscal impact.

**Out-Years**

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

<sup>1</sup> Consultant costs are estimated to be \$200 per hour. Anticipating an average of 40 hours of work per SOP reviewed, the total cost to DPH would be \$56,000 to \$88,000 annually.

Sources: *Legislative Program Review and Investigations Committee Report, Scope of Practice Determinations for Health Care Professions (December 2009)*

**OLR Bill Analysis****sHB 6549 (as amended by House “A” and “B”)\******AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH’S  
OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF  
PRACTICE DETERMINATIONS FOR HEALTH CARE  
PROFESSIONS.*****SUMMARY:**

This bill establishes a process for the submission and review of requests from health care professions seeking to revise their existing scope of practice or to establish a new scope of practice prior to consideration by the General Assembly. Under the bill, scope of practice review committees may review and evaluate scope of practice requests and provide findings to the Public Health Committee. The Department of Public Health (DPH) is responsible for receiving scope of practice requests and for establishing and providing support to the review committees.

\*House Amendment “A” changes some of the information that must be included with a scope of practice review request; establishes exemptions to the scope of practice review process; deletes a provision in the original bill (File 538) that prohibited a health profession from seeking legislative action on a scope of practice request without first using the bill’s review process; allows a health profession impacted by, rather than opposed to, a scope of practice request to provide DPH with a written statement; changes the membership for scope of practice committees and changes some of their duties; requires such a committee to make findings on, rather than an “assessment” of, the scope of practice request rather than an “assessment” of the request; and changes a DPH evaluation and reporting date.

\*House Amendment “B” allows, rather than requires, use of the scope of practice review process.

EFFECTIVE DATE: July 1, 2011

## **SCOPE OF PRACTICE REQUEST**

### ***Written Request to DPH***

The bill allows any person or entity, acting on behalf of a health care profession, seeking legislative action in the following year's legislative session that would (1) establish a new scope of practice or (2) change a profession's scope of practice, to provide DPH with a written scope of practice request. This must be done by August 15 of the year preceding the start of the next regular legislative session.

### ***Criteria***

The request submitted to DPH must include:

1. a plain language description of the request;
2. public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented;
3. the impact on public access to health care;
4. a brief summary of state or federal laws governing the profession;
5. the state's current regulatory oversight of the profession;
6. all current education, training, and examination requirements and any relevant certification requirements applicable to the profession;
7. a summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request;
8. the extent to which the request directly affects existing relationships within the health care delivery system;

9. the anticipated economic impact on the health care delivery system;
10. regional and national trends concerning licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states;
11. identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions; and
12. a description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

### ***Exemptions***

Instead of submitting a scope of practice request to DPH, a person or entity can request an exemption. But since the bill allows, rather than requires, the scope of practice request, it is unclear when a person or entity would submit an exemption request.

Any exemption request must include a plain language description and the reasons for the request, including (1) exigent circumstances that require an immediate response to the scope of practice request, (2) a lack of dispute about the request, or (3) any outstanding issues among the health care professions that can easily be resolved. The exemption request must be submitted to DPH by August 15 of the year preceding the next regular legislative session.

### ***Notification to the Public Health Committee***

By September 15 of the year preceding the next session, DPH, within available appropriations, must (1) give written notice to the Public Health Committee of any health care profession that has submitted a scope of practice request to the department, including any exemption request and (2) post the request on the DPH website, including the name and address of the requestor.

***Impact Statement***

Any person or entity acting on behalf of a health care profession that may be directly impacted by a scope of practice request may submit a written statement to DPH by October 1 of the year preceding the next legislative session. The person or entity must indicate the nature of the impact, taking into consideration the criteria listed above, and provide the requestor with a copy of their impact statement. By October 15 of the same year, the requestor must submit a written response to DPH and any person or entity that submitted an impact statement. At a minimum, the response must describe areas of agreement and disagreement between the respective health professions.

**SCOPE OF PRACTICE COMMITTEES*****Membership***

By November 1 of the year preceding the next legislative session, the DPH commissioner must, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each timely scope of practice request the department receives. The committees consist of:

1. two members recommended by the requestor to represent the health care profession making the request;
2. two members recommended by each person or entity that submitted a written impact statement to represent the health care professions directly impacted by the request; and
3. the DPH commissioner or her designee who serves in an exofficio, non-voting capacity.

The DPH commissioner or her designee serves as the committee chairperson and may appoint additional committee members representing health care professions with a proximate relationship to the underlying scope of practice request if the commissioner or her designee determines it would help to resolve the issues.

Committee members serve without compensation.

**Duties**

The committee must review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant. This must include (1) an assessment of any public health and safety risks associated with the request, (2) whether the request may enhance access to quality and affordable health care, and (3) whether the request improves the ability of the profession to practice to the full extent of its education and training. The committee may seek input from DPH and other entities the committee determines necessary to provide its written findings.

After finishing its review and evaluation of the scope of practice request, the committee must give its findings to the Public Health Committee by the following February 1. The committee must include with its findings all materials it considered during its review process.

The scope of practice committee terminates on the date it submits its findings to the Public Health Committee.

**Evaluation**

By January 1, 2013, the bill requires the DPH commissioner to evaluate the scope of practice request process and report to the Public Health Committee on its effectiveness in addressing these requests. The report may also include recommendations from the scope of practice review committees on measures to improve the process.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 4 (03/30/2011)

Appropriations Committee

Joint Favorable

Yea 45 Nay 5 (05/10/2011)