



General Assembly

Substitute Bill No. 1135

January Session, 2013



**AN ACT CONCERNING NUCLEAR MEDICINE TECHNOLOGISTS,
QUALIFICATIONS FOR PODIATRISTS, THE PROVISION OF
ELECTIVE CORONARY ANGIOPLASTY SERVICES BY HOSPITALS,
AND COLON HYDROTHERAPISTS.**

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

1 Section 1. (*Effective from passage*) Not later than January 1, 2014, the
2 Commissioner of Public Health shall report, in accordance with the
3 provisions of section 11-4a of the general statutes, to the joint standing
4 committee of the General Assembly having cognizance of matters
5 relating to public health concerning the licensing of nuclear medicine
6 technologists.

7 Sec. 2. Section 20-54 of the general statutes is repealed and the
8 following is substituted in lieu thereof (*Effective October 1, 2013*):

9 (a) No person other than those described in section 20-57 and those
10 to whom a license has been reissued as provided by section 20-59 shall
11 engage in the practice of podiatry in this state until such person has
12 presented to the department satisfactory evidence that such person has
13 received a diploma or other certificate of graduation from an
14 accredited school or college of chiropody or podiatry approved by the
15 Board of Examiners in Podiatry with the consent of the Commissioner
16 of Public Health, nor shall any person so practice until such person has
17 obtained a license from the Department of Public Health after meeting

18 the requirements of this chapter. A graduate of an approved school of
19 chiropody or podiatry subsequent to July 1, 1947, shall present
20 satisfactory evidence that he or she has been a resident student
21 through not less than four graded courses of not less than thirty-two
22 weeks each in such approved school and has received the degree of
23 D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of Podiatry,
24 or other equivalent degree; and, if a graduate of an approved
25 chiropody or podiatry school subsequent to July 1, 1951, that he or she
26 has completed, before beginning the study of podiatry, a course of
27 study of an academic year of not less than thirty-two weeks' duration
28 in a college or scientific school approved by said board with the
29 consent of the Commissioner of Public Health, which course included
30 the study of chemistry and physics or biology; and if a graduate of an
31 approved college of podiatry or podiatric medicine subsequent to July
32 1, 1971, that he or she has completed a course of study of two such
33 prepodiatry college years, including the study of chemistry, physics or
34 mathematics and biology, and that he or she received the degree of
35 D.P.M., Doctor of Podiatric Medicine. No provision of this section shall
36 be construed to prevent graduates of a podiatric college, approved by
37 the Board of Examiners in Podiatry with the consent of the
38 Commissioner of Public Health, from receiving practical training in
39 podiatry in a residency program in an accredited hospital facility
40 which program is accredited by the Council on Podiatric Education.

41 (b) A licensed podiatrist who is board qualified or certified by the
42 American Board of Podiatric Surgery or the American Board of
43 Podiatric Orthopedics and Primary Podiatric Medicine may engage in
44 the medical and nonsurgical treatment of the ankle and the anatomical
45 structures of the ankle, as well as the administration and prescription
46 of drugs incidental thereto, and the nonsurgical treatment of
47 manifestations of systemic diseases as they appear on the ankle. Such
48 licensed podiatrist shall restrict treatment of displaced ankle fractures
49 to the initial diagnosis and the initial attempt at closed reduction at the
50 time of presentation and shall not treat tibial pilon fractures. For
51 purposes of this section, "ankle" means the distal metaphysis and

52 epiphysis of the tibia and fibula, the articular cartilage of the distal
53 tibia and distal fibula, the ligaments that connect the distal metaphysis
54 and epiphysis of the tibia and fibula and the talus, and the portions of
55 skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or
56 below the level of the myotendinous junction of the triceps surae.

57 (c) No licensed podiatrist may independently engage in the surgical
58 treatment of the ankle, including the surgical treatment of the
59 anatomical structures of the ankle, as well as the administration and
60 prescription of drugs incidental thereto, and the surgical treatment of
61 manifestations of systemic diseases as they appear on the ankle, until
62 such licensed podiatrist has obtained a permit from the Department of
63 Public Health after meeting the requirements set forth in subsection (d)
64 or (e) of this section, as appropriate. No licensed podiatrist who
65 applies for a permit to independently engage in the surgical treatment
66 of the ankle shall be issued such permit unless (1) the commissioner is
67 satisfied that the applicant is in compliance with all requirements set
68 forth in subsection (d) or (e) of this section, as appropriate, and (2) the
69 application includes payment of a fee in the amount of one hundred
70 dollars. For purposes of this section, "surgical treatment of the ankle"
71 does not include the performance of total ankle replacements or the
72 treatment of tibial pilon fractures.

73 (d) The Department of Public Health may issue a permit to
74 independently engage in standard ankle surgery procedures to any
75 licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006,
76 from a three-year residency program in podiatric medicine and
77 surgery that was accredited by the Council on Podiatric Medical
78 Education, or its successor organization, at the time of graduation, and
79 (B) holds and maintains current board certification in reconstructive
80 rearfoot ankle surgery by the American Board of Podiatric Surgery, or
81 its successor organization; (2) (A) graduated on or after June 1, 2006,
82 from a three-year residency program in podiatric medicine and
83 surgery that was accredited by the Council on Podiatric Medical
84 Education, or its successor organization, at the time of graduation, (B)

85 is board qualified, but not board certified, in reconstructive rearfoot
86 ankle surgery by the American Board of Podiatric Surgery, or its
87 successor organization, and (C) provides documentation satisfactory to
88 the department that such licensed podiatrist has completed acceptable
89 training and experience in standard or advanced midfoot, rearfoot and
90 ankle procedures; or (3) (A) graduated before June 1, 2006, from a
91 residency program in podiatric medicine and surgery that was at least
92 two years in length and was accredited by the Council on Podiatric
93 Medical Education at the time of graduation, (B) holds and maintains
94 current board certification in reconstructive rearfoot ankle surgery by
95 the American Board of Podiatric Surgery, or its successor organization,
96 and (C) provides documentation satisfactory to the department that
97 such licensed podiatrist has completed acceptable training and
98 experience in standard or advanced midfoot, rearfoot and ankle
99 procedures. [; except that a licensed podiatrist who meets the
100 qualifications of subdivision (2) of this subsection may not perform
101 tibial and fibular osteotomies until such licensed podiatrist holds and
102 maintains current board certification in reconstructive rearfoot ankle
103 surgery by the American Board of Podiatric Medicine, or its successor
104 organization. For purposes of this subsection, "standard ankle surgery
105 procedures" includes soft tissue and osseous procedures.]

106 (e) The Department of Public Health may issue a permit to
107 independently engage in advanced ankle surgery procedures to any
108 licensed podiatrist who has obtained a permit under subsection (d) of
109 this section, or who meets the qualifications necessary to obtain a
110 permit under said subsection (d), provided such licensed podiatrist: (1)
111 (A) Graduated on or after June 1, 2006, from a three-year residency
112 program in podiatric medicine and surgery that was accredited by the
113 Council on Podiatric Medical Education, or its successor organization,
114 at the time of graduation, (B) holds and maintains current board
115 [certification] qualification in reconstructive rearfoot ankle surgery by
116 the American Board of Podiatric Surgery, or its successor organization,
117 and (C) provides documentation satisfactory to the department that
118 such licensed podiatrist has completed acceptable training and

119 experience in advanced midfoot, rearfoot and ankle procedures; or (2)
120 (A) graduated before June 1, 2006, from a residency program in
121 podiatric medicine and surgery that was at least two years in duration
122 and was accredited by the Council on Podiatric Medical Education at
123 the time of graduation, (B) holds and maintains current board
124 certification in reconstructive rearfoot ankle surgery by the American
125 Board of Podiatric Surgery, or its successor organization, and (C)
126 provides documentation satisfactory to the department that such
127 licensed podiatrist has completed acceptable training and experience
128 in advanced midfoot, rearfoot and ankle procedures. For purposes of
129 this subsection, "advanced ankle surgery procedures" includes ankle
130 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal
131 of external fixation pins into or from the tibial diaphysis at or below
132 the level of the myotendinous junction of the triceps surae, and
133 insertion and removal of retrograde tibiototalcalcaneal intramedullary
134 rods and locking screws up to the level of the myotendinous junction
135 of the triceps surae, but does not include the surgical treatment of
136 complications within the tibial diaphysis related to the use of such
137 external fixation pins.

138 (f) A licensed podiatrist who (1) graduated from a residency
139 program in podiatric medicine and surgery that was at least two years
140 in duration and was accredited by the Council on Podiatric Medical
141 Education, or its successor organization, at the time of graduation, and
142 (2) (A) holds and maintains current board certification in
143 reconstructive rearfoot ankle surgery by the American Board of
144 Podiatric Surgery, or its successor organization, (B) is board qualified
145 in reconstructive rearfoot ankle surgery by the American Board of
146 Podiatric Surgery, or its successor organization, or (C) is board
147 certified in foot and ankle surgery by the American Board of Podiatric
148 Surgery, or its successor organization, may engage in the surgical
149 treatment of the ankle, including standard and advanced ankle surgery
150 procedures, without a permit issued by the department in accordance
151 with subsection (d) or (e) of this section, provided such licensed
152 podiatrist is performing such procedures under the direct supervision

153 of a physician or surgeon licensed under chapter 370 who maintains
154 hospital privileges to perform such procedures or under the direct
155 supervision of a licensed podiatrist who has been issued a permit
156 under the provisions of subsection (d) or (e) of this section, as
157 appropriate, to independently engage in standard or advanced ankle
158 surgery procedures.

159 (g) The Commissioner of Public Health shall appoint an advisory
160 committee to assist and advise the commissioner in evaluating
161 applicants' training and experience in midfoot, rearfoot and ankle
162 procedures for purposes of determining whether such applicants
163 should be permitted to independently engage in standard or advanced
164 ankle surgery procedures pursuant to subsection (d) or (e) of this
165 section. The advisory committee shall consist of four members, two of
166 whom shall be podiatrists recommended by the Connecticut Podiatric
167 Medical Association and two of whom shall be orthopedic surgeons
168 recommended by the Connecticut Orthopedic Society.

169 (h) The Commissioner of Public Health shall adopt regulations, in
170 accordance with chapter 54, to implement the provisions of
171 subsections (c) to (f), inclusive, of this section. Such regulations shall
172 include, but not be limited to, the number and types of procedures
173 required for an applicant's training or experience to be deemed
174 acceptable for purposes of issuing a permit under subsection (d) or (e)
175 of this section. In identifying the required number and types of
176 procedures, the commissioner shall seek the advice and assistance of
177 the advisory committee appointed under subsection (g) of this section
178 and shall consider nationally recognized standards for accredited
179 residency programs in podiatric medicine and surgery for midfoot,
180 rearfoot and ankle procedures. The commissioner may issue permits
181 pursuant to subsections (c) to (e), inclusive, of this section prior to the
182 effective date of any regulations adopted pursuant to this section.

183 (i) The Department of Public Health's issuance of a permit to a
184 licensed podiatrist to independently engage in the surgical treatment
185 of the ankle shall not be construed to obligate a hospital or outpatient

186 surgical facility to grant such licensed podiatrist privileges to perform
187 such procedures at the hospital or outpatient surgical facility.

188 Sec. 3. (NEW) (*Effective October 1, 2013*) Notwithstanding any
189 provision of chapter 368z of the general statutes, regulations adopted
190 pursuant to said chapter 368z or any order of the Office of Health Care
191 Access, any hospital, as defined in section 19a-631 of the general
192 statutes, that has obtained a certificate of need from the Office of
193 Health Care Access permitting such hospital to provide coronary
194 angioplasty services in an emergency situation and that performs
195 coronary angioplasty on a patient in such situation, may also perform
196 elective coronary angioplasty on such patient if such patient's health
197 care provider reasonably believes that such patient will require
198 nonemergency coronary angioplasty in the near future.

199 Sec. 4. Section 19a-639 of the general statutes is repealed and the
200 following is substituted in lieu thereof (*Effective October 1, 2013*):

201 (a) In any deliberations involving a certificate of need application
202 filed pursuant to section 19a-638, the office shall take into
203 consideration and make written findings concerning each of the
204 following guidelines and principles:

205 (1) Whether the proposed project is consistent with any applicable
206 policies and standards adopted in regulations by the Department of
207 Public Health;

208 (2) The relationship of the proposed project to the state-wide health
209 care facilities and services plan;

210 (3) Whether there is a clear public need for the health care facility or
211 services proposed by the applicant;

212 (4) Whether the applicant has satisfactorily demonstrated how the
213 proposal will impact the financial strength of the health care system in
214 the state or that the proposal is financially feasible for the applicant;

215 (5) Whether the applicant has satisfactorily demonstrated how the
216 proposal will improve quality, accessibility and cost effectiveness of
217 health care delivery in the region;

218 (6) The applicant's past and proposed provision of health care
219 services to relevant patient populations and payer mix;

220 (7) Whether the applicant has satisfactorily identified the population
221 to be served by the proposed project and satisfactorily demonstrated
222 that the identified population has a need for the proposed services;

223 (8) The utilization of existing health care facilities and health care
224 services in the service area of the applicant; and

225 (9) Whether the applicant has satisfactorily demonstrated that the
226 proposed project shall not result in an unnecessary duplication of
227 existing or approved health care services or facilities.

228 (b) Notwithstanding the provisions of this section, any
229 determination made by the office that approves a hospital's application
230 to provide coronary angioplasty services in an emergency situation,
231 shall also permit such hospital to perform coronary angioplasty under
232 a nonemergency situation described in section 3 of this act.

233 [(b)] (c) The office, as it deems necessary, may revise or supplement
234 the guidelines and principles through regulation prescribed in
235 subsection (a) of this section.

236 Sec. 5. (NEW) (Effective October 1, 2013) The Commissioner of Public
237 Health shall, annually (1) obtain a list of colon hydrotherapists in the
238 state that are certified by the National Board for Colon Hydrotherapy
239 and included in the board's registry, and (2) make such list available
240 for public inspection.

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

Sec. 2	<i>October 1, 2013</i>	20-54
Sec. 3	<i>October 1, 2013</i>	New section
Sec. 4	<i>October 1, 2013</i>	19a-639
Sec. 5	<i>October 1, 2013</i>	New section

Statement of Legislative Commissioners:

In section 3, the phrase "that permits such hospital" was changed to "permitting such hospital", for clarity, and the phrase "which performs" was changed to "that performs", for consistency with the drafting conventions of the general statutes; and in section 4(b), the phrase "in emergency circumstance" was changed to "in an emergency situation" and the phrase "under the nonemergency circumstances" was changed to "under a nonemergency situation", for internal consistency.

PH *Joint Favorable Subst.*