



General Assembly

January Session, 2013

Amendment

LCO No. 8700

HB0638908700HDO

Offered by:

REP. SAYERS, 60th Dist.
SEN. GERRATANA, 6th Dist.
SEN. LOONEY, 11th Dist.
REP. JOHNSON, 49th Dist.
SEN. SLOSSBERG, 14th Dist.
REP. GIEGLER, 138th Dist.
SEN. WELCH, 31st Dist.
REP. SRINIVASAN, 31st Dist.
REP. KLARIDES, 114th Dist.
REP. TONG, 147th Dist.

REP. DARGAN, 115th Dist.
SEN. FASANO, 34th Dist.
REP. CARTER, 2nd Dist.
REP. WIDLITZ, 98th Dist.
REP. CANDELORA, 86th Dist.
REP. CAMILLO, 151st Dist.
REP. KUPCHICK, 132nd Dist.
REP. WOOD, 141st Dist.
REP. ALBERTS, 50th Dist.

To: House Bill No. 6389

File No. 82

Cal. No. 80

"AN ACT CONCERNING PRESCRIPTION DRUG MONITORING."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (*Effective from passage*) (a) There is established a task force
4 to study the provision of beverages and pre-packaged food at
5 arrangement services in funeral homes. The task force shall: (1) Review
6 policies and procedures for serving non-alcoholic beverages and food
7 in funeral homes in other states; and (2) analyze and make
8 recommendations concerning the provision of beverages and catered

9 food at funeral homes in this state.

10 (b) The task force shall consist of the following members:

11 (1) Five representatives appointed from nominees of the
12 Connecticut Funeral Directors Association, one each of whom shall be
13 appointed by the president pro tempore of the Senate, the speaker of
14 the House of Representatives, the minority leader of the Senate, the
15 minority leader of the House of Representatives and the Governor;

16 (2) Two persons appointed from nominees of Service Corporation
17 International, Inc. who are funeral directors licensed in this state, one
18 each of whom shall be appointed by the majority leader of the House
19 of Representatives and the majority leader of the Senate;

20 (3) The chairperson of the Connecticut Board of Embalmers and
21 Funeral Directors and a member of said board who is designated by
22 the chairperson; and

23 (4) The Commissioner of Public Health, or the commissioner's
24 designee.

25 (c) All appointments to the task force shall be made not later than
26 thirty days after the effective date of this section. Members of the task
27 force shall serve without compensation.

28 (d) The first meeting of the task force shall be held not later than
29 September 15, 2013. The task force shall elect a chairperson from
30 among its members.

31 (e) Not later than January 1, 2014, the task force shall report, in
32 accordance with the provisions of section 11-4a of the general statutes,
33 on its findings and recommendations to the joint standing committee
34 of the General Assembly having cognizance of matters relating to
35 public health. The task force shall terminate on the date that it submits
36 its report or January 1, 2014, whichever is later.

37 Sec. 2. (NEW) (*Effective October 1, 2013*) (a) For purposes of this
38 section "colon hydrotherapist" means a person who holds and
39 maintains certification in good standing as a colon hydrotherapist from
40 the International Association for Colon Hydrotherapy, the National
41 Board for Colon Hydrotherapy or the Global Professional Association
42 for Colon Therapy.

43 (b) Notwithstanding the provisions of chapter 373 of the general
44 statutes, a person licensed to practice natureopathy may delegate the
45 provision of colon hydrotherapy services to a colon hydrotherapist,
46 provided: (1) The natureopathic physician has evaluated the patient to
47 whom such services are to be provided by the colon hydrotherapist
48 and determined that such services are appropriate for the patient to
49 receive; (2) the natureopathic physician is satisfied as to the ability of
50 the colon hydrotherapist to provide such services to the patient; and
51 (3) such delegation is consistent with the health and welfare of the
52 patient and in keeping with sound medical practice; and (4) the colon
53 hydrotherapist provides such services under the supervision and
54 control of the natureopathic physician. No natureopathic physician
55 shall delegate the provision of colon hydrotherapy services to any
56 person unless the natureopathic physician first determines that such
57 person is a colon hydrotherapist, as defined in subsection (a) of this
58 section. Any natureopathic physician who delegates the provision of
59 services to a colon hydrotherapist in accordance with this section shall
60 maintain documentation of such colon hydrotherapist's certification
61 and make such documentation available to the Department of Public
62 Health, upon the department's request.

63 (c) Any person in violation of this section shall be fined not more
64 than five hundred dollars or imprisoned not more than five years, or
65 both, for each offense. For purposes of this section, each instance of
66 patient contact or consultation that is in violation of any provision of
67 this section shall constitute a separate offense.

68 Sec. 3. Section 20-40 of the general statutes is repealed and the
69 following is substituted in lieu thereof (*Effective October 1, 2013*):

70 Said department may refuse to grant a license to practice
71 natureopathy or may take any of the actions set forth in section 19a-17
72 for any of the following reasons: The employment of fraud or material
73 deception in obtaining a license, habitual intemperance in the use of
74 ardent spirits, narcotics or stimulants to such an extent as to
75 incapacitate the user for the performance of professional duties,
76 violations of the provisions of this chapter or regulations adopted
77 hereunder, engaging in fraud or material deception in the course of
78 professional services or activities, physical or mental illness, emotional
79 disorder or loss of motor skill, including, but not limited to,
80 deterioration through the aging process, illegal, incompetent or
81 negligent conduct in his practice, failure to maintain professional
82 liability insurance or other indemnity against liability for professional
83 malpractice as provided in subsection (a) of section 20-39a, [or] failure
84 to provide information to the Department of Public Health required to
85 complete a health care provider profile, as set forth in section 20-13j or
86 failure to comply with the provisions of section 2 of this act. Any
87 applicant for a license to practice natureopathy or any practitioner
88 against whom any of the foregoing grounds for refusing a license or
89 action under said section 19a-17 are presented to said board shall be
90 furnished with a copy of the complaint and shall have a hearing before
91 said board in accordance with the regulations adopted by the
92 Commissioner of Public Health. The Commissioner of Public Health
93 may order a license holder to submit to a reasonable physical or
94 mental examination if his physical or mental capacity to practice safely
95 is the subject of an investigation. Said commissioner may petition the
96 superior court for the judicial district of Hartford to enforce such order
97 or any action taken pursuant to section 19a-17.

98 Sec. 4. Section 20-54 of the general statutes is repealed and the
99 following is substituted in lieu thereof (*Effective October 1, 2013*):

100 (a) No person other than those described in section 20-57 and those
101 to whom a license has been reissued as provided by section 20-59 shall
102 engage in the practice of podiatry in this state until such person has

103 presented to the department satisfactory evidence that such person has
104 received a diploma or other certificate of graduation from an
105 accredited school or college of chiropody or podiatry approved by the
106 Board of Examiners in Podiatry with the consent of the Commissioner
107 of Public Health, nor shall any person so practice until such person has
108 obtained a license from the Department of Public Health after meeting
109 the requirements of this chapter. A graduate of an approved school of
110 chiropody or podiatry subsequent to July 1, 1947, shall present
111 satisfactory evidence that he or she has been a resident student
112 through not less than four graded courses of not less than thirty-two
113 weeks each in such approved school and has received the degree of
114 D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of Podiatry,
115 or other equivalent degree; and, if a graduate of an approved
116 chiropody or podiatry school subsequent to July 1, 1951, that he or she
117 has completed, before beginning the study of podiatry, a course of
118 study of an academic year of not less than thirty-two weeks' duration
119 in a college or scientific school approved by said board with the
120 consent of the Commissioner of Public Health, which course included
121 the study of chemistry and physics or biology; and if a graduate of an
122 approved college of podiatry or podiatric medicine subsequent to July
123 1, 1971, that he or she has completed a course of study of two such
124 prepodiatry college years, including the study of chemistry, physics or
125 mathematics and biology, and that he or she received the degree of
126 D.P.M., Doctor of Podiatric Medicine. No provision of this section shall
127 be construed to prevent graduates of a podiatric college, approved by
128 the Board of Examiners in Podiatry with the consent of the
129 Commissioner of Public Health, from receiving practical training in
130 podiatry in a residency program in an accredited hospital facility
131 which program is accredited by the Council on Podiatric Education.

132 (b) A licensed podiatrist who is board qualified or certified by the
133 American Board of Podiatric Surgery or the American Board of
134 Podiatric Orthopedics and Primary Podiatric Medicine may engage in
135 the medical and nonsurgical treatment of the ankle and the anatomical
136 structures of the ankle, as well as the administration and prescription

137 of drugs incidental thereto, and the nonsurgical treatment of
138 manifestations of systemic diseases as they appear on the ankle. Such
139 licensed podiatrist shall restrict treatment of displaced ankle fractures
140 to the initial diagnosis and the initial attempt at closed reduction at the
141 time of presentation and shall not treat tibial pilon fractures. For
142 purposes of this section, "ankle" means the distal metaphysis and
143 epiphysis of the tibia and fibula, the articular cartilage of the distal
144 tibia and distal fibula, the ligaments that connect the distal metaphysis
145 and epiphysis of the tibia and fibula and the talus, and the portions of
146 skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or
147 below the level of the myotendinous junction of the triceps surae.

148 (c) No licensed podiatrist may independently engage in the surgical
149 treatment of the ankle, including the surgical treatment of the
150 anatomical structures of the ankle, as well as the administration and
151 prescription of drugs incidental thereto, and the surgical treatment of
152 manifestations of systemic diseases as they appear on the ankle, until
153 such licensed podiatrist has obtained a permit from the Department of
154 Public Health after meeting the requirements set forth in subsection (d)
155 or (e) of this section, as appropriate. No licensed podiatrist who
156 applies for a permit to independently engage in the surgical treatment
157 of the ankle shall be issued such permit unless (1) the commissioner is
158 satisfied that the applicant is in compliance with all requirements set
159 forth in subsection (d) or (e) of this section, as appropriate, and (2) the
160 application includes payment of a fee in the amount of one hundred
161 dollars. For purposes of this section, "surgical treatment of the ankle"
162 does not include the performance of total ankle replacements or the
163 treatment of tibial pilon fractures.

164 (d) The Department of Public Health may issue a permit to
165 independently engage in standard ankle surgery procedures to any
166 licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006,
167 from a three-year residency program in podiatric medicine and
168 surgery that was accredited by the Council on Podiatric Medical
169 Education, or its successor organization, at the time of graduation, and

170 (B) holds and maintains current board certification in reconstructive
171 rearfoot ankle surgery by the American Board of Podiatric Surgery, or
172 its successor organization; (2) (A) graduated on or after June 1, 2006,
173 from a three-year residency program in podiatric medicine and
174 surgery that was accredited by the Council on Podiatric Medical
175 Education, or its successor organization, at the time of graduation, (B)
176 is board qualified, but not board certified, in reconstructive rearfoot
177 ankle surgery by the American Board of Podiatric Surgery, or its
178 successor organization, and (C) provides documentation satisfactory to
179 the department that such licensed podiatrist has completed acceptable
180 training and experience in standard or advanced midfoot, rearfoot and
181 ankle procedures; or (3) (A) graduated before June 1, 2006, from a
182 residency program in podiatric medicine and surgery that was at least
183 two years in length and was accredited by the Council on Podiatric
184 Medical Education at the time of graduation, (B) holds and maintains
185 current board certification in reconstructive rearfoot ankle surgery by
186 the American Board of Podiatric Surgery, or its successor organization,
187 and (C) provides documentation satisfactory to the department that
188 such licensed podiatrist has completed acceptable training and
189 experience in standard or advanced midfoot, rearfoot and ankle
190 procedures.]; except that a licensed podiatrist who meets the
191 qualifications of subdivision (2) of this subsection may not perform
192 tibial and fibular osteotomies until such licensed podiatrist holds and
193 maintains current board certification in reconstructive rearfoot ankle
194 surgery by the American Board of Podiatric Medicine, or its successor
195 organization.] For purposes of this subsection, "standard ankle surgery
196 procedures" includes soft tissue and osseous procedures.

197 (e) The Department of Public Health may issue a permit to
198 independently engage in advanced ankle surgery procedures to any
199 licensed podiatrist who has obtained a permit under subsection (d) of
200 this section, or who meets the qualifications necessary to obtain a
201 permit under said subsection (d), provided such licensed podiatrist: (1)
202 (A) Graduated on or after June 1, 2006, from a three-year residency
203 program in podiatric medicine and surgery that was accredited by the

204 Council on Podiatric Medical Education, or its successor organization,
205 at the time of graduation, (B) holds and maintains current board
206 [certification] qualification in reconstructive rearfoot ankle surgery by
207 the American Board of Podiatric Surgery, or its successor organization,
208 and (C) provides documentation satisfactory to the department that
209 such licensed podiatrist has completed acceptable training and
210 experience in advanced midfoot, rearfoot and ankle procedures; or (2)
211 (A) graduated before June 1, 2006, from a residency program in
212 podiatric medicine and surgery that was at least two years in duration
213 and was accredited by the Council on Podiatric Medical Education at
214 the time of graduation, (B) holds and maintains current board
215 certification in reconstructive rearfoot ankle surgery by the American
216 Board of Podiatric Surgery, or its successor organization, and (C)
217 provides documentation satisfactory to the department that such
218 licensed podiatrist has completed acceptable training and experience
219 in advanced midfoot, rearfoot and ankle procedures. For purposes of
220 this subsection, "advanced ankle surgery procedures" includes ankle
221 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal
222 of external fixation pins into or from the tibial diaphysis at or below
223 the level of the myotendinous junction of the triceps surae, and
224 insertion and removal of retrograde tibiototalcalcaneal intramedullary
225 rods and locking screws up to the level of the myotendinous junction
226 of the triceps surae, but does not include the surgical treatment of
227 complications within the tibial diaphysis related to the use of such
228 external fixation pins.

229 (f) A licensed podiatrist who (1) graduated from a residency
230 program in podiatric medicine and surgery that was at least two years
231 in duration and was accredited by the Council on Podiatric Medical
232 Education, or its successor organization, at the time of graduation, and
233 (2) (A) holds and maintains current board certification in
234 reconstructive rearfoot ankle surgery by the American Board of
235 Podiatric Surgery, or its successor organization, (B) is board qualified
236 in reconstructive rearfoot ankle surgery by the American Board of
237 Podiatric Surgery, or its successor organization, or (C) is board

238 certified in foot and ankle surgery by the American Board of Podiatric
239 Surgery, or its successor organization, may engage in the surgical
240 treatment of the ankle, including standard and advanced ankle surgery
241 procedures, without a permit issued by the department in accordance
242 with subsection (d) or (e) of this section, provided such licensed
243 podiatrist is performing such procedures under the direct supervision
244 of a physician or surgeon licensed under chapter 370 who maintains
245 hospital privileges to perform such procedures or under the direct
246 supervision of a licensed podiatrist who has been issued a permit
247 under the provisions of subsection (d) or (e) of this section, as
248 appropriate, to independently engage in standard or advanced ankle
249 surgery procedures.

250 (g) The Commissioner of Public Health shall appoint an advisory
251 committee to assist and advise the commissioner in evaluating
252 applicants' training and experience in midfoot, rearfoot and ankle
253 procedures for purposes of determining whether such applicants
254 should be permitted to independently engage in standard or advanced
255 ankle surgery procedures pursuant to subsection (d) or (e) of this
256 section. The advisory committee shall consist of four members, two of
257 whom shall be podiatrists recommended by the Connecticut Podiatric
258 Medical Association and two of whom shall be orthopedic surgeons
259 recommended by the Connecticut Orthopedic Society.

260 (h) [The] Not later than July 1, 2015, the Commissioner of Public
261 Health shall adopt regulations, in accordance with chapter 54, to
262 implement the provisions of subsections (c) to (f), inclusive, of this
263 section. Such regulations shall include, but not be limited to, the
264 number and types of procedures required for an applicant's training or
265 experience to be deemed acceptable for purposes of issuing a permit
266 under subsection (d) or (e) of this section. In identifying the required
267 number and types of procedures, the commissioner shall seek the
268 advice and assistance of the advisory committee appointed under
269 subsection (g) of this section and shall consider nationally recognized
270 standards for accredited residency programs in podiatric medicine and

271 surgery for midfoot, rearfoot and ankle procedures. The commissioner
 272 may issue permits pursuant to subsections (c) to (e), inclusive, of this
 273 section prior to the effective date of any regulations adopted pursuant
 274 to this section.

275 (i) The Department of Public Health's issuance of a permit to a
 276 licensed podiatrist to independently engage in the surgical treatment
 277 of the ankle shall not be construed to obligate a hospital or outpatient
 278 surgical facility to grant such licensed podiatrist privileges to perform
 279 such procedures at the hospital or outpatient surgical facility.

280 Sec. 5. (NEW) (*Effective January 1, 2014*) No person shall knowingly
 281 possess, purchase, trade, sell or transfer a counterfeit substance. For
 282 purposes of this section "counterfeit substance" means a controlled
 283 substance, as defined in section 28-32 of the general statutes, which, or
 284 the container or labeling of which, without authorization, bears the
 285 trademark, trade name or other identifying mark, imprint, number or
 286 device of a manufacturer, distributor or dispenser other than the
 287 person who in fact manufactured, distributed or dispensed the
 288 substance."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>October 1, 2013</i>	New section
Sec. 3	<i>October 1, 2013</i>	20-40
Sec. 4	<i>October 1, 2013</i>	20-54
Sec. 5	<i>January 1, 2014</i>	New section