
OLR Bill Analysis

sSB 1135

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

SUMMARY:

This bill makes changes related to nuclear medicine technologists, podiatrists, hospitals, and colon hydrotherapists. It:

1. requires the Department of Public Health (DPH) commissioner, by January 1, 2014, to report to the Public Health Committee on the licensing of nuclear medicine technologists, who are not currently licensed by the state (§ 1);
2. allows certain licensed podiatrists who are board qualified, rather than board certified, in reconstructive rearfoot ankle surgery to independently perform standard and advanced ankle surgeries (§ 2);
3. allows hospitals that obtained a certificate of need (CON) to provide emergency coronary angioplasty services to also provide such services electively under certain conditions (§§ 3 & 4); and
4. requires the DPH commissioner to annually obtain and make publicly available a list of colon hydrotherapists in Connecticut who are certified by the National Board for Colon Hydrotherapy and included in the board's registry (§ 5).

EFFECTIVE DATE: October 1, 2013, except that the provision on nuclear medicine technologists takes effect upon passage.

§ 2 — PODIATRISTS

The bill allows board qualified, instead of board certified, licensed

podiatrists to perform certain standard ankle surgery procedures. Current law allows DPH to issue a permit to a licensed podiatrist to independently perform standard ankle surgery procedures with one exception. If the podiatrist is board qualified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, he or she cannot perform tibial and fibular osteotomies unless certified by the American Board of Podiatric Medicine. The bill removes this exception, thus allowing board qualified podiatrists to perform tibial and fibular osteotomies.

The bill also allows DPH to issue a permit to a licensed podiatrist to independently perform advanced ankle surgeries if the podiatrist is board qualified, instead of board certified as under current law, in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery.

The bill applies to licensed podiatrists who (1) graduated on or after June 1, 2006 from a three-year podiatric residency program accredited by the Council on Podiatric Medical Education at the time of graduation and (2) provided DPH documentation of acceptable training and experience in midfoot, rearfoot, and ankle procedures.

§§ 3 & 4 — CORONARY ANGIOPLASTY SERVICES

The bill allows a hospital that obtained a CON from DPH's Office of Health Care Access (OHCA) to provide emergency coronary angioplasty services to also perform elective coronary angioplasty services on a patient whose health care provider reasonably believes that the patient will require the elective procedure in the near future. The bill specifies that this allowance applies notwithstanding OHCA statutes, regulations, or orders.

The bill also requires OHCA, when approving a hospital's CON application to provide emergency coronary angioplasty services, to also allow the hospital to perform these services electively. It must do this notwithstanding the factors existing law requires OHCA to consider when evaluating CON applications.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 28 Nay 0 (04/05/2013)