



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## **TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE** **March 20, 2013**

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### **House Bill 6644 - An Act Concerning Various Revisions to the Public Health Statutes**

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The Department of Public Health supports House Bill 6644. The Department would like to thank the Public Health Committee for raising the Department's bill.

Below is a description of each of the sections of the bill. Highlights of the Department's proposal include technical changes related to the Biomedical Research Fund; clarification of what is considered a volunteer in a long term care facility; requiring that several Department-licensed professions conform to accepted standards of practice; clarification of the statute regarding continuing medical education for optometrists and dental hygienists; elimination of the Connecticut homeopathy board; and clarification of what data needs to be collected by the State's Tumor Registry.

**Section 1** will codify current practice regarding funding for biomedical research grants by clarifying the amount of funds available for the purposes of funding grants-in-aid each year and specifying that the Department is authorized to utilize up to 2% of the available funds for administrative expenses relating to the grants-in-aid. This section also makes a clarifying change by stating that to be eligible to apply for such grants-in-aid an institution must have its principal place of business in the state. This will mean that entities not having their principal place of business in the state are ineligible to apply.

**Section 2** will revise the income eligibility guideline for the Connecticut Breast and Cervical Cancer Early Detection Program. The current income eligibility limit of 200% of the federal poverty level will be changed to 250% of the federal poverty level to be consistent with National Breast and Cervical Cancer Early Detection Program guidelines. In addition, the bill will delete a requirement for contracted providers to provide the name of the insurer of each underinsured woman being tested to facilitate recoupment of clinical service expenses to the Department of Public Health. The Connecticut Breast and Cervical Cancer Early Detection Program is a comprehensive screening program available throughout Connecticut for medically underserved women. The primary objective of the program is to increase significantly the number of women who receive breast and cervical cancer screening, diagnostic, and treatment referral services.

**Section 3** will add a definition of the term "volunteer" to Section 19a-491c. This section was enacted with the support of a federal grant under Section 6201 of the Affordable Care Act to promote fingerprint-based criminal background checks for direct access employees in long-term

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care provider settings. The present wording may be interpreted to require that *all* volunteers with direct patient access in long-term care settings be subject to fingerprint-based criminal background checks. This broad requirement for volunteer fingerprint-based background checks was not intended under the statute and is not required pursuant to Section 6201 of the Affordable Care Act. Accordingly, the requested amendment clarifies the select category of volunteers that may be subject to Section 19a-491c's requirements and will conform the statute's requirements to those provided within Section 6201(a)(6) of the Affordable Care Act.

**Section 4** adds different classifications of hospice facilities to the definition of an "institution" pursuant to Section 19a-490. In 2012, the Department of Public Health passed regulations that created a separate category for hospice facilities which were under the auspices of a hospital prior to passage of the regulations. The two types of institutions are "short-term, special, hospice" and "hospice inpatient facility".

**Section 5** will allow the Department to charge a licensing fee for opening up a new hospice facility or renewing a current license. Prior to the passage of regulations in 2012, the short-term hospital, special, hospice facilities were considered part of the hospital statute and facilities holding that type of license were charged the same fees as a hospital. The new regulations give both types of facilities a stand-alone license. Under the proposal, short-term hospitals, special, hospice will pay the same fee as they have in the past when they renew their license. Hospice inpatient facilities are smaller entities with fewer beds and consequently will pay a smaller fee.

**Section 6** changes the fees that must accompany an application to be approved as an assistant or substitute staff in a Family Day Care Home. This change is necessary to be consistent with the fee specified in section 19a-87b(e).

**Section 7** corrects a prior inadvertent deletion of certain language ("or other health care provider") that occurred during the enactment of Public Act 96-47. As a result of the language deletion, the scope of patient information disclosure protection may be erroneously limited to just physicians and surgeons. The current proposal will reinstate patient information disclosure protection to all relevant healthcare providers.

**Section 8** adds a requirement that all licensed healthcare institutions provide the Department with a written plan of correction for violations identified during an inspection. This is an important tool for ensuring public health and safety of the residents receiving services from health care institutions.

**Sections 9 through 26** revise the statutes to allow the Department to take disciplinary action against health care practitioners for the "failure to conform to the accepted standards of the profession." The grounds for disciplinary action for some healthcare professions already include this requirement. These professions include: professional counselors; nurses; acupuncturists; paramedics; massage therapists; dietitian-nutritionists; perfusionists; respiratory care practitioners; athletic trainers; midwifery, radiographers and radiologist assistants. However, the requirements for other healthcare professions, including physicians and dentists, do not contain such grounds for disciplinary action.

Accordingly, the Department requests amendments to various disciplinary statutes to provide greater uniformity within the disciplinary grounds for the various healthcare professions. The amendments would facilitate discipline in all regulated professions where a practitioner acts in a reckless and/or intentionally malicious way that may be contrary to "standards of the profession" while not necessarily occurring in the direct treatment of a patient.

Some examples may include cases of physical abuse, sexual assault, possession of child pornography and/or reckless endangerment where licensure disciplinary action may be appropriate to protect the public health and safety, even though the practitioner's illegal and/or offensive conduct occurred outside of an examining room. Providing some uniformity throughout the healthcare disciplinary statutes would assist in such efforts to further protect the public health and safety.

**The Department requests** however that in Section 26, the sentence following subsection 8 be deleted as unnecessary: *"Proceedings relative to the revocation or suspension of a license or other action set forth in section 19a-17 may be begun by the filing of written charges, verified by affidavit, with the Department of Public Health."*

**Section 27** will allow a physician assistant employed or contracted by a nursing home that operates an IV therapy program to administer a peripherally inserted central catheter (PICC) as part of the home's IV therapy program.

**Section 28** will allow the Governor to select the Chair of the Health Information Technology Exchange of Connecticut (HITE-CT) Board of Directors. HITE-CT, a quasi-public agency, is now functioning as its own entity with a CEO and staff. The Department feels that having the DPH Commissioner act as the Chair of the Board of Directors is no longer necessary to ensure the longevity of the entity.

**Section 29** will extend the grandparenting provisions for licensed master social workers.

**Section 30** will allow a licensed physician assistant from another state who is in Connecticut on active duty with the National Guard to practice under the supervision of a Connecticut licensed physician. Currently, a physician assistant (PA) can only practice in Connecticut if the PA holds a Connecticut license and is practicing under a written delegation agreement with a Connecticut licensed physician. This proposal would clarify that a PA who is licensed in another state can be supervised by a Connecticut licensed physician while on active duty with the National Guard in Connecticut.

**Sections 31 and 32** clarify the mandatory continuing education (CE) requirements for optometrists. Optometrists must earn 20 hours of continuing education for each registration period and specific requirements for CE activity are outlined in regulation. This proposal would remove the requirement that the Department promulgate regulations for continuing education requirements; define the CE requirements including waiver provisions in statute to be consistent with other professional CE requirements; and clarify that online coursework and courses approved by the national certification authority are acceptable for purposes of complying with the mandatory continuing education requirements.

**Sections 33 and 34** clarify the mandatory continuing education requirements for dental hygienists. Currently, dental hygienists must earn 16 hours of continuing education every two years and specific requirements for qualifying CE activity are outlined in regulation. This proposal would remove the requirement that the Department promulgate regulations for continuing education requirements; define the CE requirements including waiver provisions in statute to be more consistent with other professional CE requirements; and clarify that online coursework and courses approved by the national certification authority are acceptable for purposes of complying with the mandatory continuing education requirements.

**Sections 35, 36, 38, 39, 40 and 41** will eliminate the Connecticut Homeopathic Medical Examining Board and clarify that homeopathic physicians must hold and maintain a Connecticut license as a physician and surgeon in addition to the homeopathic physician license. Chapter 370 of the Connecticut General Statutes designates separate Boards for physician/surgeons

and homeopathic physicians. Currently there are 4 members on the Connecticut Homeopathic Medical Examining Board, 2 public members and 2 licensed homeopathic physicians and only 8 licensed homeopathic physicians in the State. To become licensed as a homeopathic physician, the applicant must meet the requirements for licensure as a physician/surgeon and, in addition, complete at least one hundred twenty (120) hours of postgraduate medical training in homeopathy. In the past 10 years, the Connecticut Homeopathic Medical Examining Board has held no hearing for contested cases. Serious consideration should be given as to whether this level of activity warrants a separate board/commission. **Section 36** clarifies the language concerning the licensing requirements for homeopathic physicians to make it clear that they must also hold and maintain a license as a physician and surgeon.

**Section 36** also gives the Department powers and duties concerning the standards for certification of water operators. This includes grounds for disciplinary action, receiving and processing of complaints, and disclosure of information during department investigations. This proposal adds the certified water operator profession classifications (i.e. certified water treatment plant operator, certified distribution system operator, backflow prevention device tester, cross connection survey inspector) to the list of professions found in Section 19a-14(c). The Department, under existing statutory and regulatory authority, has had a long standing program for the certification of water operators. The Department does not have administrative powers concerning establishing grounds for disciplinary action, receiving and processing of complaints, and disclosure of information during department investigations.

**Section 43** revises Section 19a-72 to require reporting facilities to submit operative, radiation therapy, and oncology reports to the Connecticut Tumor Registry (CTR) when available. This proposal is submitted in response to recent changes in cancer registry coding requirements from the National Cancer Institute (NCI) and other standard setting organizations, which obligate CTR staff to review these specific documents. The revision would further require reporting facilities to submit case reports within six months of diagnosis or first encounter for cancer treatment, which is consistent with NCI standards, as well reporting requirements for all other states in this region.

Thank you for your consideration of the Department's bill.