



General Assembly

February Session, 2016

Raised Bill No. 5264

LCO No. 1412



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING ACCESSIBILITY OF MEDICAL DIAGNOSTIC EQUIPMENT.

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

1 Section 1. (NEW) (*Effective from passage*) (a) For purposes of this
2 section: (1) "Health care facility" means a hospital or an outpatient
3 clinic, as such terms are defined in section 19a-490 of the general
4 statutes, a long-term care facility, as defined in section 17a-405 of the
5 general statutes, and a hospice facility, licensed pursuant to section
6 19a-122b of the general statutes; and (2) "medical diagnostic
7 equipment" means an (A) examination table, (B) examination chair, (C)
8 weigh scale, (D) mammography equipment, and (E) x-ray, imaging
9 and other radiological diagnostic equipment.

10 (b) The Commissioner of Public Health shall adopt regulations, in
11 accordance with the provisions of chapter 54 of the general statutes, to
12 require each health care facility to meet or exceed the technical
13 standards for accessibility developed by the federal Architectural and
14 Transportation Barriers Compliance Board in accordance with Section
15 4203 of the Patient Protection and Affordable Care Act, P.L. 111-148, as

16 amended from time to time, for medical diagnostic equipment
17 purchased on or after January 1, 2017.

18 (c) Not later than October 1, 2017, the Commissioner of Public
19 Health shall notify each physician licensed pursuant to chapter 370 of
20 the general statutes of the technical standards for accessibility
21 developed by the federal Architectural and Transportation Barriers
22 Compliance Board in accordance with Section 4203 of the Patient
23 Protection and Affordable Care Act, P.L. 111-148, as amended from
24 time to time, for medical diagnostic equipment. The commissioner
25 shall also provide information to each physician describing the best
26 practices for the safe provision of health care to individuals with
27 accessibility needs.

28 Sec. 2. Subsection (a) of section 19a-639 of the 2016 supplement to
29 the general statutes is repealed and the following is substituted in lieu
30 thereof (*Effective October 1, 2016*):

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

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

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

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

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

45 (5) Whether the applicant has satisfactorily demonstrated how the
46 proposal will improve quality, accessibility and cost effectiveness of
47 health care delivery in the region, including, but not limited to,
48 provision of or any change in the access to services for Medicaid
49 recipients and indigent persons;

50 (6) The applicant's past and proposed provision of health care
51 services to relevant patient populations and payer mix, including, but
52 not limited to, access to services by Medicaid recipients and indigent
53 persons;

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

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

59 (9) Whether the applicant has satisfactorily demonstrated that the
60 proposed project shall not result in an unnecessary duplication of
61 existing or approved health care services or facilities;

62 (10) Whether an applicant, who has failed to provide or reduced
63 access to services by Medicaid recipients or indigent persons, has
64 demonstrated good cause for doing so, which shall not be
65 demonstrated solely on the basis of differences in reimbursement rates
66 between Medicaid and other health care payers;

67 (11) Whether the applicant has satisfactorily demonstrated that the
68 proposal will not negatively impact the diversity of health care
69 providers and patient choice in the geographic region; [and]

70 (12) Whether the applicant has satisfactorily demonstrated that any
71 consolidation resulting from the proposal will not adversely affect
72 health care costs or accessibility to care; and

73 (13) The availability of, or need for, accessible medical diagnostic

74 equipment that meets or exceeds the technical standards developed by
75 the federal Architectural and Transportation Barriers Compliance
76 Board in accordance with Section 4203 of the Patient Protection and
77 Affordable Care Act, P.L. 111-148, as amended from time to time.

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, 2016</i>	19a-639(a)

Statement of Purpose:

To require medical diagnostic equipment purchased by health care facilities to meet technical standards for accessibility.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]