



House of Representatives

General Assembly

File No. 201

February Session, 2022

Substitute House Bill No. 5303

House of Representatives, March 30, 2022

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CONTINUING MEDICAL EDUCATION REQUIREMENTS CONCERNING ENDOMETRIOSIS AND CULTURAL COMPETENCY AND THE CREATION OF A PLAN FOR AN ENDOMETRIOSIS DATA AND BIOREPOSITORY PROGRAM.

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

1 Section 1. Subsection (b) of section 20-10b of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective October*
3 *1, 2022*):

4 (b) Except as otherwise provided in subsections (d), (e) and (f) of this
5 section, a licensee applying for license renewal shall earn a minimum of
6 fifty contact hours of continuing medical education within the
7 preceding twenty-four-month period. Such continuing medical
8 education shall (1) be in an area of the physician's practice; (2) reflect the
9 professional needs of the licensee in order to meet the health care needs
10 of the public; and (3) during the first renewal period in which continuing
11 medical education is required and not less than once every six years
12 thereafter, include at least one contact hour of training or education in

13 each of the following topics: (A) Infectious diseases, including, but not
14 limited to, acquired immune deficiency syndrome and human
15 immunodeficiency virus, (B) risk management, including, but not
16 limited to, prescribing controlled substances and pain management, and
17 [for registration periods beginning on or after October 1, 2019, such risk
18 management continuing medical education may also include] screening
19 for inflammatory breast cancer and gastrointestinal cancers, including
20 colon, gastric, pancreatic and neuroendocrine cancers and other rare
21 gastrointestinal tumors, and, for registration periods beginning on or
22 after October 1, 2022, such risk management continuing medical
23 education may also include screening for endometriosis, (C) sexual
24 assault, (D) domestic violence, (E) cultural competency, including, but
25 not limited to, the effects of systemic racism, explicit and implicit bias,
26 racial disparities, and the experiences of transgender and gender diverse
27 persons on patient diagnosis, care and treatment, and (F) behavioral
28 health, provided further that [on and after January 1, 2016,] such
29 behavioral health continuing medical education may include, but not be
30 limited to, at least two contact hours of training or education during the
31 first renewal period in which continuing education is required and not
32 less than once every six years thereafter, on diagnosing and treating (i)
33 cognitive conditions, including, but not limited to, Alzheimer's disease,
34 dementia, delirium, related cognitive impairments and geriatric
35 depression, or (ii) mental health conditions, including, but not limited
36 to, mental health conditions common to veterans and family members
37 of veterans. Training for mental health conditions common to veterans
38 and family members of veterans shall include best practices for (I)
39 determining whether a patient is a veteran or family member of a
40 veteran, (II) screening for conditions such as post-traumatic stress
41 disorder, risk of suicide, depression and grief, and (III) suicide
42 prevention training. For purposes of this section, qualifying continuing
43 medical education activities include, but are not limited to, courses
44 offered or approved by the American Medical Association, American
45 Osteopathic Association, Connecticut Hospital Association,
46 Connecticut State Medical Society, Connecticut Osteopathic Medical
47 Society, county medical societies or equivalent organizations in another

48 jurisdiction, educational offerings sponsored by a hospital or other
49 health care institution or courses offered by a regionally accredited
50 academic institution or a state or local health department. The
51 commissioner, or the commissioner's designee, may grant a waiver for
52 not more than ten contact hours of continuing medical education for a
53 physician who: (I) Engages in activities related to the physician's service
54 as a member of the Connecticut Medical Examining Board, established
55 pursuant to section 20-8a; (II) engages in activities related to the
56 physician's service as a member of a medical hearing panel, pursuant to
57 section 20-8a; or (III) assists the department with its duties to boards and
58 commissions as described in section 19a-14.

59 Sec. 2. (*Effective July 1, 2022*) (a) As used in this section:

60 (1) "Biorepository" means a facility that collects, catalogs, and stores
61 samples of biological material, including, but not limited to, urine,
62 blood, tissue, cells, DNA, RNA and protein, from humans for laboratory
63 research; and

64 (2) "Phenotypic data" means clinical information regarding a person's
65 disease symptoms and relevant demographic data regarding the
66 person, including, but not limited to, the person's age, sex, race and
67 ethnicity.

68 (b) The University of Connecticut Health Center, in consultation with
69 a research laboratory, shall develop a plan to establish an endometriosis
70 data and biorepository program in the state to promote (1) early
71 detection of endometriosis in adolescents and adults, (2) new
72 therapeutic strategies for treatment and better overall management of
73 endometriosis, and (3) early access to the latest therapeutic options for
74 persons diagnosed with endometriosis.

75 (c) In developing the plan pursuant to subsection (b) of this section,
76 The University of Connecticut Health Center shall require the
77 endometriosis data and biorepository program to have the following
78 functions:

79 (1) Collecting standardized phenotypic data along with the collection
80 of biological samples of a person's endometriosis and control samples to
81 improve the characterization of endometriosis and of the person with
82 endometriosis;

83 (2) Developing standard operating procedures for retention and
84 storage of biological samples of endometriosis and control samples,
85 including, but not limited to, collection, transportation, processing and
86 long-term storage of such samples;

87 (3) Curating biological samples of endometriosis from a diverse
88 cross-section of communities to ensure representation of all groups
89 affected by endometriosis, including, but not limited to, black persons,
90 Latino persons, other persons of color, transgender and gender diverse
91 persons and persons with disabilities;

92 (4) Researching the pathogenesis, pathophysiology, progression and
93 prognosis of endometriosis and the development of noninvasive
94 diagnostic biomarkers, novel targeted therapeutics, curative therapies
95 and preventive interventions with regard to endometriosis, including
96 medical and surgical interventions;

97 (5) Serving as a centralized resource for endometriosis information;

98 (6) Facilitating collaboration among researchers and health care
99 professionals, educators and students regarding best practices for the
100 diagnosis, care and treatment of endometriosis; and

101 (7) Researching the impact of endometriosis on residents of the state,
102 including, but not limited to, its impact on health and comorbidity,
103 health care costs and overall quality of life.

104 (d) Not later than January 1, 2023, the chairman of the board of
105 directors of The University of Connecticut Health Center shall report, in
106 accordance with the provisions of section 11-4a of the general statutes,
107 regarding the plan developed pursuant to subsections (b) and (c) of this
108 section and the anticipated timeline for establishing the endometriosis
109 data and biorepository program to the joint standing committee of the

110 General Assembly having cognizance of matters relating to public
111 health.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	20-10b(b)
Sec. 2	<i>July 1, 2022</i>	New section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which requires the University of Connecticut Health Center to develop a plan to establish a specialized endometriosis program, results in no fiscal impact to the state. The health center has sufficient expertise to create the plan. The bill additionally makes changes to continuing medical education requirements, which also has no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sHB 5303

AN ACT CONCERNING CONTINUING MEDICAL EDUCATION REQUIREMENTS CONCERNING ENDOMETRIOSIS AND CULTURAL COMPETENCY AND THE CREATION OF A PLAN FOR AN ENDOMETRIOSIS DATA AND BIOREPOSITORY PROGRAM.

SUMMARY

This bill requires UConn Health Center, in consultation with a research laboratory, to develop a plan to develop an endometriosis data and biorepository program to promote (1) early detection of endometriosis in adolescents and adults, (2) new therapeutic strategies to treat and manage the condition, and (3) early access to the latest therapeutic options for patients.

Under the bill, the UConn Health Center board of director's chairperson must report to the Public Health Committee, by January 1, 2023, on the plan and the timeline for establishing the program.

Additionally, the bill allows physicians' continuing education in (1) risk management to address screening for endometriosis and (2) cultural competency to address the effects of systemic racism, explicit and implicit bias, racial disparities, and the experiences of transgender and gender diverse people on patient diagnosis, care and treatment. It applies to license registration periods on or after October 1, 2022.

As part of existing law's continuing education requirements, physicians must complete one contact hour each of risk management and cultural competency training or education (1) during their first license renewal period and (2) at least once every six years after that.

By law, physicians generally must complete 50 contact hours of continuing education every two years, starting with their second license renewal.

EFFECTIVE DATE: July 1, 2022, for the endometriosis data and biorepository program and October 1, 2022, for physicians' continuing education requirements.

ENDOMETRIOSIS DATA AND BIOREPOSITORY PROGRAM

Duties

Under the bill, in developing its plan, UConn Health Center must require that the endometriosis data and biorepository program do the following:

1. collect standardized phenotypic data along with biological samples of a person's endometriosis and control samples to improve the characterization of the condition and the person who has it;
2. develop standard operating procedures for retaining and storing biological endometriosis samples and control samples, including for their collection, transportation, processing and long-term storage;
3. curate biological endometriosis samples from a diverse cross-section of communities to ensure they represent all groups affected by endometriosis, including black and Latino persons, other persons of color, transgender and gender diverse persons, and persons with disabilities;
4. research the pathogenesis, pathophysiology, progression, and prognosis of endometriosis and the development of noninvasive diagnostic biomarkers, novel targeted therapeutics, curative therapies, and preventive interventions for the condition, including medical and surgical interventions;
5. serve as a centralized resource for endometriosis information;
6. facilitate collaboration among researchers and health care professionals, educators, and students on best practices for the diagnosis, care and treatment of endometriosis; and

7. research the impact of endometriosis on Connecticut residents, including its impact on health and comorbidity, health care costs, and overall quality of life.

Definitions

Under the bill, “biorepository” means a facility that collects, catalogs, and stores human samples of biological material, including urine, blood, tissue, cells, DNA, RNA, and protein for laboratory research.

“Phenotypic data” means clinical information on a person’s disease symptoms and his or her relevant demographic data, including age, sex, race, and ethnicity.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 31 Nay 0 (03/16/2022)