



General Assembly

Amendment

February Session, 2022

LCO No. 4752



Offered by:
REP. GILCHREST, 18th Dist.

To: Subst. House Bill No. 5278

File No. 231

Cal. No. 194

"AN ACT PROHIBITING AN UNAUTHORIZED INTIMATE EXAMINATION ON A PATIENT WHO IS UNDER DEEP SEDATION OR ANESTHESIA OR UNCONSCIOUS."

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

3 "Section 1. Section 19a-490m of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective from passage*):

5 (a) Each hospital and outpatient surgical facility shall develop
6 protocols for accurate identification procedures that shall be used by
7 such hospital or outpatient surgical facility prior to surgery. Such
8 protocols shall include, but need not be limited to, (1) procedures to be
9 followed to identify the (A) patient, (B) surgical procedure to be
10 performed, and (C) body part on which the surgical procedure is to be
11 performed, and (2) alternative identification procedures in urgent or
12 emergency circumstances or where the patient is nonspeaking,
13 comatose or incompetent or is a child. After January 1, 2006, no hospital
14 or outpatient surgical facility may anesthetize a patient or perform

15 surgery unless the protocols have been followed. Each hospital and
16 outpatient surgical facility shall make a copy of the protocols available
17 to the Commissioner of Public Health upon request.

18 (b) Not later than October 1, 2006, the Department of Public Health
19 shall report, in accordance with section 11-4a, to the joint standing
20 committee of the General Assembly having cognizance of matters
21 relating to public health describing the protocols developed pursuant to
22 subsection (a) of this section.

23 (c) Not later than January 1, 2023, each hospital and outpatient
24 surgical facility shall develop and implement procedures for securing
25 on a written or electronic form a patient's express written consent to an
26 intimate examination. A health care provider at each hospital and
27 outpatient surgical facility shall obtain such consent in advance of
28 performing an intimate examination on a patient who will be under
29 deep sedation or general anesthesia, or is rendered unconscious, unless
30 the intimate examination is within the scope of a planned procedure,
31 diagnostic examination or surgical procedure for which the patient has
32 provided general consent. If a student in a medical school participating
33 in a course of instruction or person participating in a residency program
34 or clinical training program performs an intimate examination on a
35 patient exclusively for training purposes, and not (1) as part of the
36 patient's clinical care, or (2) when such student or person is part of the
37 patient's clinical care team, the hospital or outpatient surgical facility
38 shall obtain a separate written consent from the patient detailing such
39 student's or person's involvement in the intimate examination. Express
40 written patient consent shall not be required under this subsection for
41 intimate examinations performed in an emergency or urgent care
42 situation for diagnostic or treatment purposes. Each hospital and
43 outpatient surgical facility shall make a copy of the procedures and
44 consent forms developed under this subsection available to the
45 Commissioner of Public Health upon request. As used in this
46 subsection, (A) "health care provider" means a physician licensed
47 pursuant to chapter 370, a student in a medical school participating in a
48 course of instruction, a person participating in a residency program or

49 clinical training program, a physician assistant licensed pursuant to
50 chapter 370 or an advanced practice registered nurse licensed pursuant
51 to chapter 378, and (B) "intimate examination" means a pelvic, prostate
52 or rectal examination.

53 Sec. 2. Subsection (b) of section 20-10b of the general statutes is
54 repealed and the following is substituted in lieu thereof (*Effective October*
55 *1, 2022*):

56 (b) Except as otherwise provided in subsections (d), (e) and (f) of this
57 section, a licensee applying for license renewal shall earn a minimum of
58 fifty contact hours of continuing medical education within the
59 preceding twenty-four-month period. Such continuing medical
60 education shall (1) be in an area of the physician's practice; (2) reflect the
61 professional needs of the licensee in order to meet the health care needs
62 of the public; and (3) during the first renewal period in which continuing
63 medical education is required and not less than once every six years
64 thereafter, include at least one contact hour of training or education in
65 each of the following topics: (A) Infectious diseases, including, but not
66 limited to, acquired immune deficiency syndrome and human
67 immunodeficiency virus, (B) risk management, including, but not
68 limited to, prescribing controlled substances and pain management, and
69 [for registration periods beginning on or after October 1, 2019, such risk
70 management continuing medical education may also include] screening
71 for inflammatory breast cancer and gastrointestinal cancers, including
72 colon, gastric, pancreatic and neuroendocrine cancers and other rare
73 gastrointestinal tumors, and, for registration periods beginning on or
74 after October 1, 2022, such risk management continuing medical
75 education may also include screening for endometriosis, (C) sexual
76 assault, (D) domestic violence, (E) cultural competency, including, but
77 not limited to, the effects of systemic racism, explicit and implicit bias,
78 racial disparities, and the experiences of transgender and gender diverse
79 persons on patient diagnosis, care and treatment, and (F) behavioral
80 health, provided further that [on and after January 1, 2016,] such
81 behavioral health continuing medical education may include, but not be
82 limited to, at least two contact hours of training or education during the

83 first renewal period in which continuing education is required and not
84 less than once every six years thereafter, on diagnosing and treating (i)
85 cognitive conditions, including, but not limited to, Alzheimer's disease,
86 dementia, delirium, related cognitive impairments and geriatric
87 depression, or (ii) mental health conditions, including, but not limited
88 to, mental health conditions common to veterans and family members
89 of veterans. Training for mental health conditions common to veterans
90 and family members of veterans shall include best practices for (I)
91 determining whether a patient is a veteran or family member of a
92 veteran, (II) screening for conditions such as post-traumatic stress
93 disorder, risk of suicide, depression and grief, and (III) suicide
94 prevention training. For purposes of this section, qualifying continuing
95 medical education activities include, but are not limited to, courses
96 offered or approved by the American Medical Association, American
97 Osteopathic Association, Connecticut Hospital Association,
98 Connecticut State Medical Society, Connecticut Osteopathic Medical
99 Society, county medical societies or equivalent organizations in another
100 jurisdiction, educational offerings sponsored by a hospital or other
101 health care institution or courses offered by a regionally accredited
102 academic institution or a state or local health department. The
103 commissioner, or the commissioner's designee, may grant a waiver for
104 not more than ten contact hours of continuing medical education for a
105 physician who: (I) Engages in activities related to the physician's service
106 as a member of the Connecticut Medical Examining Board, established
107 pursuant to section 20-8a; (II) engages in activities related to the
108 physician's service as a member of a medical hearing panel, pursuant to
109 section 20-8a; or (III) assists the department with its duties to boards and
110 commissions as described in section 19a-14.

111 Sec. 3. (*Effective July 1, 2022*) (a) As used in this section:

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

116 (2) "Phenotypic data" means clinical information regarding a person's
117 disease symptoms and relevant demographic data regarding the
118 person, including, but not limited to, the person's age, sex, race and
119 ethnicity.

120 (b) The University of Connecticut Health Center, in consultation with
121 a research laboratory, shall develop a plan to establish an endometriosis
122 data and biorepository program in the state to promote (1) early
123 detection of endometriosis in adolescents and adults, (2) new
124 therapeutic strategies for treatment and better overall management of
125 endometriosis, and (3) early access to the latest therapeutic options for
126 persons diagnosed with endometriosis.

127 (c) In developing the plan pursuant to subsection (b) of this section,
128 The University of Connecticut Health Center shall require the
129 endometriosis data and biorepository program to have the following
130 functions:

131 (1) Collecting standardized phenotypic data along with the collection
132 of biological samples of a person's endometriosis and control samples to
133 improve the characterization of endometriosis and of the person with
134 endometriosis;

135 (2) Developing standard operating procedures for retention and
136 storage of biological samples of endometriosis and control samples,
137 including, but not limited to, collection, transportation, processing and
138 long-term storage of such samples;

139 (3) Curating biological samples of endometriosis from a diverse
140 cross-section of communities to ensure representation of all groups
141 affected by endometriosis, including, but not limited to, black persons,
142 Latino persons, other persons of color, transgender and gender diverse
143 persons and persons with disabilities;

144 (4) Researching the pathogenesis, pathophysiology, progression and
145 prognosis of endometriosis and the development of noninvasive
146 diagnostic biomarkers, novel targeted therapeutics, curative therapies

147 and preventive interventions with regard to endometriosis, including
148 medical and surgical interventions;

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

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

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

156 (d) Not later than January 1, 2023, the chairman of the board of
157 directors of The University of Connecticut Health Center shall report, in
158 accordance with the provisions of section 11-4a of the general statutes,
159 regarding the plan developed pursuant to subsections (b) and (c) of this
160 section and the anticipated timeline for establishing the endometriosis
161 data and biorepository program to the joint standing committee of the
162 General Assembly having cognizance of matters relating to public
163 health.

164 Sec. 4. Section 19a-266 of the general statutes is repealed and the
165 following is substituted in lieu thereof (*Effective October 1, 2022*):

166 (a) For purposes of this section:

167 (1) "Breast cancer screening and referral services" means necessary
168 breast cancer screening services and referral services for a procedure
169 intended to treat cancer of the human breast, including, but not limited
170 to, surgery, radiation therapy, chemotherapy, hormonal therapy and
171 related medical follow-up services.

172 (2) "Cervical cancer screening and referral services" means necessary
173 cervical cancer screening services and referral services for a procedure
174 intended to treat cancer of the human cervix, including, but not limited
175 to, surgery, radiation therapy, cryotherapy, electrocoagulation and
176 related medical follow-up services.

177 (3) "Tomosynthesis" means a digital x-ray mammogram that creates
178 two-dimensional and three-dimensional images of the breasts.

179 [(3)] (4) "Unserved or underserved populations" means women who
180 are: (A) At or below two hundred fifty per cent of the federal poverty
181 level for individuals; (B) without health insurance that covers breast
182 cancer screening mammography or cervical cancer screening services;
183 and (C) twenty-one to sixty-four years of age.

184 (b) There is established, within existing appropriations, a breast and
185 cervical cancer early detection and treatment referral program, within
186 the Department of Public Health, to (1) promote screening, detection
187 and treatment of breast cancer and cervical cancer among unserved or
188 underserved populations, while giving priority consideration to women
189 in minority communities who exhibit higher rates of breast cancer and
190 cervical cancer than the general population, (2) educate the public
191 regarding breast cancer and cervical cancer and the benefits of early
192 detection, and (3) provide counseling and referral services for treatment.

193 (c) The program shall include, but not be limited to:

194 (1) Establishment of a public education and outreach initiative to
195 publicize breast cancer and cervical cancer early detection services and
196 the extent of coverage for such services by health insurance; the benefits
197 of early detection of breast cancer and the recommended frequency of
198 screening services, including clinical breast examinations and
199 mammography, which shall include, where possible, tomosynthesis;
200 and the medical assistance program and other public and private
201 programs and the benefits of early detection of cervical cancer and the
202 recommended frequency of pap tests and tests for human
203 papillomavirus;

204 (2) Development of professional education programs, including the
205 benefits of early detection of breast cancer and the recommended
206 frequency of mammography and the benefits of early detection of
207 cervical cancer and the recommended frequency of pap tests and tests
208 for human papillomavirus;

209 (3) Establishment of a system to track and follow up on all women
 210 screened for breast cancer and cervical cancer in the program. The
 211 system shall include, but not be limited to, follow-up of abnormal
 212 screening tests and referral to treatment when needed and tracking
 213 women to be screened at recommended screening intervals;

214 (4) Assurance that all participating providers of breast cancer and
 215 cervical cancer screening are in compliance with national and state
 216 quality assurance legislative mandates.

217 (d) The Department of Public Health shall provide unserved or
 218 underserved populations, while giving priority consideration to women
 219 in minority communities who exhibit higher rates of breast cancer and
 220 cervical cancer than the general population, within existing
 221 appropriations and through contracts with health care providers: (1) (A)
 222 Clinical breast examinations, (B) screening mammograms, [and] which
 223 shall include, where possible, tomosynthesis, (C) pap tests, and (D) tests
 224 for human papillomavirus, as recommended in the most current breast
 225 and cervical cancer screening guidelines established by the United
 226 States Preventive Services Task Force, for the woman's age and medical
 227 history; and (2) a pap test every six months for women who have tested
 228 HIV positive."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-490m
Sec. 2	<i>October 1, 2022</i>	20-10b(b)
Sec. 3	<i>July 1, 2022</i>	New section
Sec. 4	<i>October 1, 2022</i>	19a-266