

Legislative History for Connecticut Act

Act Number: PA 06-195
Bill Number: 317
Senate Pages: Senate: 3309-3316, 3317-3318, 3661, 3664-3666 **14**
House Pages: House: 6169-6179 **11**
Committee: Public Health: 14-17, 338-347, 508-530, 714 **38**

Page Total: 63

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate
and House of Representatives Proceedings

Connecticut State Library

Compiled 2014

S-535

CONNECTICUT
GEN. ASSEMBLY
SENATE

PROCEEDINGS

2006

VOL. 49
PART 11
3214-3472

jmk
Senate

003309
May 2, 2006

Thank you, Mr. President.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar Page 16, Calendar 258, File 322,
Substitute for Senate Bill 317, An Act Concerning
Revisions to the Department of Public Health Statutes,
Favorable Report of Committees on Public Health,
Insurance, and Judiciary. Clerk is in possession of
amendments.

THE CHAIR:

Senator Murphy.

SEN. MURPHY:

Thank you, Mr. President. I would, once again,
move adoption of the Joint Committee's Favorable
Report and passage of the bill.

THE CHAIR:

On acceptance and passage, will you remark?

Senator Murphy.

SEN. MURPHY:

Thank you, Mr. President. This is our annual DPH
revisions bill. There are a number of sections in the

003310

jmk
Senate

327
May 2, 2006

underlying bill. I won't endeavor to go through all of them.

Needless to say, there are various fairly technical changes to our statutes on dialysis, patient care technicians, respiratory care practitioners, youth camps, funeral home records, tanning salons, AP RN's, CON's for ambulances, mold abatement contractors.

This is a bill that the Department of Public Health has brought forth. The underlying bill includes, as I said, largely technical changes to our Public Health Statutes.

The Clerk is in possession of an amendment. It's LCO 5056, and I'd ask that he please call and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 5056, which will be designated as Senate Amendment Schedule "A". It is offered by Senator Murphy of the 16th District et al.

THE CHAIR:

Senator Murphy.

003311

jmk
Senate

328
May 2, 2006

SEN. MURPHY:

Thank you, Mr. President. I would move adoption.

THE CHAIR:

On adoption, Senator Murphy.

SEN. MURPHY:

Thank you. Again, this adds a number of sections to the underlying bill with regard to changes and revisions to the Department of Public Health Statutes. I'll just point out a few important ones to Members of the Circle.

This includes two fixes to bills previously passed here in the General Assembly that we noted upon passage that we would make changes. One, this provides for mandatory malpractice insurance for physical therapists, an issue that I know is important to many in this Chamber.

It also includes the corrected language to the kidney screening bill that we did earlier today, so as to make sure that hospitals are doing that test when patients are having blood work done.

The bulk in paper in this amendment is the health care directives legislation that came through the Public Health Committee earlier this year.

jmk
Senate

003312
329
May 2, 2006

This is language that has been worked on exhaustively by the elder law section of the bar, modernizing Connecticut's laws on healthcare directives and healthcare representatives.

This is an important step forward for the state in terms of bringing our statutes up to national standards for healthcare directives. I would urge adoption, Mr. President, of this amendment.

THE CHAIR:

On adoption, will you remark? Senator Fasano.

SEN. FASANO:

Thank you, Mr. President. Mr. President, through you to Senator Murphy.

THE CHAIR:

Please proceed, Senator.

SEN. FASANO:

Thank you, Mr. President. Senator Murphy, there's a particular section that talks about the ability for someone to be added to, not as party status, but an intervener status, with respect to licensing in a PSAR area.

jmk
Senate

003313
330
May 2, 2006

That intervener status, is it the intention that that is a status equal to a party status, through you, Mr. President?

THE CHAIR:

Senator Murphy.

SEN. MURPHY:

Thank you, Mr. President. I thank my friend for the question. The answer is no. Intervener status allows you to participate in the proceedings, but does not give you an automatic right of appeal, as party status would. Our intention is not to equate intervener status with party status.

THE CHAIR:

Senator Fasano.

SEN. FASANO:

So through you, Mr. President, essentially, the intervener status is similar in terms of its treatment to bring suits, to be engaged in litigation, very similar to the intervener status that we use in another section of statute, being 22-819, which is a land use intervener status, through you, Mr. President.

THE CHAIR:

jmk
Senate

003314
331
May 2, 2006

Senator Murphy.

SEN. MURPHY:

Thank you, Mr. President. Through you, although I'm not as familiar with that statute as you may be, Senator Fasano, it certainly sounds as if that's an apt comparison.

The intervener status, as I understand it, in the DPH Statutes allows you to participate in proceedings, get notice of filings, and such, but, again, does not give you that automatic right to appeal.

THE CHAIR:

Senator Fasano.

SEN. FASANO:

Thank you, Mr. President. Mr. President, I support the amendment. Reading through the amendment, the intervener status is a status that normally is given the PSAR person, or entity, to raise issues and concerns.

And if the Department of Public Health were to find that ambulance service, an extra one, is needed in that area to fulfill a public need, the intervener status would now allow this other entity to bring

003315

332

jmk
Senate

May 2, 2006

action on its own accord. It wouldn't have any standing.

Of if it did, it was read that they would have standing, it would interfere with the act that the Public Health has, which is to protect the people. So with that understanding, Mr. President, I support this amendment. Thank you, and thank you, Senator Murphy, for your answers.

THE CHAIR:

On the amendment, will you remark further? If not, we'll try your minds. All those in favor, please say "aye".

SENATE ASSEMBLY:

Aye.

THE CHAIR:

Any opposed, "nay". The ayes have it. The amendment is adopted. Senator Murphy.

SEN. MURPHY:

Thank you, Mr. President. If there's no objection, I would move this item as amended to the Consent Calendar.

THE CHAIR:

jmk
Senate

003316
May 2, 2006

Without objection, so ordered. Mr. Majority
Leader.

SEN. LOONEY:

Yes, thank you, Mr. President. If we might now
move to a vote on the Consent Calendar. If the Clerk
might please call the items.

THE CHAIR:

Mr. Clerk, would you announce the pendency of a
roll call vote on the Consent Calendar and read the
items thereon.

THE CLERK:

An immediate roll call has been ordered in the
Senate on the Consent Calendar. Will all Senator
please return to the Chamber.

An immediate roll call has been ordered in the
Senate on the Consent Calendar. Will all Senator
please return to the Chamber.

Mr. President, those items placed on the fourth
Consent Calendar begin on Calendar Page 2, Calendar
316, Substitute for House Bill 5084.

Calendar 322, House Bill 5215.

Calendar Page 4, Calendar 409, House bill 5212.

003317

jmk
Senate

334
May 2, 2006

Calendar Page 16, Calendar 258, Substitute for
Senate Bill 317.

Calendar Page 19, Calendar 401, Substitute for
Senate Bill 700.

Calendar Page 21, Calendar 512, Senate Bill 703.

Mr. President, that completes those items placed
on the fourth Consent Calendar.

THE CHAIR:

Thank you, Mr. Clerk. Would you announce that a
roll call vote is in process on the fourth Consent
Calendar. The machine is open.

THE CLERK:

The Senate is now voting by roll call on the
fourth Consent Calendar. Will all Senator please
return to the Chamber.

The Senate is now voting by roll call on the
fourth Consent Calendar. Will all Senator please
return to the Chamber.

THE CHAIR:

If all Members have voted, the machine is closed.
The Clerk will announce the result.

THE CLERK:

Motion is on adoption of Consent Calendar No. 4.

jmk
Senate

003318
335
May 2, 2006

Total number voting, 36; necessary for adoption,
19. Those voting "yea", 36; those voting "nay", 0.
Those absent and not voting, 0.

THE CHAIR:

Consent Calendar is adopted. Mr. Majority
Leader.

SEN. LOONEY:

Yes, thank you, Mr. President. Would move for
immediate transmission to the House of Representatives
all items voted upon requiring additional action in
that Chamber.

THE CHAIR:

Without objection, so ordered.

SEN. LOONEY:

Thank you, Mr. President. Mr. President, I
believe the Clerk is in possession of Senate Agendas
Nos. 3, 4, and 5.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Mr. President, Clerk is in possession of Senate
Agendas Nos. 3, 4, and 5, copies of which have been
distributed.

S-536

CONNECTICUT
GEN. ASSEMBLY
SENATE

PROCEEDINGS

2006

VETO SESSION

VOL. 49
PART 12
3473-3745

003661

334

jmk
Senate

May 3, 2006

Yes, Mr. President, thank you. And appearing on Senate Agenda No. 4 is, Under Disagreeing Actions, Substitute for Senate Bill 317, An Act Concerning Revisions to the Department of Public Health Statutes. Would move for suspension to take up that item and to move it to the Consent Calendar.

THE CHAIR:

Without objection, so ordered.

SEN. LOONEY:

Thank you, Mr. President. Mr. President, I believe we are ready to return to Calendar 292, which was just Passed Temporarily.

THE CLERK:

Returning to Calendar Page 13, Calendar 292, File 410, Senate Bill 58, An Act Concerning Protection of Minors in the Workplace, Favorable Report of the Committee on Labor and Judiciary, as amended by Senate Amendment Schedule "A" and Senate Amendment Schedule "B".

THE CHAIR:

Senator Prague, when last we were visiting this, what is your pleasure now?

SEN. PRAGUE:

003664

jmk
Senate

337
May 3, 2006

An immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

Calling those items placed on Consent Calendar No. 3, beginning with Senate Agenda No. 4, Substitute for Senate Bill 317.

From the Calendar, Calendar Page 5, Calendar 492, House Bill 5747.

Calendar Page 6, Calendar 503, House Bill 5617.

Calendar Page 13, Calendar 282, Substitute for Senate Bill 188.

Calendar 292, Senate Bill 58.

Calendar Page 14, Calendar 399, Substitute for Senate Bill 668.

Calendar 402, House Bill 5298.

Calendar Page 15, Calendar 479, Substitute for House Bill 5251.

Calendar Page 17, Calendar 342, Substitute for Senate Bill 549.

Calendar 519, Senate Resolution 40.

003665

jmk
Senate

338
May 3, 2006

Mr. President, I believe that completes those items previously placed on the third Consent Calendar.

THE CHAIR:

Thank you, Mr. Clerk. Would you announce that a roll call vote is in process on the third Consent Calendar, and the machine is open.

THE CLERK:

The Senate is now voting by roll call on the third Consent Calendar. Will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

THE CHAIR:

If all Members have voted, the machine is closed. The Clerk will announce the result of the roll call vote.

THE CLERK:

Motion is on adoption of Consent Calendar No. 3.
Total number voting, 36; necessary for adoption, 19. Those voting "yea", 36; those voting "nay", 0. Those absent and not voting, 0.

THE CHAIR:

003666

jmk
Senate

339
May 3, 2006

All items on the Consent Calendar are passed.

Mr. Majority Leader.

SEN. LOONEY:

Yes, Mr. President, thank you. I would move for suspension for transmittal to the House of Representatives of any items on that recently enacted Consent Calendar requiring action in that Chamber.

THE CHAIR:

Without objection, so ordered.

SEN. LOONEY:

Yes, thank you, Mr. President. If we might move to another item to mark Go, which was previously marked Passed Temporarily. And that is on Calendar Page 10, Calendar 85, Senate Bill 417. Would ask that the Clerk call that item.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Returning to the Calendar, Calendar Page 10, Calendar 85, File 53, Senate Bill 417, An Act Concerning the Control and Security of Radioactive Material, Favorable Report of the Committee on

H-983

CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
2006

VOL. 49
PART 20
6089-6379

006169

gld
House of Representatives

389
May 3, 2006

Mr. Speaker, I move for the suspension of the rules for the immediate consideration of House Calendar Number 499 and House Calendar Number 507.

DEPUTY SPEAKER ALTOBELLO:

Is there objection? Is there objection? Hearing none, the rules are suspended. Will the Clerk please call Calendar Number 507?

CLERK:

On Page 15, Calendar Number 507, Substitute for Senate Bill Number 317, AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES, Favorable Report of the Committee on Judiciary.

DEPUTY SPEAKER ALTOBELLO:

Representative Sayers.

REP. SAYERS: (60th)

Thank you, Mr. Speaker. I move for acceptance of the Joint Committee's Favorable Report and passage of the Bill in concurrence with the Senate.

DEPUTY SPEAKER ALTOBELLO:

The question is on acceptance and passage in concurrence. Will you explain the Bill, please, Madam?

REP. SAYERS: (60th)

gld
House of Representatives

006170
390
May 3, 2006

Thank you, Mr. Speaker. Mr. Speaker, this Bill makes numerous substantive and technical changes to the Department of Public Health and other related statutes concerning various healthcare professionals, healthcare facilities, programs and activities. I move adoption.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, Madam.

REP. SAYERS: (60th)

Thank you, Mr. Speaker. The Clerk has in his possession an amendment, LCO Number 5056. I ask that he call it and I be given permission to summarize.

DEPUTY SPEAKER ALTOBELLO:

The Clerk is in possession of LCO Number 5056 previously designated Senate Amendment Schedule "A". Will the Clerk please call.

CLERK:

LCO Number 5056, Senate "A", offered by Senator Murphy, Representative Sayers, et al.

DEPUTY SPEAKER ALTOBELLO:

The gentleman has asked leave of the Chamber to summarize. Is there objection? Hearing none, please proceed, Representative Sayers.

gld
House of Representatives

391
006171
May 3, 2006

REP. SAYERS: (60th)

Thank you, Mr. Speaker. This Amendment modifies various sections of the original Bill and adds new provisions. I move adoption.

DEPUTY SPEAKER ALTOBELLO:

The question is on adoption. Representative Sayers.

REP. SAYERS: (60th)

Thank you, Mr. Speaker. The Amendment specifically removes Section 2 of the original Bill and changes the effective date of Section 3.

It makes changes to the statutes concerning breast and cervical cancer early detection and treatment referral program.

It modifies the Bill's provision regarding the regulations of youth camps, makes technical changes to other public health statutes. The Amendment modifies notification requirements for funeral service businesses.

The Amendment modifies the Bill's provision regarding the certification of nursing home facilities. I move adoption.

DEPUTY SPEAKER ALTOBELLO:

006172

gld
House of Representatives

392
May 3, 2006

The question is on adoption. Will you remark further on Senate Amendment Schedule "A"? Will you remark further on Senate Amendment? Representative Sayers.

REP. SAYERS: (60th)

Thank you. The Clerk has in his possession--

DEPUTY SPEAKER ALTOBELLO:

One at a time, Representative Sayers.

REP. SAYERS: (60th)

Oh, I'm sorry.

DEPUTY SPEAKER ALTOBELLO:

I know we're trying to move things. Will you remark further on Senate Amendment Schedule "A"? If not, let me try your minds. All those in favor signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Opposed, Nay? The Ayes have it. The Amendment
is adopted. Representative Sayers.

REP. SAYERS: (60th)

006173

gld
House of Representatives

393
May 3, 2006

Thank you, Mr. Speaker. The Clerk has in his possession an amendment, LCO Number 5767. I ask that he call it and I be given permission to summarize.

DEPUTY SPEAKER ALTOBELLO:

The Clerk is in possession of LCO Number 5767, which will be designated House Amendment Schedule "A". Will the Clerk please call?

CLERK:

LCO Number 5767, House "A", offered by Representative Sayers and Senator Murphy.

DEPUTY SPEAKER ALTOBELLO:

The lady has asked leave of the Chamber to summarize. Is there objection? Hearing none, please proceed, Representative Sayers.

REP. SAYERS: (60th)

Thank you, Mr. Speaker. This deletes Sections 508 and 518 of the Amendment. I move adoption.

DEPUTY SPEAKER ALTOBELLO:

The question is on adoption. Will you remark on the Amendment? Representative Sayers? Will you remark on the Amendment? Will you remark on the Amendment? If not, let me try your minds. All those in favor signify by saying Aye.

gld
House of Representatives

006174
394
May 3, 2006

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Opposed, Nay? The Ayes have it. The Amendment is adopted. Will you remark further on this Bill as amended? Will you remark further on this Bill as amended? Representative Rowe.

REP. ROWE: (123rd)

Thank you. Good evening, Mr. Speaker. Through you, a brief question to the proponent.

DEPUTY SPEAKER ALTOBELLO:

Please frame your question, Sir.

REP. ROWE: (123rd)

Thank you. I believe that a portion of this, and I'm still looking through it, but has to do with the withdrawal of artificial means of providing nutrition and hydration. Is that correct? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Sayers.

REP. SAYERS: (60th)

Through you, Mr. Speaker, there is part on the healthcare decision-making in this Bill, yes.

DEPUTY SPEAKER ALTOBELLO:

gld
House of Representatives

006175
395
May 3, 2006

Representative Rowe.

REP. ROWE: (123rd)

Thank you. And can you either point that out to me or briefly give an explanation of that portion, please?

DEPUTY SPEAKER ALTOBELLO:

Representative Sayers.

REP. SAYERS: (60th)

Okay. That's sections, through you, Mr. Speaker, Sections 519 to 541 and Section 547 of the Bill, which talks about, expands Connecticut's living will to cover all healthcare decisions, not just those concerning life support.

It permits you to appoint a healthcare representative to make all healthcare decisions for you if you can't speak for yourself, requires except where otherwise provided by law, conservators to follow your advance directives, and recognizes the advanced directives from other states.

DEPUTY SPEAKER ALTOBELLO:

Representative Rowe.

REP. ROWE: (123rd)

gld
House of Representatives

006176
396
May 3, 2006

Thank you. With respect to that portion of it, which allows the removal of artificial means of nutrition and hydration, if a person could inject and digest nutrition and hydration orally, would these still be provided, assuming that they had checked off that box? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Sayers.

REP. SAYERS: (60th)

Through you, Mr. Speaker, the answer is yes, as that is not considered artificial means.

DEPUTY SPEAKER ALTOBELLO:

Representative Rowe.

REP. ROWE: (123rd)

Okay, that's a good answer, and I appreciate that, and I support this. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Sir. Representative Winkler.

REP. WINKLER: (41st)

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Oh, I can't quite see. Representative Winkler, now I can see you. Please proceed, Madam.

006177

gld
House of Representatives

397
May 3, 2006

REP. WINKLER: (41st)

Thank you, Mr. Speaker. I rise in support of the Bill as amended and would like to compliment Representative Sayers for her work and Representative Wasserman and Olson for their work in putting this Bill together.

There's good things in here that serve many people, and I'm very pleased to see the issue regarding the hospital list being addressed, which I think will benefit everybody in the State of Connecticut. So I urge the Chamber's support. It's a good bill. It ought to pass. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Madam. Representative Wasserman, my good friend from Newtown.

REP. WASSERMAN: (106th)

Good evening, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Good evening, Madam.

REP. WASSERMAN: (106th)

I'd like to, through you, just commend Representative Sayers for a great job done, and the Bill needs to pass. Thank you.

gld
House of Representatives

006178
398
May 3, 2006

DEPUTY SPEAKER ALTOBELLO:

Kind words, indeed. Thank you, Madam. Are you ready for the question? If so, staff and guests please come to the Well of the House. Members take their seats. The machine will be opened.

CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber. The House is voting by Roll Call. Members to the Chamber.

DEPUTY SPEAKER ALTOBELLO:

Have all the Members voted, and is your vote properly recorded? The Chair would note that we are going into our last three hours. I would ask Members not to stray too far.

Have all the Members voted and is your vote properly recorded? If all the Members have voted, the machine will be locked. The Clerk will take a tally. The Clerk will announce the tally.

CLERK:

Senate Bill Number 317, as amended by Senate Amendment Schedule "A" and House Amendment Schedule "A".

Total Number Voting 146

006179

gld

399

House of Representatives

May 3, 2006

Necessary for Passage	74
Those voting Yea	146
Those voting Nay	0
Those absent and not voting	5

DEPUTY SPEAKER ALTOBELLO:

The Bill as amended is passed. Representative
Donovan.

REP. DONOVAN: (84th)

Yes, Mr. Speaker. Mr. Speaker, I move for the
immediate transmittal of the last item to the Senate
for further action.

DEPUTY SPEAKER ALTOBELLO:

Is there objection? If not, the item is
immediately transmitted. Thank you, Sir.

SPEAKER AMANN:

Will the Clerk please call Calendar Number 323?

CLERK:

On Page 19, Calendar Number 323, Substitute for
House Bill Number 5605, AN ACT CONCERNING UNIFORM
TREATMENT OF TELECOMMUNICATIONS COMPANIES WITH RESPECT
TO PROPERTY TAX DELINQUENCIES AND PAYMENTS TO THE
STATE BY MUNICIPALITIES FOR STATE ENFORCEMENT OF THE
PROPERTY TAX ON MOTOR VEHICLES, Favorable Report of

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH

PART 1
1-311

2006
Index

000014

12
rms

PUBLIC HEALTH

March 3, 2006

COMM. J. ROBERT GALVIN: Are you talking about paid positions?

SEN. GUNTHER: They're not paid, no. This is increasing the scope of practice as, sending up a medical technician program, patients' access to physical therapy, licensure of nail technicians and nurse midwifery.

Now, these are four positions that are taken by people in your Department. I was curious whether you subscribe to all of these?

COMM. J. ROBERT GALVIN: I do subscribe to all of these. Some of these are very controversial and they involve the evolution of our health system of non-doctoral individuals doing care which, 10 years and 20 years ago, was ordinarily done by physicians.

But I think that what we are looking at is the way that healthcare is evolving in the United States. So I support the, Ms. Fillippone can give you chapter and verse, but these are departmental positions.

SEN. MURPHY: Okay, maybe that's the cue to lead into Jennifer.

HB 5245 SB 164

JENNIFER FILLIPPONE: Good morning. I was going to testify on Senate Bill 317, which is an agency proposal. And we wanted to thank the Committee for raising that bill for us.

HB 5472 HB 5474

There is a section-by-section summary attached and within the testimony, so I don't want to

000015

13
rms

PUBLIC HEALTH

March 3, 2006

get into detail on that, recognizing the time constraints that we have this morning.

What I did want to briefly talk about is, as you're aware, the Department works with many professional associations throughout the year to clarify licensing requirements and how to simplify, sometimes, the processes.

And what we're asking the Committee to do is to include some of the more recent initiatives that we've been working on. We've attached language for those initiatives to the proposal.

The language would establish a mandatory continuing education requirements for radiological technologists.

And it would codify existing practice of allowing advanced practice, advanced practice registered nurses who are graduates to practice under supervision while they're awaiting their certification exam results.

Additionally, mandatory continuing education requirements for physicians and dentists was passed last year. We've submitted language that would clarify, there are some particular CE content areas that they have to have.

And we've submitted some language to clarify that. We've also drafted language that would clarify the composition of medical hearing panels that hear physician disciplinary cases.

And, finally, during 2005 Session, legislation was passed to allow dialysis patient care

000016

14
rms

PUBLIC HEALTH

March 3, 2006

technicians to administer certain medications in initiating and terminating human dialysis treatment in an outpatient setting.

We'd like that to also be allowed in an inpatient, hospital setting. And those were my comments. If you had some specific questions, I'd be happy to answer them.

SEN. MURPHY: Are there questions? If, Senator Gunther.

SEN. GUNTHER: Is this the only, you're only speaking on that bill, Senate Bill 317?

JENNIFER FILLIPPONE: We had, I had only prepared testimony to speak on that bill. But, certainly, we're happy to answer any other questions that you have on the other bills.

SEN. GUNTHER: The point is that I, I see there's submissions of testimony here relative to House Bill 5245, Senate Bill 164, House Bill 5472, House Bill 5474.

All of these relate to a certain amount of involvement and the expansion and even a pilot program set up medical technicians, which I think all of these are very controversial, let me put it that way.

If not, one of us would more than that. And that's why I asked the question of Dr. Galvin. Does he subscribe to this total program that you're putting in here of all of these bills?

JENNIFER FILLIPPONE: Yes.

000017

15
rms

PUBLIC HEALTH

March 3, 2006

SEN. GUNTHER: So, in other words, this is backed by the whole Department, then.

JENNIFER FILLIPPONE: Yes.

SEN. GUNTHER: All right. Thank you.

SEN. MURPHY: Thank you. Further questions on this portion of the program? If not, you've Dr. Iwan.

DR. IWAN: Good morning and thank you. As Chief of the drinking water section, I want to provide the Department's enthusiastic support for Senate Bills 310 and 313.

The reason for our enthusiasm is we believe that these bills improve upon our legislative authorities in the drinking water arena and, in doing that, improves our efficiencies and, ostensibly, these activities become much more cost-effective.

In regard to Senate Bill 310, AN ACT CONCERNING WATER COMPANIES AND WATER RESOURCES, this bill was developed over a more than a two-year period under the auspices of the Water Planning Council involving a lot of stakeholder input.

The bill, the bill includes a focus upon the Water Utility Coordinating Committee process, which is over 20 years old.

It's unique to Connecticut and is a process which helps us with the orderly distribution of

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH

PART 2
312-594

2006

000338

336
rms

PUBLIC HEALTH

March 3, 2006

REP. SAYERS: No, you actually did pretty good. I can't blame it on that.

ELAINE LISITANO: Good afternoon, Representative Sayers and Members of the Public Health Committee. My name is Elaine Lisitano. I'm a radiographer, a mammographer, and an educator. Currently, I am Program Director for the School of Radiology at Middlesex Community College.

I'm here to support the addition of continuing education requirements for radiographers to be added to Senate Bill 317, AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

I've been a radiographer for over 40 years. I have seen the profession grow from simple x-ray studies to use of modern day technologies using very sophisticated equipment in many different modalities.

During these years I have witnessed and participated in the many changes that have occurred in radiology throughout the years. I have also witnessed and taken part in obtaining Connecticut state licensure for our professionals in 1993.

I felt then as I do now, that radiographers need to be educated using national standards, should be tested using national standards, and having met those standards, should also be licensed whether it be state or federal licensure.

000339

337
rms

PUBLIC HEALTH

March 3, 2006

Radiographers are professionals who are entrusted to help care for and help diagnose the sick. We have a multitude of responsibilities to our patients, employers, and to ourselves, and we must be held accountable for all our actions.

Radiology is one of the fastest growing technical health practices, one of the fastest technical health professions. Various methods of imaging with the use of highly technical equipment and changing clinical practice are a daily challenge.

If a radiographer has not kept abreast of changing equipment and methodologies, nor kept informed of new patient care techniques, they are doing a severe disservice to patients.

I am certified with the national organization, the ARRT, which demands national continuing education credits every two years.

The Connecticut state licensure doesn't demand that of our imaging professionals, and I am here in support of Connecticut adding an addendum to make sure that all imaging professionals do continuing education. Thank you.

REP. SAYERS: Thank you. Any questions? Okay, if not, our next speaker is Diane Kosenko, and to be followed by Karen Blackburn.

ELAINE LISITANO: Diane might be held up in traffic. She was coming back to speak, but I guess she's not here yet.

000340

338
rms

PUBLIC HEALTH

March 3, 2006

REP. SAYERS: We have Karen. Okay, thank you.

KAREN BLACKBURN: Does after five mean good evening is in order here? Diane made it. Go ahead.

DIANE KOSENKO: I'm Diane Kosenko. I just came back from work. Sorry. Hi. I ran from the garage. I'm a radiologic technologist. I'm licensed by the State of Connecticut. I'm the President of the Connecticut Society of Radiologic Technologists.

I work for Radiology Associates of Hartford, and I also work per diem for Bristol Hospital.

I'm here to ask you to put continuing education credits requirements into a bill for the Senate Bill 317.

Technology has changed. I've been doing CT for 27 years. When I started it would take two minutes and six seconds to do one slice. Now with the technology, you can get the whole thing done in fifty seconds. I'm sorry, I'm nervous.

I would just like you to think about the people that are taking your x-rays, doing your mammograms, doing your CT scans, and just make sure that they're licensed and make sure that they have continuing education credits every two years.

I have a written testimony. Okay? That's it. I know it's been a long day for everybody.

000341

339
rms

PUBLIC HEALTH

March 3, 2006

REP. SAYERS: Any questions? Thank you. Are you making a recommendation about the amount of continuing education?

DIANE KOSENKO: Yes. You know what? Our American Registry recommends, we have to have 24 hours of continuing education every 2 years.

The Connecticut Society provides free credits to our members, and we also have an annual meeting. And in that year, within a year, you get 12 credits, so we supply that. So does our National American Society also offers free credits.

REP. SAYERS: Thank you.

DIANE KOSENKO: Yep.

REP. SAYERS: Karen Blackburn, to be followed by Shawn Lang.

KAREN BLACKBURN: Representative Sayers and Members of the Public Health Committee, my name is Karen Blackburn, and I'm here to support the required continuing education credits be added to Senate Bill 317.

I have been a registered radiographer for 33 years, and during that time have seen the dramatic changes in practice in our field, including the transition from analog to digital radiography.

Education is the key to remaining competent, and competency focuses on what is technically

000342

340
rms

PUBLIC HEALTH

March 3, 2006

required of an employee in the delivery of healthcare.

Competency embodies the ability to transfer and apply skills and knowledge to new situations and environments.

Education, or in this case, continuing education credits that I'm here today supporting, plays a pivotal role in maintaining the competency of radiologic technologists who deliver ionizing radiation to patients of Connecticut every day.

Patients' safety continues to be a critical issue in healthcare, and to improve this safety for all patients, we need to maintain within our workers a core body of knowledge, and then help those workers apply that knowledge in a healthcare setting.

Compliance with the Joint Commission on Accreditation of Healthcare Organizations, national patient safety goals, and the prevention of medical errors continuously impact radiology.

Connecticut's state licensure does not currently require any continuing education or registration, which AART does. We need to keep up.

Patient safety is a collaborative team approach and radiologic technologists in either an acute care or ambulatory setting are part of each patient's healthcare team.

000343

341
rms

PUBLIC HEALTH

March 3, 2006

To ensure that Connecticut radiologic technologists are fully prepared for their key roles in delivering safe healthcare, we must insist that they continue their education throughout their careers.

I urge you to endorse the addition of continuing education credits to Senate Bill 317.

REP. SAYERS: Thank you very much.

KAREN BLACKBURN: Thank you.

REP. SAYERS: Any questions? If not, Shawn Lang, to be followed by Patty Strauss.

SHAWN LANG: Representative Sayers, and friends on the Committee. I'm Shawn Lang, and I'm the Co-Chair of the AIDS Life Campaign, which is Connecticut's only statewide AIDS policy group, and I want to thank you for the opportunity to speak today.

We're here to support some changes in Senate Bill 317 to the syringe exchange statute in Section 5 and also in Section 16.

Syringe exchange has been scientifically proven to effectively prevent the spread of HIV in Hepatitis C.

A couple of quick facts about HIV and AIDS in our state. Proportionately, Connecticut leads the nation in AIDS cases among injecting drug users.

000344

342
rms

PUBLIC HEALTH

March 3, 2006

Second, in cases among women. And third, in cases among Latinos. And out of all 50 states we rank 9th in the number of AIDS cases per capita.

Specifically, we're asking that you lift the cap on the number of syringes a participant in a syringe exchange program can exchange, and move to a one-to-one exchange, and we very much appreciate the support of the Department of Public Health on these changes as well.

Currently there's five syringe exchange programs in the state, Hartford, New Haven, Bridgeport, Stamford and Danbury.

And you can see a large portion of the state isn't covered at all by syringe exchange programs, most clearly the northwest, and all of east of the River.

And the syringe exchange programs haven't seen an increase in funding in over ten years, so essentially they're attempting to hold the line with the same amount of funding that they've had.

And this really significantly restricts the amount of work that they can do in order to reach more people or to even add new programs in the state.

But despite the lack of increase in funding, the percentage of newly diagnosed AIDS cases among injecting drug users has actually decreased from 56% in 1995 to 33% in 2005.

000345

343
rms

PUBLIC HEALTH

March 3, 2006

So while trends in AIDS cases among ID use has gone down, they still represent the most infected population. Now the primary focus in syringe exchange tends to be the exchange of syringes itself.

But the SEPs do a tremendous amount of outreach to probably the most disenfranchised group of people in this state, and once engaged, the SEPs provide education, information about a wide variety of health related topics.

They assist people into getting into primary medical care, housing, HIV and AIDS services, and help folks get into treatment.

They take in a considerable amount of syringes back off the street than what they give out right now, so we're asking you to support these changes, and I'd be happy to answer any questions that you have.

REP. SAYERS: Thank you. Representative Heinrich.

REP. HEINRICH: Thank you, Madam Chair. A very quick question. What is the cap?

SHAWN LANG: People can get 30 syringes now, so if they bring in 30 syringes, they can get 30 back. If they bring in 50, they can only get 30.

So for folks, for example, for folks who live east of the River, they can't come to Hartford every day to get clean syringes, but if they can come and get a supply of 50 syringes, bringing 50 syringes back and get 50, to get

000346

344
rms

PUBLIC HEALTH

March 3, 2006

their week's supply, they can do it on a weekly basis.

So unless we expand the programs, this would really allow folks to have access to clean syringes. So every dirty syringe we take off the street, every clean syringe we can give out helps to protect the users themselves, but also the communities at large.

REP. HEINRICH: Thank you.

SHAWN LANG: You're welcome.

REP. HEINRICH: Thank you, Madam Chair.

REP. SAYERS: Thank you. Representative Malone.

REP. MALONE: Thank you, Madam Chairwoman. Shawn, any chance that the needle syringe exchange, the syringe exchange program might get restarted in Willimantic?

SHAWN LANG: I know that folks in Willimantic are trying to have dialogues about that with some of the different community health groups there, and also with the Town itself.

We'd certainly love to see that happen. It's going to be a little bit of a hard row to hoe, but unfortunately, I think, you know, the panic about finding discarded syringes was not about the syringe exchange program, but they took the fall for that.

And if we can sort of go back and undo the damage that was done, it would be great. But I

000347

345
rms

PUBLIC HEALTH

March 3, 2006

know there's very beginnings of dialogues
happening around that.

REP. MALONE: Thank you very much.

SHAWN LANG: You're welcome.

REP. SAYERS: Thank you. Any additional questions?
If not, thank you very much. And the next
speaker is Patty Strauss, to be followed by, I
don't believe he's here, William Molloy. Is
Patty Strauss here? No. Dr. Heimer.

UNIDENTIFIED SPEAKER: Dr. Heimer couldn't make it
up and I'm going to personally deliver his
testimony to you all on Monday morning.

REP. SAYERS: Thank you. The next one is Wendi
Clark.

UNIDENTIFIED SPEAKER: And Wendi Clark couldn't make
it up due to a family emergency. Her written
testimony is being handed out. I brought that
up today.

REP. SAYERS: Diane Murphy?

UNIDENTIFIED SPEAKER: I don't know Diane Murphy.

REP. SAYERS: Going once. Going twice. Donna
Barnick? Jeffrey Borges? And, seeing no more
names, we can call this public hearing to a
close.

[Whereupon, the hearing was adjourned.]

000508

**THE CONNECTICUT SOCIETY OF RADIOLOGIC
TECHNOLOGISTS**
AN AFFILIATE OF THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS.



Senator Murphy, Representative Sayers, and members of the Public Health Committee:

My name is Diane Kosenko. I am a Radiologic Technologist, certified by the American Registry of Radiologic Technologists in Radiology, CT Scan Technology and Cardio-Vascular Interventional Technology. I am also an active member of the American Society of Radiologic Technologists and the President of the Connecticut Society of Radiologic Technologists, which is the Connecticut affiliate organization of the American Society of Radiologic Technologists. Currently I work full time for Radiology Associates of Hartford, and per diem for Bristol Hospital, performing CT Scans, and other radiology exams. I am here to support the addition of continuing education requirements for Radiographers to be added to SB 317 "AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES."

The Connecticut Society of Radiologic Technologists was founded in 1942. Our Mission is to provide education, communication, and legislative representation to our members. The purpose of the Society is to advance the science of Radiologic Technology, to assist in establishing and maintaining high standards of education and training, and to elevate the quality of patient care. This year marks my 30th year in this profession. I started performing CT exams in 1979 on a CT unit that took 2min. 6 sec. for one slice. This was a new field in radiology and few hospitals had this technology. Twenty seven years later we now have CT Machines that can exam an entire chest, abdomen and pelvis in less than 1 minute, and nearly every hospital and private office has at least one CT machine. I am sure that by now, you or one of your family members has had a CT scan.

To keep up with the constant changing technology in our field it is imperative that, we the technologists continue our education every year. It does not take long for our field to change, which is why we are in favor of continuing education guidelines being included in this bill. Pharmacists and nurses dispense medicine, radiographers dispense ionizing radiation. Both can be hazards to your health if not given at the proper dose. Both the pharmacists and nurses, along with other health care practitioners, have continuing education requirements in their respective laws. The American Registry of Radiologic Technologists requires us to obtain 24 Ceu's every two years to renew our registry. However, not every licensed technologist in this state holds a certificate from the ARRT. The CSRT feels that the Licensed Technologists in this state should be required to keep current on the practice of radiology, patient care, and radiation protection. This can be assured with the inclusion of continuing education for radiographers in this bill. It will not only serve the radiographer well, but it will serve our patients well also. The Department of Public Health has been very helpful in regards to working with us to accomplish our goal of continued education for all licensed radiographers. Please include this important mandate to this bill.

Thank you,
Diane Kosenko, R.T. (R), (CT), (CV)
President
Connecticut Society of Radiologic Technologists

000509

March 3, 2006

Testimony of Karen C. Blackburn on SB 317 AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES

Senator Murphy, Representative Sayers, and members of the Public Health Committee:

My name is Karen Blackburn. I am the Assistant Director of Diagnostic Imaging at The William W. Backus Hospital in Norwich, CT and a registered radiologic technologist with the American Registry of Radiologic Technologists (ARRT) and a Certified Radiology Administrator. I am also an active member of the American Society of Radiologic Technologists. I am on the advisory board for the Windham Hospital School of Radiologic Technology and Gateway Community College Allied Health Program. I am here to support the addition of continuing education requirements for radiographers to be added to SB 317 "AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES."

I have been a registered radiographer for 33 years and during that time have seen the dramatic changes in practice in our field, including the transition from analog to digital radiography. Education is the key to remaining competent and competency focuses on what is technically required of an employee in the delivery of health care. Competency embodies the ability to transfer and apply skills and knowledge to new situations and environments. The Institute of Medicine's report on medical errors, *To Err Is Human: Building a Safer Health System*, reported that in the United States as many as 98,000 people died each year from medical errors that could have been prevented.¹ The National Training Board defines competency as, "the knowledge and skill and the application of that knowledge and skill across industries or within an industry, to the standard of performance required in employment." Education, or in this case continuing education credits that I'm here today supporting, plays a pivotal role in maintaining the competency of radiologic technologists who deliver ionizing radiation to patients throughout Connecticut everyday.

Patient safety continues to be a critical issue in healthcare and to improve the safety for all patients we need to maintain within our workers a core body of knowledge and then help those workers apply that knowledge in a healthcare setting. Compliance with the Joint Commission on the Accreditation of Healthcare Organizations' (JCAHO) National Patient Safety Goals and the prevention of medical errors continuously impact radiology. Connecticut State Licensure does not currently require any continuing education where registration with ARRT does – we need to keep up!

Patient safety is a collaborative team approach and radiologic technologists, in either an acute care or ambulatory setting are part of each patient's health care team. To ensure that Connecticut radiologic technologists are fully prepared for their key roles in delivering safe healthcare we must insist that they continue their education throughout their careers. I urge you to endorse the addition of continuing education credits to Senate Bill 317.

Thank you,
Karen C. Blackburn, RT(R),(M), RDMS, BA, CRA
Assistant Director of Diagnostic Imaging
The William W. Backus Hospital
326 Washington Street
Norwich, CT 06360

¹To Err is Human: Building a Safer Health System. Institute of Medicine. November 1999. Available at: <http://www.iom.edu/Object.File/Master/4/117/0/pdf>. Accessed December 8, 2005.

000510

Public Health Committee Testimony

3 March 2006

SB 317 An Act Concerning Revisions to Department of Public Health Statutes

Senator ^{Mandy} ~~Mandy~~, Representative ^{Waters} ~~Waters~~ and members of the committee, my name is Shawn Lang and I am the co-chair of the AIDS LIFE Campaign, Connecticut's statewide AIDS policy group. I want to thank you for the opportunity to speak with you today.

First, some quick facts about the state of HIV/AIDS in Connecticut. Proportionately, Connecticut leads the nation in the number of AIDS cases among injecting drug users; second in cases among women; and third in the nation in cases among Latinos/as. We have the fastest growing rate of AIDS in New England. -Out of all 50 states, we rank 9th in the number of AIDS cases per capita. And for the past 20 years or so, no new funds have been added to the state's HIV/AIDS prevention funds.

I'm here to testify in support of changes to the syringe exchange statute. Syringe exchange has been scientifically proven to effectively prevent the spread of HIV and Hepatitis C.

Currently, there are five syringe exchange programs (SEPs) around the state – Hartford, New Haven, Bridgeport, Stamford, and Danbury. As you can see, a great portion of the state has absolutely no coverage or easy access to the wide range of services provided by the staff on the syringe exchange vans.

SEPs have not seen an increase in funding in over 10 years. Essentially, they are attempting to "hold the line" with the same amount of funding they had 10 years ago. This alone significantly restricts their ability to reach more people or open new programs in other areas.

Despite the lack of funding, according to DPH the percentage of newly diagnosed AIDS cases among injecting drug users (IDUs) has actually decreased from 56% (1995) to 33% (2005). While trends in AIDS cases among IDUs has actually gone down, they still represent the most infected population.

While the primary focus on the SEPs tends to be the syringe exchange itself, the SEPs actually do a tremendous amount of outreach to the most disenfranchised group of people in this state. Once engaged, the SEPs provide education and information about a wide variety of health-related topics, assist people in accessing primary medical care, housing, HIV/AIDS services, provide HIV counseling and testing and help folks get into treatment.

From 1996 to 2004, SEPs in Bridgeport, Danbury, Hartford, New Haven and Stamford distributed 767,954 syringes and had 860,948 syringes returned. They assisted nearly 3,000 people into treatment and provided close to 20,000 HIV prevention and risk reduction sessions.

Specifically, we are asking to lift the cap of the number of syringes a participant in the syringe exchange program can exchange and move to a 1:1 exchange. Presently, people can exchange up to 30 syringes.

There is no SEP east of the river which either forces people to re-use syringes or share with others, which places them in jeopardy of causing greater harm to their own health, risking HIV or Hepatitis infection, and leaves them no safe place to discard the used syringes.

30 syringes might sound like enough to some of us. But if we're able to pass a 1:1 exchange, folks living in areas that have no access to one of the 5 SEPs would be able to get a week's worth of clean syringes and safely discard used ones.

We urge you to support these changes. I'd be happy to answer any questions that you may have.

000511

Connecticut Funeral Directors Association, Inc.

350 Silas Deane Highway, Suite 202
Wethersfield, CT 06109
(860) 721-0234

Written Testimony of
William R. Molloy, Legislative Chair
Connecticut Funeral Directors Association, Inc.

Senate Bill No. 317, An Act Concerning Death Certificates and Burial Permits

March 3, 2006
General Assembly's Committee on Public Health

Good day Senator Murphy, Representative Sayers and members of the Committee on Public Health, my name is William Molloy and I am testifying on behalf of the Connecticut Funeral Directors Association (CFDA). I am also the owner of the Molloy Funeral Home, a privately owned and independent funeral business in West Hartford. I am here to request an amendment to Section 22, of Senate Bill 317.

CFDA supports the detailed disclosures as outlined in the legislation for funeral homes that are discontinued or terminated. However, we do not believe these disclosures are necessary for the normal sale of a funeral home. Discontinuance and termination of a business reflects a unique set of circumstances that the legitimate sale of a funeral home does not. CFDA respectfully request the deletion of the reference of sale in Section 22.

Thank you for your attention, and I would be happy to answer any of your questions.

000512

*Middlesex Community College / Middlesex Hospital
School of Radiologic Technology
45 Crescent Street
Middletown, Connecticut 06457*

**Testimony of Elaine Lisitano on SB 317 AN ACT CONCERNING REVISIONS
TO DEPARTMENT OF PUBLIC HEALTH STATUTES**

Senator Murphy, Representative Sayers, and members of the Public Health Committee:

My name is Elaine Lisitano. I am a radiologic technologist, mammographer, and an educator. I am an active member of the American Society of Radiologic Technologists, currently certified by the American Registry of Radiologic Technologists, as well as being an active member of the Connecticut Society of Radiologic Technology. I am also currently Program Director of the Middlesex Community College, School of Radiologic Technology. I am here to support the addition of continuing education requirements for radiographers to be added to SB 317 AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

I have been a radiographer for over 40 years. I have seen the profession grow from simple x-ray studies using excessive radiation to modern day technology using very sophisticated equipment in many different modalities. I am proud to say that I was one of the first mammographers in the State and have witnessed and participated in the many changes that have occurred in radiology throughout the years.

I have also witnessed and taken part in obtaining licensure for our professionals in 1993. I felt then, as I do now, that radiographers need to be educated using national standards, should be tested using national standards, and having met those standards, should also be licensed, whether it be state or federal. Radiographers are professionals who are entrusted to help care for and diagnose the sick. We have a multitude of responsibilities to our patients, employers, and to ourselves and we must be held accountable for all our actions.

Having witnessed so many changes throughout the years, I know how important continuing education is to this profession. Radiology is the fastest growing technical health profession. Methods of imaging, the use of highly technical equipment, and changing clinical practice are a daily challenge. If a radiographer has not kept abreast of changing equipment and methodologies, nor kept informed of new patient care techniques, they are doing a severe disservice to patients and the general public. Some one who has been out of school for any length of time will be left far behind in current knowledge.

By being currently certified by the American Registry of Radiologic Technology, I am required to do a certain amount of continuing education that is relevant to my field and practice every two years. However, the Connecticut State license does not require that all medical imaging personnel be certified by the national credentialing organization, the ARRT. Thus there are many individuals who are allowed to continue working with ionizing radiation and who have not kept up with current knowledge, new concepts, or new technologies. This is, and can be, very dangerous to the public.

The Connecticut Society of Radiologic Technologists has been working closely with the Connecticut Department of Public Health in trying to establish guidelines for requiring continuing education for radiographers. The DPH supports its inclusion in this bill.

Hopefully you will realize the importance of ensuring that all radiographers are qualified to use ionizing radiation and are current in their knowledge of the practice of radiography. Please make sure that continuing education is added to this bill and is mandated for all Connecticut licensed radiographers.

Thank you.

Elaine Lisitano, BA, RT(R),(M)
Program Director, Middlesex Community College
860-344-6505

000513

Connecticut Association of Nonprofits

Testimony to the Public Health Committee in Support of
Raised Senate Bill Number 317;
***AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC
HEALTH STATUTES***
March 3, 2006
By Nora Duncan, Public Policy Specialist

The Connecticut Association of Nonprofits (CAN) is a membership based organization of nearly 500 nonprofits in Connecticut, many of whom serve those impacted, directly or indirectly, by HIV, AIDS and Hepatitis C on a daily basis in health and human services programs.

CAN health and human services provider members are supportive of the language in Raised Senate Bill Number 317, particularly in Sections 5 and 16. This language will allow for a one to one exchange of syringes by participants in the syringe exchange programs. This would allow rural and suburban participants to access clean syringes without having to come to one of the five urban areas that have syringe exchange programs.

Syringe exchange has been scientifically proven to effectively prevent the spread of HIV and Hepatitis C. According to the Connecticut Department of Public Health (DPH) the percentage of newly diagnosed AIDS cases among Injecting Drug Users (IDUs) has actually decreased from 56% (1995) to 33% (2005). While trends in AIDS cases among IDUs have actually gone down, they still represent the most infected population.

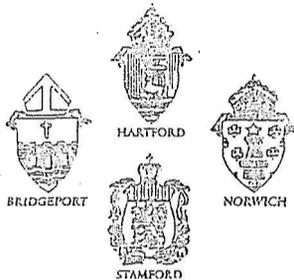
Please support this life and cost saving measure via support of Raised Senate Bill Number 317. Thank you for your continued support and feel free to contact me with questions or to be put in contact with a provider in your district.

90 Brainard Road, Suite 201, Hartford, CT 06114

Tel: (860) 525-5080 ♦ Fax: (860) 525-5088

Website: <http://www.ctnonprofits.org>

000514



CONNECTICUT CATHOLIC CONFERENCE

134 FARMINGTON AVENUE, HARTFORD, CONNECTICUT 06105

MARIE T. HILLIARD, J.C.L., PH.D.
Executive Director

DEACON DAVID W. REYNOLDS, M.P.A.
Legislative Liaison

TELEPHONE (860) 524-7882
FAX (860) 525-0750
ccc@ctcatholic.org
www.ctcatholic.org

**Public Health Committee
March 3, 2006**

RB317: An Act Concerning Revisions to the Department of Public Health Statutes

The Connecticut Catholic Conference wishes to comment on the proposed revisions to Section 46b-24a. The proposal states:

Sec. 20. Section 46b-24a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All marriages celebrated before [July 9, 2003] the effective date of this section, otherwise valid except that the license for any such marriage was issued in a town other than the town in this state in which such marriage was celebrated, or where either party to the marriage resided at the time of the marriage license application, are validated.

We assume this proposal is considered to be merely a technical change, intended to bring within the reach of the validation statutes marriages, where the license was issued in a town where neither party resided. Nevertheless, because the punctuation might be construed as creating some ambiguity about the need to recognize same-sex marriages from Massachusetts and other countries, a more accurate phrasing follows:

Sec. 20. Section 46b-24a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All marriages celebrated before [July 9, 2003] the effective date of this section, otherwise valid except that the license for any such marriage was issued in a town other than the town in this state in which (1) such marriage was celebrated [,] or (2) either party to the marriage resided at the time of the marriage license application, are validated.

We hope that this is helpful in clarifying the intent of this proposal for future application upon enactment.

A handwritten signature in cursive script, appearing to read "Marie T. Hilliard".

Representing the Archdiocese of Hartford, Diocese of Bridgeport, Diocese of Norwich and Ukrainian Catholic Diocese of Stamford.

000515



*Connecticut Society
for Respiratory Care*

March 1, 2006

Good morning Senator Murphy, Representative Sayers and Public Health Committee Members.

SB 317

My name is Donna Barnick, President of the Connecticut Society of Respiratory Care. I am joined by Jeff Borges from our Executive Board. We are here to support An Act Concerning Revisions to the Department of Public Health Statutes. We are here to specifically testify regarding Section 4 of the bill.

Revisions to the respiratory care practitioner licensure practice act will enhance consumer protection and patient advocacy. The medical field is constantly changing as new technologies, treatment modalities, and pharmaceuticals emerge. The acuity of patients requiring respiratory care has increased. The addition of mandatory continuing education credits will encourage practicing respiratory therapists to possess up-to-date skills and practices to serve the consumer. The addition of mandatory education requirements will also benefit therapists who have left active practice and are re-entering the work force. Inactive therapists will have to meet a universal education requirement prior to obtaining licensure, thus benefiting both the practitioner and the consumer.

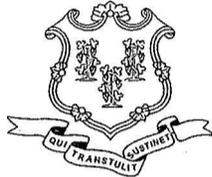
Many other states licensure practice acts require RCP's to complete continuing education credits. Also, the addition of continuing education credits to our state licensure practice act is consistent with the current standards set by the National Board of Respiratory Care.

This legislation will provide that the constituents of our state with respiratory care practitioners who are better prepared for future healthcare challenges.

Respectfully Submitted,

Donna Barnick, President, CSRC
Jeffrey A. Borges RRT, CHT

000516



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 3, 2006

Jennifer Filippone, Health Care Systems, 509-7590

Senate Bill 317 - An Act Concerning Revisions to Department of Public Health Statutes

The Department of Public Health supports Senate Bill 317.

Section 1 is proposed by the Department of Public Health to delete obsolete language providing a two-dollar fee to the local registrar for completing each record of birth, marriage, death or fetal death certificate. This fee was established to compensate the registrar for carrying out such registrars duties. Today, the registrars are compensated by salary rather than by this fee structure.

Sections 2, 3, 4, 8, 12, 13, 14, 18, 21 and 22 revises several statutory provisions related to the regulation of health care practitioners. More specifically it includes technical changes related to dialysis patient care technicians, establishes mandatory continuing education requirements for respiratory care practitioners, clarifies record retention requirements for licensed funeral homes, provides the Department with access to insurance records related to practitioner investigations, mandates that dentists maintain professional liability insurance and requires funeral homes to provide public notice upon discontinuation or termination of a funeral service business. A more detailed summary of the sections related to these provisions is attached to this testimony. The Department continues to work with professional associations on updating practitioner licensing standards and to clarify licensing requirements. As a result of these discussions, the department respectfully requests the Committee to amend this bill to incorporate language that would establish mandatory continuing education requirements for radiological technologists and temporary practice provisions for graduate advanced practice registered nurses, as well as language to clarify existing continuing education requirements for physicians and dentists. Draft language for each of these proposals is also attached to this testimony.

Section 5(b) proposes lifting the cap of needles exchanged at once at any given time. DPH supports lifting the cap as long as the 1:1 ratio of needles exchanged is maintained. It is important to recognize that there are people who use the needle exchange program and who may not be able to access the needle exchange services, for these reasons, it is important to have maximum flexibility to be able to tide a needle exchange client over until the next time they need clean needles and to keep them remaining a needle exchange client until such time as they are ready to enter treatment. Needle and syringe exchange programs provide an interface between "out of treatment" (street) injection drug users and the healthcare system. Street injection drug users are remarkably difficult to reach. Their infection and lifestyle habits put them at extraordinary risk for all sorts of extremely costly medical problems: full-blown AIDS (as opposed to asymptomatic HIV infection), endocarditis, injury (from fights), other infectious diseases such as hepatitis B and C, sexually transmitted diseases and skin infections. They also, while on the



Phone:

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

Affirmative Action / An Equal Opportunity Employer

000517

March 3, 2006
Department of Public Health
Senate Bill 317
Page 2 of 3

street, have little access to drug treatment. Needle and syringe exchange programs give them an interface. Injection drug users using syringe and needle exchange programs likely have a higher probability of entering drug treatment than those with no contact. Injection drug users using these programs get screening periodically for sexually transmitted diseases, they get opportunities to be vaccinated against hepatitis B, and they get opportunities to get treated for some of their potentially extremely costly problems before they are too far advanced. These benefits alone make the small amount we give for needle exchange programs more than cost effective, independent of any benefit from preventing HIV infection. In addition, it is important to keep in mind that while injection drug users are often engaged in illegal behavior to support their habits, they have a terrible disease: addiction. For most, addictive drug craving is far beyond their ability to control. They have chemical nervous system problems analogous (although not identical to) persons with severe unremitting depression. It is in society's economic interest to engage them rather than isolate and shun them.

Section 6 and Section 7 support the substitution of language that broadens the use of monies resulting from a settlement of a court action to comprehensive cancer initiatives. Section 19a-266 of the general statutes was revised effective July 1, 2000, to permit any payment to the state as a settlement of a court action of which the proceeds may be used for women's health shall be deposited in an account designated for use by the Department of Public Health for breast and cervical cancer treatment services. Since funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) may not be used to reimburse for treatment services needed by any woman diagnosed with breast or cervical cancer through NBCCEDP, this was an identified gap. Shortly after enacting the revision of this general statute, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) amended Title XIX of the Social Security Act to allow states to provide full Medicaid benefits to uninsured women under age 65 who are identified through the National Breast and Cervical Cancer Early Detection Program and who are in need of treatment for breast and cervical cancer, including pre-cancerous conditions and early stage cancer. Treatment for these women is covered under the Medicaid Program. As a result of these changes, these settlement monies are needed more to support comprehensive cancer prevention and control. A comprehensive cancer control plan has been developed by the Connecticut Cancer Partnership, of which DPH is a leader. This plan a blueprint for action with identified priority objectives and strategies to reduce the burden of cancer and improve care throughout the course of the disease. The comprehensive approach can maximize the impact of limited resources and achieve desired cancer prevention and control outcomes. By directing settlement monies to comprehensive cancer control initiatives, a significantly greater number of Connecticut residents will benefit.

Section 9 seeks to eliminate the confusion that currently exists regarding the requirement that a current fire marshal certificate must be maintained during the camp season, and will require licensed youth camps to provide training to staff on behavioral management and supervision, emergency health and safety procedures and recognizing, preventing and reporting child abuse and neglect.

Section 10 will outline the process that must be followed regarding the hearing process and expands the list of disciplinary actions that may be taken against youth camps to include those actions that are currently afforded in the other licensure programs managed by the Community Based Regulation Section.

000518

March 3, 2006
Department of Public Health
Senate Bill 317
Page 2 of 3

Section 11 will provide consistency within all programs managed in the Community Based Regulation Section of the Department of Public Health by withholding the identity of individuals who file complaints, thus reducing a barrier that may cause a person to decide not to file a complaint against a youth camp.

Section 15 is proposed to correct a technical error identified in section 2(a) of Public Act 05-81. The current language requires the funeral director to provide notice to the registrar who issued the cremation permit about the method of disposition of unclaimed cremated remains. The language should require that the funeral give notice to the registrar of the town of death about the disposition of the unclaimed cremated remains. It is the registrar of the town of death that maintains the cremation permit on file, and should therefore keep record of any related documents.

Sections 19 and 20 are proposed to update C.G.S. §§46b-22a and 46b-24a to validate marriages that were either performed in a town other than that authorized by the marriage license, or were performed by a justice of the peace whose appointment had expired. This proposal provides for validation of marriages that contain certain procedural defects

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

000519

Department of Public Health
Senate Bill 317 Fact Sheet Related to Health Care Practitioner Licensing Issues

- Enactment of Public Act 05-66 did not require the Department of Public Health to license or certify dialysis patient care technicians. Sections 2 and 3 of the bill would repeal references to dialysis patient care technicians in Section 19a-14 of the general statutes, which identifies professions for which there are no boards or commissions and provides the Department with regulatory oversight of such professions.
- Section 4 allows respiratory care practitioners on active duty in the armed forces to renew a license that becomes void for up to one year from the date of discharge upon completion of continuing education activities.
- Section 8 makes a technical change to recognize "certified" dialysis patient care technicians. The Department respectfully requests the Committee to include language to allow certified dialysis patient care technicians to administer limited medications under the supervision of a registered nurse to initiate or conclude hemodialysis treatment in hospital dialysis units, as well as outpatient dialysis units. The Department has attached suggested language to its testimony on this bill.
- Section 12 provides the Department with authority to take disciplinary action against a respiratory care practitioner who does not comply with mandatory continuing requirements.
- Section 13 established mandatory continuing education requirements for respiratory care practitioners.
- Section 14 requires funeral homes to maintain copies of all records on-site at the funeral home for review at the time of unannounced inspections by the Department related to compliance with applicable laws and regulations.
- Section 18 would provide the Department with access to records maintained by insurance companies for review during the course of an investigation of a licensed health care practitioner.
- Section 21 would require dentists to maintain professional liability insurance in an amount comparable to that which is required for physicians, advanced practice registered nurses and other independent practitioners.
- Section 22 would require funeral homes to provide public notice upon discontinuation or termination of the funeral business.

Department of Public Health

Amendments to SB 317 An Act Concerning Department of Public Health Statutes

Sec. 8. Section 19a-269a of the 2006 supplement 1 of Public Act 05-66 is repealed and the following is substituted in lieu thereof:

Any certified dialysis patient care technician employed in an outpatient or in hospital dialysis unit may administer saline, heparin or lidocaine as necessary to initiate or terminate a patient's dialysis, provided (1) the The ratio of on duty staff providing direct patient care to dialysis patients [is at least] shall be at least three to nine, and [(2)] at least one of the three on duty direct patient care staff persons is a registered nurse licensed to practice in this state. For purposes of this section, "certified dialysis patient care technician" means a person who has obtained certification as a dialysis patient care technician by an organization approved by the Department of Public Health.

Sec. 23. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Contact hour" means a minimum of fifty minutes of continuing education activity;
- (3) "Department" means the Department of Public Health;
- (4) "Licensee" means any person who receives a license from the department pursuant to chapter 376c of the general statutes; and
- (5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the general statutes and is current and valid.

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2008, a licensee applying for license renewal shall either maintain registration as a radiographer or radiation therapy technologist issued by the American Registry of Radiologic Technologists, or its successor organization, or earn a minimum of twenty-four contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; and (2) reflect the professional needs of the licensee in order to meet the health care needs of the public. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American College of Radiology; American Healthcare Radiology Administrator; American Institute of Ultrasound in Medicine; American Society of Radiologic Technologists; Canadian Association of Medical Radiation Technologists; Radiological Society of North America; Society of Diagnostic Medical Sonography; Society of Nuclear Medicine Technologist Section; Society for Vascular Ultrasound; Section for Magnetic Resonance Technologists; a hospital or other health care institution; regionally accredited schools of higher education; or a state or local health department.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the general statutes shall sign a statement attesting that he or she has maintained registration as a radiographer or radiation therapy technologist issued by the American Registry of Radiologic Technologists, or has satisfied the continuing education requirements of subsection (b) of this section, on a form prescribed by the department. A licensee who fails to comply with the requirements of this section may be subject to disciplinary action pursuant to section 20-74cc or as set forth in section 19a-17. Each licensee shall retain certification records, or records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of said subsection (b) for a minimum of three years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the general statutes, as amended by this act, is exempt from the continuing education requirements of this section.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subsection shall contain a statement that the licensee may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(g) Any licensee whose license has become void pursuant to section 19a-88 of the general statutes, as amended by this act, and who applies to the department for reinstatement of such license pursuant to section 19a-14 of the general statutes shall submit evidence documenting successful completion of twelve contact hours of qualifying continuing education within the one-year period immediately preceding application for reinstatement.

Sec. 24. Sec. 20-101 of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective upon passage):

No provision of this chapter shall confer any authority to practice medicine or surgery nor shall this chapter prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of an emergency; nor shall it be construed as prohibiting persons employed in state hospitals and state sanatoriums and subsidiary workers in general hospitals from assisting in the nursing care of patients if adequate medical and nursing supervision is provided; nor shall it be construed to prohibit the administration of medications by dialysis patient care technicians in accordance with section 19a-269a; nor shall it be construed as prohibiting students who are enrolled in schools of nursing approved pursuant to section 20-90, and students who are enrolled in schools for licensed practical nurses approved pursuant to section 20-90, from performing such work as is incidental to their respective courses of study; nor shall it prohibit registered nurses who hold a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the certifying bodies identified in section 20-94a from practicing for a period not to exceed one hundred and twenty days after the date of graduation, provided such graduates are working in hospitals or other organizations under the supervision of a licensed physician or a licensed advanced practice registered nurse, such hospital or other organization has verified that the graduate advanced practice registered nurse has applied to sit for the national certification examination and the graduate advanced practice registered nurse is not authorized to prescribe or dispense drugs; nor shall it prohibit graduates of schools of nursing or schools for licensed practical nurses approved pursuant to section 20-90, from nursing the sick for a period not to exceed ninety calendar days after the date of graduation, provided such graduate nurses are working in hospitals or organizations where adequate supervision is provided, and such hospital or other organization has verified that the graduate nurse has successfully completed a nursing program. Upon notification that the graduate nurse has failed the licensure examination or that the graduate advanced practice registered nurse has failed the certification examination, all privileges under this section shall automatically cease. No provision of this chapter shall prohibit any registered nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-94, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any licensed practical nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-97, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any qualified registered nurse or any qualified licensed practical nurse of another state from caring for a patient temporarily in this state, provided such nurse has been granted a temporary permit from said department and provided such nurse shall not represent or hold himself or herself out as a nurse licensed to practice in this state; nor shall it prohibit registered nurses or licensed practical nurses from other states from doing such nursing as is incidental to their course of study when taking postgraduate courses in this state; nor shall it prohibit nursing or care of the sick, with or without compensation or personal profit, in

connection with the practice of the religious tenets of any church by adherents thereof, provided such persons shall not otherwise engage in the practice of nursing within the meaning of this chapter. This chapter shall not prohibit the care of persons in their homes by domestic servants, housekeepers, nursemaids, companions, attendants or household aides of any type, whether employed regularly or because of an emergency of illness, if such persons are not initially employed in a nursing capacity.

Sec. 25. Subsection (b) of Section 11 of Public Act 05-213 is repealed and the following is substituted in lieu thereof (Effective upon passage):

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall earn a minimum of twenty-five contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in each of the following topics: infectious diseases[,] including[,] but not limited to[,] acquired immune deficiency syndrome and human immunodeficiency virus, access to care, risk management, care of special needs patients and domestic violence, including sexual abuse. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Dental Association or state, district or local dental associations and societies affiliated with the American Dental Association; national, state, district or local dental specialty organizations or the American Academy of General Dentistry; a hospital or other health care institution; dental schools and other schools of higher education accredited or recognized by the Council on Dental Accreditation or a regional accrediting organization; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation; local, state or national medical associations; a state or local health department; or the Accreditation Council for Graduate Medical Education. Eight hours of volunteer dental practice at a public health facility, as defined in section 20-126l of the general statutes, as amended by this act, may be substituted for one contact hour of continuing education, up to a maximum of ten contact hours in one twenty-four-month period.

Sec. 26. Subsection (b) of Section 24 of Public Act 05-275 is repealed and the following is substituted in lieu thereof (Effective upon passage):

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in each of the following topics: infectious diseases[,] including[,] but not limited to[,] acquired immune deficiency syndrome and human immunodeficiency virus, risk management, sexual assault and

000524

domestic violence. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

Sec. 27. Subsection (c) of section 20-8a of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective upon passage):

(c) The Commissioner of Public Health shall establish a list of twenty-four persons who may serve as members of medical hearing panels established pursuant to subsection (g) of this section. Persons appointed to the list shall serve as members of the medical hearing panels and provide the same services as members of the Connecticut Medical Examining Board. Members from the list serving on such panels shall not be voting members of the Connecticut Medical Examining Board. The list shall consist of twenty-four members appointed by the commissioner, at least eight of whom shall be physicians, as defined in section 20-13a, with at least one of such physicians being a graduate of a medical education program accredited by the American Osteopathic Association, at least one of whom shall be a physician assistant licensed pursuant to section 20-12b, and nine of whom shall be members of the public. No professional member of the list shall be an elected or appointed officer of a professional society or association relating to such member's profession at the time of appointment to the list or have been such an officer during the year immediately preceding such appointment to the list. A licensed professional appointed to the list shall be a practitioner in good professional standing and a resident of this state. All vacancies shall be filled by the commissioner. Successors and appointments to fill a vacancy on the list shall possess the same qualifications as those required of the member succeeded or replaced. No person whose spouse, parent, brother, sister, child or spouse of a child is a physician, as defined in section 20-13a, or a physician assistant, as defined in section 20-12a, shall be appointed to the list as a member of the public. Each person appointed to the list shall serve without compensation at the pleasure of the commissioner. Each medical hearing panel shall consist of three members, at least one of whom shall be a member of the Connecticut Medical Examining Board. The hearing panel shall also consist of a physician or physician assistant, as appropriate, and a public member. The physician panelist. Physician assistant panelist and the public member panelist may be a member of the board or a member from the list established pursuant to this subsection. [At least one of the three members shall be a member of the Connecticut Medical Examining Board. The public member may be a member of the board or a member from the list established pursuant to this subsection.]

Department of Public Health

Amendments to SB 317 An Act Concerning Department of Public Health Statutes

Sec. 8. Section 19a-269a of the 2006 supplement 1 of Public Act 05-66 is repealed and the following is substituted in lieu thereof:

Any certified dialysis patient care technician employed in an outpatient or in hospital dialysis unit may administer saline, heparin or lidocaine as necessary to initiate or terminate a patient's dialysis., provided (1) the] The ratio of on duty staff providing direct patient care to dialysis patients [is at least] shall be at least three to nine, and [(2)] at least one of the three on duty direct patient care staff persons is a registered nurse licensed to practice in this state. For purposes of this section, "certified dialysis patient care technician" means a person who has obtained certification as a dialysis patient care technician by an organization approved by the Department of Public Health.

Sec. 23. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Contact hour" means a minimum of fifty minutes of continuing education activity;
- (3) "Department" means the Department of Public Health;
- (4) "Licensee" means any person who receives a license from the department pursuant to chapter 376c of the general statutes; and
- (5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the general statutes and is current and valid.

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2008, a licensee applying for license renewal shall either maintain registration as a radiographer or radiation therapy technologist issued by the American Registry of Radiologic Technologists, or its successor organization, or earn a minimum of twenty-four contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; and (2) reflect the professional needs of the licensee in order to meet the health care needs of the public. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American College of Radiology; American Healthcare Radiology Administrator; American Institute of Ultrasound in Medicine; American Society of Radiologic Technologists; Canadian Association of Medical Radiation Technologists; Radiological Society of North America; Society of Diagnostic Medical Sonography; Society of Nuclear Medicine Technologist Section; Society for Vascular Ultrasound; Section for Magnetic Resonance Technologists; a hospital or other health care institution; regionally accredited schools of higher education; or a state or local health department.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the general statutes shall sign a statement attesting that he or she has maintained registration as a radiographer or radiation therapy technologist issued by the American Registry of Radiologic Technologists, or has satisfied the continuing education requirements of subsection (b) of this section, on a form prescribed by the department. A licensee who fails to comply with the requirements of this section may be subject to disciplinary action pursuant to section 20-74cc or as set forth in section 19a-17. Each licensee shall retain certification records, or records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of said subsection (b) for a minimum of three years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the general statutes, as amended by this act, is exempt from the continuing education requirements of this section.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subsection shall contain a statement that the licensee may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(g) Any licensee whose license has become void pursuant to section 19a-88 of the general statutes, as amended by this act, and who applies to the department for reinstatement of such license pursuant to section 19a-14 of the general statutes shall submit evidence documenting successful completion of twelve contact hours of qualifying continuing education within the one-year period immediately preceding application for reinstatement.

000527

Sec. 24. Sec. 20-101 of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective upon passage):

No provision of this chapter shall confer any authority to practice medicine or surgery nor shall this chapter prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of an emergency; nor shall it be construed as prohibiting persons employed in state hospitals and state sanatoriums and subsidiary workers in general hospitals from assisting in the nursing care of patients if adequate medical and nursing supervision is provided; nor shall it be construed to prohibit the administration of medications by dialysis patient care technicians in accordance with section 19a-269a; nor shall it be construed as prohibiting students who are enrolled in schools of nursing approved pursuant to section 20-90, and students who are enrolled in schools for licensed practical nurses approved pursuant to section 20-90, from performing such work as is incidental to their respective courses of study; nor shall it prohibit registered nurses who hold a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the certifying bodies identified in section 20-94a from practicing for a period not to exceed one hundred and twenty days after the date of graduation, provided such graduates are working in hospitals or other organizations under the supervision of a licensed physician or a licensed advanced practice registered nurse, such hospital or other organization has verified that the graduate advanced practice registered nurse has applied to sit for the national certification examination and the graduate advanced practice registered nurse is not authorized to prescribe or dispense drugs; nor shall it prohibit graduates of schools of nursing or schools for licensed practical nurses approved pursuant to section 20-90, from nursing the sick for a period not to exceed ninety calendar days after the date of graduation, provided such graduate nurses are working in hospitals or organizations where adequate supervision is provided, and such hospital or other organization has verified that the graduate nurse has successfully completed a nursing program. Upon notification that the graduate nurse has failed the licensure examination or that the graduate advanced practice registered nurse has failed the certification examination, all privileges under this section shall automatically cease. No provision of this chapter shall prohibit any registered nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-94, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any licensed practical nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-97, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any qualified registered nurse or any qualified licensed practical nurse of another state from caring for a patient temporarily in this state, provided such nurse has been granted a temporary permit from said department and provided such nurse shall not represent or hold himself or herself out as a nurse licensed to practice in this state; nor shall it prohibit registered nurses or licensed practical nurses from other states from doing such nursing as is incident to their course of study when taking postgraduate courses in this state; nor shall it prohibit nursing or care of the sick, with or without compensation or personal profit, in

connection with the practice of the religious tenets of any church by adherents thereof, provided such persons shall not otherwise engage in the practice of nursing within the meaning of this chapter. This chapter shall not prohibit the care of persons in their homes by domestic servants, housekeepers, nursemaids, companions, attendants or household aides of any type, whether employed regularly or because of an emergency of illness, if such persons are not initially employed in a nursing capacity.

Sec. 25. Subsection (b) of Section 11 of Public Act 05-213 is repealed and the following is substituted in lieu thereof (Effective upon passage):

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall earn a minimum of twenty-five contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in each of the following topics: infectious diseases[,] including[,] but not limited to[,] acquired immune deficiency syndrome and human immunodeficiency virus, access to care, risk management, care of special needs patients and domestic violence, including sexual abuse. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Dental Association or state, district or local dental associations and societies affiliated with the American Dental Association; national, state, district or local dental specialty organizations or the American Academy of General Dentistry; a hospital or other health care institution; dental schools and other schools of higher education accredited or recognized by the Council on Dental Accreditation or a regional accrediting organization; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation; local, state or national medical associations; a state or local health department; or the Accreditation Council for Graduate Medical Education. Eight hours of volunteer dental practice at a public health facility, as defined in section 20-126l of the general statutes, as amended by this act, may be substituted for one contact hour of continuing education, up to a maximum of ten contact hours in one twenty-four-month period.

Sec. 26. Subsection (b) of Section 24 of Public Act 05-275 is repealed and the following is substituted in lieu thereof (Effective upon passage):

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in each of the following topics: infectious diseases[,] including[,] but not limited to[,] acquired immune deficiency syndrome and human immunodeficiency virus, risk management, sexual assault and

domestic violence. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

Sec. 27. Subsection (c) of section 20-8a of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective upon passage):

(c) The Commissioner of Public Health shall establish a list of twenty-four persons who may serve as members of medical hearing panels established pursuant to subsection (g) of this section. Persons appointed to the list shall serve as members of the medical hearing panels and provide the same services as members of the Connecticut Medical Examining Board. Members from the list serving on such panels shall not be voting members of the Connecticut Medical Examining Board. The list shall consist of twenty-four members appointed by the commissioner, at least eight of whom shall be physicians, as defined in section 20-13a, with at least one of such physicians being a graduate of a medical education program accredited by the American Osteopathic Association, at least one of whom shall be a physician assistant licensed pursuant to section 20-12b, and nine of whom shall be members of the public. No professional member of the list shall be an elected or appointed officer of a professional society or association relating to such member's profession at the time of appointment to the list or have been such an officer during the year immediately preceding such appointment to the list. A licensed professional appointed to the list shall be a practitioner in good professional standing and a resident of this state. All vacancies shall be filled by the commissioner. Successors and appointments to fill a vacancy on the list shall possess the same qualifications as those required of the member succeeded or replaced. No person whose spouse, parent, brother, sister, child or spouse of a child is a physician, as defined in section 20-13a, or a physician assistant, as defined in section 20-12a, shall be appointed to the list as a member of the public. Each person appointed to the list shall serve without compensation at the pleasure of the commissioner. Each medical hearing panel shall consist of three members, at least one of whom shall be a member of the Connecticut Medical Examining Board. The hearing panel shall also consist of a physician or physician assistant, as appropriate, and a public member. The physician panelist. Physician assistant panelist and the public member panelist may be a member of the board or a member from the list established pursuant to this subsection. [At least one of the three members shall be a member of the Connecticut Medical Examining Board. The public member may be a member of the board or a member from the list established pursuant to this subsection.]

000530

Wendi G. Clark
50 Inverness Lane
Middletown, CT. 06457

March 2, 2006

SB317

To Whom It May Concern:
Subject: Syringe Exchange Bill

My name is Wendi Clark, and I reside in Middletown, CT. I am testifying before you today to advocate for the Syringe Exchange Bill.

We are looking to change the law for IV drug users to be able to get and return their syringes on a one to one basis, and in bulk. Right now the law allows for 30 syringes to be exchanged at one time, we are looking to eliminate this number.

For people that do not have regular access to Syringe Exchange Programs, this could be a matter of life and death.

I believe that every clean syringe used by an IV drug user could prevent the spread of HIV.

When the Syringe Exchange Programs dispose of the used syringes appropriately, there is less chance of them being improperly disposed of, and less of a threat to our communities. It may also deter IV users to use them again and possibly expose themselves or others to the HIV virus. The Syringe Exchange Programs that we have throughout the state provide prevention and education to stop the spread of HIV. They also provide access to health care and substance abuse treatment. I believe there should be more and easier accessible Syringe Exchange Programs in our state. I used the ones that were in New Haven, Hartford and Willimantic in the 1990's. I used the one that was available in Willimantic every day until it closed in 1997. I believed in this program so much, I then ran it myself from under my bed at the Hotel Hooker until I got clean in August of 1999.

I have been clean from IV or any other drugs for over 6 years now. I am HIV Negative.

I believe from the depths of my soul it is because of the Syringe Exchange Programs.

If these programs can save just one life, it will be worth the cost. Every dollar we spend on this program saves lives. The life that is saved could be one of your family members, or a neighbor...

Thank you,
Wendi G. Clark
wgc

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH

PART 3
595-920

2006

000714

Connecticut Town Clerks Association, Inc.

Committee Members

Patricia Strauss, Westport
Co-Chair
Joyce Mascena, Glastonbury
Co-Chair
Jeff Barske, Thompson
Lisa Terry, Montville
Antoinette Spinelli, Waterbury
Laura Francis, Durham
Bernice Dixon, Vernon
George Buckbee, New Milford



Advisory Board Members

Joseph Camposeo, Manchester
Irene Masse, Meriden
Katie Wall, Berlin
Sandra Russo, Middletown
Alan Jepson, Milford
Therese Pac, Bristol

2006 Legislative Committee

March 3, 2006

Written Testimony of the Connecticut Town Clerk's Association

Submitted by: Patricia H. Strauss, Co-Chairman, Legislative Committee

To: Members of the Committee on Public Health

Re: ~~HB 5473: AN ACT CONCERNING DEATH CERTIFICATES AND BURIAL PERMITS.~~
SB 317: AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

The Connecticut Town Clerks Association is testifying today to ensure this committee that all records maintained by us, acting as the registrars of vitals statistics for our towns, are accurate, concise, and accessible to anyone who requests to view or obtain a copy of a vital record, whether the record is a death certificate, a burial transit removal permit, or a cremation permit. This bill calls for the registrar to maintain a log of death certificates noting when a burial permit is received from the sexton. In addition, the funeral directors shall file a new form noting dates, locations, and the manner of disposition of cremated remains.

Current law provides that we already maintain a death certificate log and a burial permit/cremation permit log. We feel this bill is requesting a duplication of the recording efforts already being maintained by the registrar and is creating a new cremation form with information already being maintained by the funeral director. If the intent of this bill is for the funeral director and the sexton to share the burial and cremation permit information with both the town of death and the town of burial, we ask that you continue to use the same forms currently in use and that existing logs and filing systems be maintained.

As it relates to SB 317 Section 1, the Town Clerks Association is supportive of the removal of a two dollar fee relating to registration of a vital record. This is an obsolete fee and one that is not currently being collected by the Town Clerks.