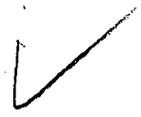


Legislative History for Connecticut Act

Act Number: 07-252
Bill Number: 7163
Senate Pages: 5994, 6008-6009 **3**
House Pages: 8548-8578 **31**
Committee: Public Health: 1900, 2155-2158, 2359, 2360, 2371-
2377, 2764-2765, 2766-2767, 3715, 3716 **20**

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GEN. ASSEMBLY
SENATE

PROCEEDINGS
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jlm

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That is correct.

SEN. LOONEY:

Okay. Thank you, then moving to Senate Agenda No. 5, would move to place on the Consent Calendar, under House Bills Favorably Reported, Substitute House Bill 7163, An Act Concerning Revisions to the Department of Public Health Statutes and Revising the Scope of Podiatric Medicine.

THE CHAIR:

Hearing and seeing no objections, so ordered,
Sir.

SEN. LOONEY:

Thank you, Mr. President, on Senate Agenda No. 7, would move Substitute House Bill 6500, An Act Expanding Connecticut's Film Industry, would move to place that item on the Consent Calendar.

THE CHAIR:

Hearing and seeing no objections, so ordered.

SEN. LOONEY:

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Senate Agenda No. 9, Substitute for House Bill
7163.

Senate Agenda No. 7, Substitute for House Bill
6500.

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

THE CHAIR:

Thank you, Mr. Clerk. Please call the roll again. The machine will be open.

THE CLERK:

The Senate is now voting by roll call 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.

THE CHAIR:

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Have all Senators voted? If all Senators have voted, the machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on Consent Calendar No. 2.

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 2 passes.

SEN. LOONEY:

Mr. President.

THE CHAIR:

Yes, Senator Looney.

SEN. LOONEY:

Mr. President, any items on the Consent Calendar just adopted requiring any additional action by the House of Representatives, would move to transmit those items.

THE CHAIR:

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today in a wheelchair. She injured herself not on the turf in the playground, but rather in the gymnasium, and McKenna's mother, Mrs. Carella.

If they would please stand, including Mayor Howroyd and the House would recognize them and give them a warm welcome.

(APPLAUSE)

Thank you, Madam Speaker, and Chamber Members.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative Thompson. It's so nice to see you youth and all the wonderful things you're accomplishing. Hope you enjoy your stay with us today at the Legislature. Will everyone please stand and give a rousing welcome to our two guests.

(APPLAUSE)

Will the Clerk please call Calendar Number 359.

CLERK:

On Page 28, Calendar Number 359, Substitute for
House Bill Number 7163, AN ACT CONCERNING REVISIONS TO
THE DEPARTMENT OF PUBLIC HEALTH STATUTES AND REVISING

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THE SCOPE OF PODIATRIC MEDICINE, Favorable Report of
the Committee on General Law.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Sayers, you have the floor.

REP. SAYERS: (60th)

Thank you, Madam Speaker. I move for acceptance
of the Joint Committee's Favorable Report and passage
of the Bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is on acceptance and
passage. Will you remark, Ma'am?

REP. SAYERS: (60th)

Thank you, Madam Speaker. This Bill makes
technical changes and otherwise updates Connecticut
law on healthcare decision-making, repeals obsolete
statutory references, clarifies or otherwise aligns
statutes with current practices, increases the civil
penalties and disciplinary proceedings involving
healthcare professionals, sets a minimum time period
for crematories and funeral service businesses to
maintain certain records, adds requirements for

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respiratory therapists, facilitates the denial or revocation of a license to a registered sanitarian having been found guilty of a felony or discipline by a non-Connecticut regulatory body.

Sections 35 and 36 are the result of mediation and allow for ankle surgery by certain podiatrists. It sets out the criteria under which certain podiatrists may perform ankle surgery, repeals the requirements that clinical practices perform infertility treatments report, certain information to DPH. I move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is on adoption. Will you remark? Will you remark? Representative Sayers, please proceed.

REP. SAYERS: (60th)

Thank you, Madam Speaker. The Clerk has in his possession, an Amendment, LCO Number 9440. I ask that he call it and I be allowed to summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

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Will the Clerk please call LCO Number 9440 and
the Representative has asked leave to summarize.

CLERK:

LCO Number 9440, House "A" offered by
Representative Sayers and Senator Handley.

DEPUTY SPEAKER KIRKLEY-BEY:

The Amendment has been designated House Amendment
"A". Representative Sayers, will you please proceed
with your summarization.

REP. SAYERS: (60th)

Thank you, Madam Speaker. This makes numerous
technical changes related to healthcare decision
makers, optometrist license, authorized prescribers in
the school, EMS technicians, chronic disease
hospitals, those people who voluntary surrender their
license, extends the Stem Cell Peer Review Committee,
has penalties for buying, selling, or fraudulently
obtaining physicians' assistants to pull a license,
makes changes for licensed radiographers, changes for
dental residency programs.

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It established an Office of Oral Health in the Department of Public Health, makes changes for town clerks related to electronic notations in land records as well as preservation of historic documents, allows for temporary permits for athletic trainers, has requirements, educational requirements for licensure as a professional counselor, specifies requirements for graduates of foreign veterinary schools.

It has time changes for replacement birth certificates, specifies information about consolidation in dentistry, makes changes for restaurants to utilize a farmer's market, adds nurses' aides to those who receive training in Alzheimer's special care units, exempts family homes in which students live participating in an ABC program, makes changes related to the DPH mobile hospital, allows Consumer Protection and Public Health Commissioner to exchange certain information and makes other changes regarding pharmacy, identifies requirements for a supervised practicum or internship for licensure as a marital or family therapist.

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It requires the DPH Commissioner to continue the work of a Committee in establishing a cord blood bank, permits, identifies the permits needed when a body comes from another state, plus other requirements for preparation of a body, specifies information for the restoration of an existing swimming pool in a national landmark historic district, permits after school programs held in public school buildings to receive a variance from physical plant requirements, creates an 11-member council for WIC supplemental food services, makes changes in camp regulations. I move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

Whew. Will anybody remark? The question before us is on adoption. Will anybody remark on House Amendment "A"? Will you remark on House Amendment "A"? If not, Representative Carson of the 108th, you have the floor, Madam.

REP. CARSON: (108th)

Thank you, Madam Speaker. Hard to believe this is a tech Bill. However, there's a lot of really, really good language in this Amendment. I believe

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that folks on both sides of the aisle have had issues that they've been dealing with, with the Department of Public Health that they are trying to resolve through this Amendment.

I believe there is some other legislation that has had proper hearings and possibly has been JF'd out of various Committees that they've continued to work on, and we may see that reflected in this Amendment as well.

I thank the Chairs for their hard work on this Amendment. I served as Ranking Member a few years ago for a couple of years, and frankly, the scrutiny that went into this Amendment far surpasses the scrutiny that went into previous Amendments that I've been involved with, so I'm appreciative of that.

I do know that as with any bill that is quite this large, there are going to be some flaws along the way.

I know we have some work to do on a couple of sections after Session is over that have come to our attention today, but everything as of now appears to

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be workable, and I fully support this Amendment and urge my colleagues to do the same. Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative. Representative Wasserman, you have the floor, Ma'am.

REP. WASSERMAN: (106th)

Thank you, Madam Speaker. I, too, would like to commend the Chair of the Committee and the Ranking Member for the very hard work that was put into this Bill. Through you, Madam Speaker, I have a quick question for Representative Sayers.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Sayers, please prepare yourself. Representative Wasserman, please proceed.

REP. WASSERMAN: (106th)

Thank you, Madam Speaker. A very quick question. Representative Sayers, you mentioned something to me about the podiatrists being able to perform ankle surgery. Would you clarify that for me for the record? Thank you.

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DEPUTY SPEAKER KIRKLEY-BEY:

Representative Sayers.

REP. SAYERS: (60th)

Through you, Madam Speaker, yes. Following last year's Session there was a bill that required mediation between the podiatrists and the orthopedic surgeons.

As a result of that mediation, the decisions were made as a result of that mediation were in a bill. That bill, which passed out of Public Health Committee, and a number of other Committees was lost somewhere along the way, so it was amended in another Committee to this tech revision Bill.

So the information on the podiatrists, which allows certain podiatrists, not all, under certain circumstances with a permit from the Department of Public Health, to practice ankle surgery is a result of that mediation, and it is in this Bill.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Wasserman.

REP. WASSERMAN: (106th)

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Madam Speaker, with that explanation, I fully support the Amendment and the Bill. Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Klarides, you have the floor.

REP. KLARIDES: (114th)

Thank you, Madam Speaker. I rise in support of this Amendment, in particular Section 522, the athletic licensure on temporary permits. What it does is it allows the Department of Public Health to issue temporary permits for athletic trainers to practice.

This is done because we have sort of a loophole in the law based on the people who were certified before, and the people who will be certified going forward under the new practice, so I urge its adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative. Representative Ferrari, you have the floor, Sir.

REP. FERRARI: (62nd)

Thank you, Madam Speaker. May I ask the proponent of the Amendment a question?

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DEPUTY SPEAKER KIRKLEY-BEY:

Representative Sayers, please prepare yourself.

Representative Ferrari, please proceed.

REP. FERRARI: (62nd)

Thank you, Madam Speaker, and Representative Sayers, in Section 505, and it has to do with the appointing of additional members to the Stem Cell Research Peer Review Committee. Can you tell me why that person needs to appoint more people to it?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Sayers.

REP. SAYERS: (60th)

Through you, Madam Speaker, yes. This is a voluntary committee, and right now we have, the number of committee sometimes is very difficult to get a quorum or enough people there to make a decision.

And we also had put language that said that if you work for say, a university that's going to be receiving some of that, that you can't make that decision on that committee.

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So in order to have adequate people there to do the reviews, because we've had numerous applications, we needed to extend the number of people that would be part of that committee.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ferrari.

REP. FERRARI: (62nd)

Thank you, Madam Speaker. Thank you, Representative Sayers. I guess that makes real good sense. I suppose if Yale University had somebody applying for the grant then they couldn't use anybody from Yale University to review the application.

Does, is there a criteria for picking out people who actually know what they're doing on this particular research?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Sayers.

REP. SAYERS: (60th)

Through you, Madam Speaker, yes. In the original stem cell legislation, the criteria was set out for

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those people that would serve on that Peer Review
Committee.

DEPUTY SPEAKER ALTOBELLO:

Representative Ferrari.

REP. FERRARI: (62nd)

Thank you, Representative Sayers. Thank you,
Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Giegler, you have the floor.

REP. GIEGLER: (138th)

Thank you, Madam Speaker. I, too, rise in
support of the Amendment before us. I truly
appreciate the work and the effort that was done by
the Public Health Committee, especially the Chairs, in
bringing forth some very important issues that we had
before us in public hearings this Session.

One of the sections that had to do with
cremations actually is making some corrections to a
bill that came before us not long ago, House Bill
Number 7160, AN ACT CONCERNING FUNERALS, and there

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were issues that crematories had, and they were having some arguments on the interpretation.

So this clears this up, and will make it much easier for those doing business in Connecticut with Connecticut crematories.

Another section on the podiatry is something that has been worked on for a number of years. Connecticut is one out of nine states nationally and one of two in the New England states that does not have the ankle provision.

And with the passage of this Amendment, today's training of our doctors of podiatric medicine will reflect the training of the new graduates that they're receiving.

So this means that our newly graduated doctors will now stay in the State of Connecticut and will not leave to go to other states to practice.

So this is truly an important step on us bringing more doctors to the state, and I really appreciate the effort, and I urge your support of this Amendment.

Thank you.

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DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Madam. Will you remark? Will you remark further on House Amendment "A"? Will you remark further? If not, let me try your minds. All those in favor please indicate by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER KIRKLEY-BEY:

Those opposed, Nay. The Ayes have it. House Amendment "A" is adopted. Will you remark further? Representative Scribner of the 107th, you have the floor.

REP. SCRIBNER: (107th)

Thank you, Madam Speaker, good afternoon.

DEPUTY SPEAKER KIRKLEY-BEY:

Good afternoon, Sir.

REP. SCRIBNER: (107th)

Madam Speaker, the Clerk has possession of an Amendment, LCO Number 9527. Would the Speaker please ask the Clerk to call, and I be allowed to summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

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Will the Clerk please call LCO Number 9527, which will be designated House Amendment "B", and the Representative has asked leave to summarize.

CLERK:

LCO Number 9527, House "B", offered by Representative Scribner, Senator Handley, et al.

DEPUTY SPEAKER KIRKLEY-BEY:

Is there any objection to summarization? Seeing none, please proceed, Sir.

REP. SCRIBNER: (107th)

Thank you, Madam Speaker. The Amendment that is before us is one that came from a bill that we had in Public Health earlier in the Session. It was strongly supported by the leadership of the Public Health Committee and most of its Members.

What it does, in essence, is to transfer funds from the Tobacco Settlement Fund to the Department of Mental Health and Addiction Services, and specifically earmarked to provide grants for tobacco education programs designed to discourage smoking by minors in grades one to eight, inclusive.

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Madam Speaker, I move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is adoption on House Amendment "B". Will you remark? Will you remark further on House Amendment "B"? Representative Sayers, you have the floor, Ma'am.

REP. SAYERS: (60th)

Thank you, Madam Speaker. I consider this a friendly Amendment, and Representative Scribner is correct. This is something in the Public Health Committee that most of us really felt was important.

In fact, we took another bill and made changes to include this language, and so I ask that my colleagues support this Amendment going forward.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Will you remark? Will you remark further? Representative O'Neill, you have the floor, Sir.

REP. O'NEILL: (69th)

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Yes, thank you, Madam Speaker. If I may, a question, through you, to the proponent of the Amendment.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner, please prepare yourself.
Representative O'Neill, please proceed.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. Unfortunately, the computer system is not updating as quickly as it normally would. I guess there's a pretty heavy crush of amendments coming in and fiscal notes going along with it, and it is with respect to the fiscal note that I actually have a question on this Amendment, Madam Speaker.

So, through you, does the proponent have an estimate of approximately how much money we're talking about? It says any balance remaining, and I'm just wondering how much that is at the present time?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner.

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REP. SCRIBNER: (107th)

The actual amount determined, has yet to be determined, and would be part of a further budget agreement.

Right now, we had discussion in Committee with a request for \$3 million to be disbursed over the period of the two-year upcoming biennial budget from that fund. We recently also had an unanticipated additional windfall of \$29 million to the State of Connecticut that was not part of the scheduled agreement.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. Picking up on that latter point, does that indicate that the amount that might be left in the tobacco fund, trust fund, might include the \$29 million? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner, you have the floor, Sir.

REP. SCRIBNER: (107th)

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It is my understanding from my conversations with a variety of people, including leadership on Appropriations, that that would be subject to budget negotiations.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

Yes, Madam Speaker. I wish that it was likely to be left in the fund, but \$29 million is certainly going to attract the attention of somebody in the budget negotiating room, so it's unlikely that it would be, but then I assume that we're really talking about with this is the \$3 million or so residual that's left.

That's the amount of money we're anticipating that might be spent over the course of the biennium if this were adopted. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner.

REP. SCRIBNER: (107th)

That is the legislative intent.

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DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL: (69th)

Thank you, Madam Speaker. I think that this is a good idea. One last question, if I may. Does the proponent of the Amendment have any information regarding how much is currently being spent on the program that's intended to be funded through this Amendment? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner.

REP. SCRIBNER: (107th)

Thank you, Madam Speaker. It's my understanding that there is no money currently allocated for this specific purpose, and we also should be mindful of the fact that we are rated amongst the lowest, in the lowest ten states in the country as to the money that we use from this fund for education purposes, and we rank the lowest in the New England states.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

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REP. O'NEILL: (69th)

Thank you, Madam Speaker. I think this is a very good Amendment, and I'm glad to support it and I think it's a shame that the \$29 million won't stay there, because I'm sure that we could use that.

And this avoiding smoking and smoking cessation, if it's already started among this age group, probably would be one of the most cost-effective things we could do to reduce the cost of healthcare in the long run. Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Representative Alberts, you have the floor, Sir.

REP. ALBERTS: (50th)

Thank you, Madam Speaker. A question to the proponent of the Amendment, if I may.

DEPUTY SPEAKER KIRKLEY-BEY:

Please proceed.

REP. ALBERTS: (50th)

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I notice in the language of the Amendment that's before us that the funds would be used to provide grants for tobacco education programs.

Would these funds also be used to provide grants for education programs for students at parochial schools? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner.

REP. SCRIBNER: (107th)

I have no personal objection to that, although I don't think that's specified in the language of the Amendment, but I certainly would encourage for that to happen with the Department that has the administration of the funding.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS: (50th)

Thank you, Madam Speaker. I thank the gentleman for his response, and I, too, will be supporting this. Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

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Thank you. Representative Harkins, you have the floor.

REP. HARKINS: (120th)

Thank you, Madam Speaker. I rise to ask the proponent of the Amendment just a few questions.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner, please proceed. I mean, Representative Scribner, prepare yourself for questioning, and Representative Harkins, please frame your question.

REP. HARKINS: (120th)

Thank you, Madam Speaker. Representative O'Neill and myself are doing a squeeze play on Representative Scribner here this afternoon.

But I'm just going to have the Amendment, which I do support, and I think it's a great idea and it's somewhat shameful that we haven't been doing enough in the form of tobacco education.

But what I was wondering is, how many schools does the Representative feel would be affected if this

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Amendment was to pass today and funding was granted?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner.

REP. SCRIBNER: (107th)

Thank you, Madam Speaker. The detail of, the funding would be available to every public school throughout the State of Connecticut in grades one through eight.

The detail of how that's administered would fall under the Department of Mental Health and Addiction Services, and has yet to be determined.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Harkins.

REP. HARKINS: (120th)

Thank you, Representative Scribner, and just to follow up. I also would like to see that if, in fact this program is funded the way it should be, that both public and private schools would be considered because all children are important in the State of Connecticut

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whether through a parochial school, a private school,
or a public school. Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you. Will you remark? Will you remark
further? Representative Green, you have the floor,
Sir.

REP. GREEN: (1st)

Thank you, Madam Speaker. Madam Speaker, just a
couple of questions to the proponent of the Amendment,
through you, Madam.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner, prepare yourself.
Representative Green, please proceed.

REP. GREEN: (1st)

Thank you, Madam Speaker. Madam Speaker, this
Amendment talks about some funds being allocated to
DMHAS for some tobacco education for minors in grades
one to eight.

Could the proponent tell me, does the State
Department of Education, or boards of education, have
a relationship with this? Is this a program to

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schools to be done in schools? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner.

REP. SCRIBNER: (107th)

Thank you, Madam Speaker. Through you, the, there has been no detail worked out directly with the Department of Education, although I would believe from my conversations from the Commissioner's office at DMHAS that they certainly would have the intent of doing that and work with them in conjunction to make this as beneficial a program to as many school children as possible.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Green.

REP. GREEN: (1st)

Thank you, Madam Speaker. Madam Speaker, through you, these funds are for this grade. If the program is developed from DMHAS to be available to the schools, is it the intent of this Amendment that all schools will have these programs available, or it's

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only available as a, within the available appropriations, or availability of the program.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Scribner.

REP. SCRIBNER: (107th)

Thank you, Madam Speaker. Through you, it is the intention of this effort to make this available and actually initiate the availability of it with every school throughout the State of Connecticut for this age group.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Green.

REP. GREEN: (1st)

Thank you, Madam Speaker. Just one more question. In some of the requirements for a graduation for our high school students, we talk about certain classes and exposure to certain subjects that students may need. And I think one of those is held that maybe includes tobacco education.

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Through you, Madam Speaker, is the proponent aware of whether or not that is a requirement to schools, and whether or not this is being met to all of our individuals before they graduate from high school? Through you, Madam Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Scribner.

REP. SCRIBNER: (107th)

Through you, Madam Speaker, I am not aware of that, no.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Green.

REP. GREEN: (1st)

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Will you remark? Will you remark further on the Amendment that is before us? If not, let me try your minds. All those in favor please indicate by saying Aye.

REPRESENTATIVES:

Aye.

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DEPUTY SPEAKER KIRKLEY-BEY:

All those opposed, Nay. The Ayes have it. House
Amendment "B" is adopted. Will you remark further on
the Bill as amended? Will you remark further on the
Bill as amended? If not, staff and guests please come
to the Well. Members take your 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, please.

DEPUTY SPEAKER KIRKLEY-BEY:

Have all the Members voted? Have all the Members
voted? Please check the board to see that your vote
has been properly cast. The machine will be locked
and the Clerk will prepare the tally. Will the Clerk
please announce the tally.

CLERK:

House Bill Number 7163, as amended by House
Amendment Schedules "A" and "B".

Total Number Voting

149

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Necessary for Passage	75
Those voting Yea	149
Those voting Nay	0
Those absent and not voting	2

DEPUTY SPEAKER KIRKLEY-BEY:

The Bill as amended passes. Representative
Christ.

REP. CHRIST: (11th)

Thank you, Madam Speaker. I move for the
immediate transmittal of all items needing further
action to the Senate.

DEPUTY SPEAKER KIRKLEY-BEY:

Is there any objection? Is there any objection?
Seeing none, so ordered. Will the Clerk please call
Calendar Number 637.

CLERK:

On Page 13, Calendar Number 637, Substitute for
Senate Bill Number 1392, AN ACT CONCERNING THE DIESEL
FUEL TAX, Favorable Report of the Committee on
Finance, Revenue and Bonding.

DEPUTY SPEAKER KIRKLEY-BEY:

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The feeling is if the Committee is not satisfied with the amount of time, we can call the folks who are on this list back to talk to us again. They are around. The public who is coming at a distance has to stay because this is really their only time. So with that, Dr. Galvin.

COMM. ROBERT GALVIN: Thank you. Good morning, Senator Handley, Representative Sayers, distinguished Legislators and Committee Members.

SB1190
HB 5747

I have a few remarks that I will make and I will be available, my staff and subject experts will be available in case you need any amplification. I have three bills I am going to make brief comments about.

First is House Bill 7163, and that concerning revisions to the Department of Public Health statutes. These are mainly technical adjustments.

I do have the experts in the audience who can discuss those. There is nothing earth shattering about any of them but if there is something that particularly impacts one of your districts or senatorial areas we have people here who are willing and able to discuss it in detail.

Senate Bill 1192 is AN ACT CONCERNING CHILD DAYCARE SERVICES, YOUTH CAMPS, AND THE EMERGENCY DISTRIBUTION OF POTASSIUM IODIDE TABLETS IN CERTAIN FACILITIES.

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And I think that's the thing that's so wonderful is that you do help the whole family at that most difficult time. So thank you for your work. Are there other comments? Questions? Thank you.

MAUREEN COLLINS: Thank you very much.

SEN. HANDLEY: Thank you for waiting. Our last, I think our last bill that we're going to hear, I see Kate McEvoy. You're not first, Kate. I'm just saying it's the bill that you've been waiting for. Is House Bill 7163.

Elaine Lisitono. I think we have some statement from Elaine Lisitono. Is Elaine here? Denise Byron. Cynthia McDonald. Kate McEvoy. Okay. It's your turn Kate.

KATE MCEVOY: Good afternoon, Senator Handley, Representative Sayers, Members of the Committee. This is a terrific segue to follow those testifying on hospice.

I am representing the Elder Law Section of the Connecticut Bar Association. I'm the current chair. And I'm coming before you to support the enumerated sections of House Bill 7163, AN ACT CONCERNING REVISIONS TO THE DEPARTMENT OF PUBLIC HEALTH STATUTES.

The reason I say this is an excellent segue is the nature of this bill is to make some technical corrections to changes that were made last year by the Legislature to the advanced directive statutes.

These are the statutes that help individuals to plan ahead for end of life care decision-making. Legislature really did a service to the citizenry by modernizing and streamlining the statutes last session.

Principal among the actions taken was to streamline the two proxies that had previously been established to make it more simple for someone to identify someone to act for them if they are not able to speak for themselves.

And one of the pieces that needs some follow up after the actions of last session you see is identified in sections one and two.

Although the Legislature did combine these two proxies into what we now call a healthcare representative, removing the healthcare decision making from the current power of attorney form.

Unfortunately, reference to healthcare decisions did not actually get removed from that form. This is unintentional. I'm sure it's just a matter of correcting the drafting to remove that reference from the power of attorney form.

A second aspect that we did want to clarify, after the action of last Session was, it was the intention of the Legislature to give authority to this new proxy, the healthcare representative, to make any and all healthcare decisions for the person that they represent, with certain exceptions.

And those are separately provided for in statute. Examples of these include psychosurgery and shock therapy. And again, because of a drafting consideration, I think that was not clearly specified.

Finally, and I know this was an issue that was extremely important to Representative Sayers, was the legislator's intention. This was reflected in Florida Dade, to provide for ongoing validity of all healthcare directives that were executed prior to the effective date of the changed law, which is October 1.

Regrettably the language did not fully encompass all the healthcare directives that had been enumerated in the law. So we're just urging a technical correction to make sure that we capture all of this.

So in synopsis, these technical corrections will help fully implement the progressive step that the Legislature took last Session in helping people to fully realize and plan ahead for their healthcare decisions.

SEN. HANDLEY: Thank you, Kate. And we have your written testimony. Good. Okay. So we can work them through. Are there questions? It's nice in my new job here to run up against the Elder Law group again. We spent a lot of time in Human Services.

KATE MCEVOY: It's excellent. Thank you for your collaboration.

SEN. HANDLEY: The last person I have signed up here is Dr. Laura Berns. Not here. Is there anyone here who cares to speak? Then we will call this public hearing over.

[Whereupon, the hearing was adjourned.]

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PUBLIC HEALTH

PART 8
2297-2624

2007

Connecticut Funeral Directors Association, Inc.

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

Written Testimony of
Jonathan Woyasz, President
Connecticut Funeral Directors Association, Inc.

House Bill 7160, An Act Concerning Funerals

House Bill 7163, An Act Concerning Revisions to Department of Public Health Statutes

Senate Bill 1190, An Act Concerning Vital Records

February 26, 2007
General Assembly's Public Health Committee

Good morning Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Jonathan Woyasz, I'm President of the Connecticut Funeral Directors Association and I am also the owner of Woyasz and Son Funeral Home in Norwich. On behalf of CFDA, I am here to testify on House Bill 7160, 7163 and Senate Bill 1190. I wish to thank this committee, its leadership, the Department of Public Health, the Attorney General's office and the Embalmers Board for their time in drafting these important proposals to the funeral industry.

First in regards to House Bill 7160, "An Act Concerning Funerals," CFDA supports the intent of this legislation. This bill clarifies for funeral directors the procedures for final disposition of bodies brought to Connecticut from another state. Based on a meeting last week, the Attorney General's office will be offering an amendment to clarify and bring consistency to this bill. CFDA supports that proposed amendment.

In section 7, CFDA supports requiring funeral directors to take continue education hours each year in Federal Trade Commission regulations as well as federal and state laws. Given the complexity and ever changing laws and regulations governing funeral services this change will serve the public and funeral directors well. CFDA does request a technical amendment to this section allow funeral directors a year from their first license renewal to complete these continue education courses. I've attached an amendment to this testimony for your consideration.

In regards, to Senate Bill 1190, "An Act Concerning Vital Records," following a discussion with the Department of Public Health we recommend the deletion of sections 3, 4, 6, 7 and 8. These sections would have permitted funeral directors to file death certificates in the town where their business is located rather than in the town of death as required under current statute. Though on paper this proposal seemed to work well, CFDA agrees with DPH that such a change could be problematic for the Department in tracking missing death certificates.

Page 2
Mr. Woyasz
Connecticut Funeral Directors Association

In lieu of these deleted sections, CFDA would request an amendment to House Bill 7160 allowing funeral directors to obtain a burial permit from the registrar of the town in which their business is located rather than obtaining the burial permit in the town of death. I've attached an amendment to this legislation for your review.

In regards to House Bill 7163, "An Act Concerning Revisions to Public Health Statutes," CFDA supports section 34 which requires funeral homes to retain records for not less than 3-years from final disposition.

Finally, CFDA will be submitting an amendment for consideration by this committee; this amendment will address an outdated regulation in regards to the preparation and transportation of bodies. This regulation does not conform to current industry standards for safe practice. Funeral Directors in compliance with safe industry standards and practices have been found to be in violation of this outdated regulation (19a-36-A39). Given the often long regulatory process, we ask that you consider a statutory change to this regulation to avoid the conflict outlined above.

Thank you for your attention to these matters, I would be glad to answer any questions.

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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE

February 26, 2007

Jennifer Filippone, Health Care Systems, 509-7590

House Bill 7163 - An Act Concerning Revisions to Department of Public Health Statutes

The Department of Public Health supports House Bill 7163, which contains many technical revisions that are being requested by the Department to update standards related to our programs.

Sections 7 and 9 revise provisions concerning funding for HIV/AIDS services. Section 7 expands the qualifications for organizations that can receive funds to provide HIV/AIDS services, and expands the recipients of those services to include people at risk for contracting HIV or AIDS. Although the Department of Public Health provides tests for HIV, the department does not provide tests for AIDS. Additionally, the Department does not require agencies that receive funds to perform HIV testing to charge a fee for those tests. Section 9 requires HIV as a content item for the public information program. Current statutory provisions only require AIDS.

The revision to section 10 broadens the eligibility criteria for grant-in-aid applicants and broadens the purpose of those grants. The existing language was drafted in the beginning of the AIDS epidemic in the 1980s. The revised language is consistent with current scientific knowledge and practice.

Sections 12, 13, 14, and 23 through 34 revise several statutory provisions related to the regulation of health care facilities and practitioners. More specifically these sections include technical changes related to the definition of assisted living services agencies; composition of medical hearing panels; registration requirements for alternate physicians who are supervising physician assistants; provision of alcohol and drug counseling services by licensed health care providers; educational requirements for licensure as a podiatrist; endorsement provisions for physical therapists, physical therapy assistants and optometrists; continuing education requirements for respiratory care practitioners; and record retention requirements for licensed crematories and funeral homes. 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 clarify the licensure requirements for professional counselors, requirements for performance of venipuncture by licensed radiographers, and provisions concerning the supervisory relationship between physicians and physician assistants. The Department continues to work with the professional associations on these proposals and plans to provide draft language to the Committee for its consideration at a later date.

Section 35 will eliminate an existing regulatory deficiency. Currently, the Department may deny the eligibility of an applicant for licensure or may summarily suspend a Registered Sanitarian license for certain actions or conduct. However, the Department may not proceed with permanent punitive action (e.g., revocation, suspension, probationary status) against a Registered Sanitarian license for similar actions or conduct. The revised language would provide the Department with enhanced and clarified enforcement provisions concerning these issues as related to the Registered Sanitarian profession

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

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

HB 7163

Good morning.

Senator Handley, Representative Sayers and members of the Public Health committee:

My name is Cynthia McDonald. I am a radiographer and have been employed in Radiology for 32 years. I have advanced certification in Cardio-Vascular Interventional Technology and am currently the Team Leader for Interventional Radiology at Hartford Hospital. I am a member of the American Society of Radiologic Technologists and the Association of Vascular Interventional Radiographers.

I am here to support the proposed word changes to the Radiographers License bill (Chapter 376c) which is included in the Public Health bill HB 1763.

Wording in our license at this time does not include taking verbal orders. The current policy at my hospital is based on the language in our license. I feel no person is more qualified to take verbal orders from a physician for a Radiology exam or procedure than a registered and licensed Radiographer.

On September 27, 2001, the Centers for Medicare and Medicaid Services provided additional clarification regarding the ordering of diagnostic tests. CMS describes that an order may include: "a telephone call by the treating physician or his/her office to the treating facility." This language does not exclude the involvement of the Radiographer who may be providing the exam or treatment.

There are a number of circumstances that make verbal orders necessary for the prompt care of a patient. In the operating room the physician is scrubbed and the circulating RN may be unavailable. The physician communicates a verbal order for an intra-op x-ray to the technologist directly who documents the order. In the emergency room during a trauma, this scenario is also possible and indicated. In some specialty areas of Radiology such as Interventional urgent orders are communicated via telephone from physicians enroute to the hospital or otherwise unable to utilize conventional means to provide a written order for the emergency treatment of a patient. The phone call is taken and the order documented by the IR triage technologist or the on-call technologist.

I also support the proposed word changes to allow for administering medications by technologists for diagnostic purposes. This is within our scope of practice based on accredited training and certification. These word changes will allow current hospital policy to be modified so that clinical best practices occur within the guidelines of our State licensure.

Thank you for your time and consideration.

Cynthia McDonald A.S., RT(R)(CV)
Team Leader, Interventional Radiology
Hartford Hospital
860-545-3656.

HB 7163

Good morning.

My name is Elaine Lisitano. I am a radiographer and an educator and have been employed in the field of radiology for 40 years. I am also a member of the Connecticut Society of Radiologic Technologists, which is the only State wide organization representing radiographers and am co-chair of the CSRT Legislative Committee.

As a board member of CSRT, I am here to support word changes to the Radiographer license law (Chapter 376c) which are being recommended in the Public Health bill, HB 7163.

When the radiographer license bill was first presented and passed in the early 1990's, most radiographers worked in hospitals. While private offices did employ radiographers, they basically performed every day, simple, diagnostic procedures. However, with time, many hospitals (and offices) have grown to include off-site independent facilities, with walk-in clinics for emergency work and even out patient surgical suites. In addition, most of these facilities support new equipment and the latest technical equipment. With advanced technology, procedures are more involved and many facilities offer advanced services, including CT scans and MR exams. Many of these studies require that technologists administer some type of dye or contrast to see anatomy and pathology better.

Wording in our license at this time specifically states that performing venipuncture to administer medication is allowed "in any hospital". We have worked with the Department of Public Health and feel that the wording "in any hospital" should be deleted, since many other types of facilities use and service patients with x-ray exams and equipment.

In addition, JACHO is now categorizing all diagnostic imaging contrast as medication. This not only includes intravenous contrast which must be performed using venipuncture techniques, but includes oral and rectal contrast as well (barium). With these proposed changes in wording, any Connecticut licensed radiographer who administers contrast would be certain that they are acting within the Connecticut State law and are also in compliance with JACHO standards.

As an educator, I can assure you that all licensed technologists who have gone through approved radiography programs have been educated and trained in venipuncture technique and the administration of all contrast. Our national accrediting body demands that students prove these competencies before graduation. Both the American Society of Radiologic Technologists and American Registry of Radiologic Technologists support this training as part of a Radiologic Technologist's Scope of Practice.

Thank you for your time and consideration



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

February 26, 2007

Statement of the Radiology Society of Connecticut Re: House Bill 7163

Good afternoon.

Senator Handley, Representative Sayers; Members of the Public Health Committee:

My name is Dr. Marc Glickstein and I am the immediate past President and current Vice President of the Radiology Society of Connecticut.

Unfortunately, due to clinical responsibilities, I am unable to be here in person today and instead, am having this statement read into the record by _____

The Radiology Society of Connecticut is the state chapter of the American College of Radiology. We represent approximately 400 radiologists in the state of Connecticut, of whom approximately 90% are members of the society. The Radiology Society of Connecticut strongly supports the proposed word changes to the Radiographer License Bill (chapter 376c) which is being recommended in the Public Health Bill, HB 7163.

The current sections of the general statutes, namely sections 21-74 bb and 20-74 dd are proposed to have wording changes.

Section 21-74 bb is proposed to be expanded to include the possibility of a verbal order, in addition to a written order, allowing a radiology technologist to operate a medical x-ray system.

Section 20-74 dd is proposed to allow a wording change permitting a radiological technologist to perform venipuncture and administer intravenous medication for diagnostic procedures. This will not limit the venue of services to be specifically in hospitals, but rather will allow the radiology technologist to perform these functions in other locations.

The Radiology Society of the Connecticut strongly supports these proposed changes. When this bill was first implemented in 1993, the practice of radiology was very different from what it is today. As in virtually all areas of medicine, technological advances have dramatically changed the scope and intensity of medical services provided to all patients. The scope of services provided by radiological technologists is different today just as it is for physicians in general, nurses, nurse practitioners, physician assistants and other members of the health care delivery team.

Radiology technologists are an integral part of the health care system and are intimately involved with providing diagnostic services to patients. These diagnostic services are appropriately provided in both inpatient and outpatient facilities. The proposed changes in the wording of the general statutes appropriately reflects the level of involvement of radiological technologists in the health care system. This wording appropriately reflects the level of care and training provided by these healthcare professionals based on the standard of care, both on a statewide and on a national basis.

Thank you very much.
Sincerely,

Marc F. Glickstein M. D.
Vice President
Radiology Society of Connecticut



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**Testimony of Kate McEvoy
Chair of the Elder Law Section of the Connecticut Bar Association (CBA)**

**In Support of Raised Bill No. 7163
*An Act Concerning Revisions to Department of Public Health Statutes***

**Judiciary Committee
February 26, 2007**

Senator Handley, Representative Sayers, members of the Public Health Committee, thank you for the opportunity to comment on Raised House Bill 7163, An Act Concerning Revisions to Department of Public Health Statutes. My name is Kate McEvoy, and I am the Chair of the Elder Law Section of the Connecticut Bar Association.

Position:

The Elder Law Section of the Connecticut Bar Association supports Sections 1, 2 and 19-22 of Raised Bill 7163, An Act Concerning Revisions to Department of Public Health Statutes.

These sections seek to make technical corrections to the Connecticut advance directives statutes, which were in 2006 modernized and improved by the Legislature based on a bill raised by this committee. Specifically:

- **Section 1** revises Connecticut General Statutes Section 1-43, the statutory power of attorney form, to remove reference to health care decisions (sub-section L of the form), this reflecting the fact that Section 59 of P.A. 06-195 repealed authority for use of the form for health care decisions;
- **Section 2** revises C.G.S. Section 1-55, the definition of the term "all other matters" as it is used in the power of attorney form, to remove health care decisions from this catch-all category;
- **Sections 20 and 21** revise sub-section (a) of C.G.S. 19a-575a, the statutory combined advance directives form, and C.G.S. Section 19a-577, the statutory appointment of a health care representative, to clarify that a health care representative may make all types of decisions that are referenced in this section other than decisions provided for elsewhere in the statutes (e.g. psychosurgery, shock therapy); and

- **Section 22** revises C.G.S. 19a-580f, which provides for ongoing validity of directives executed prior to October 1, 2006, to reflect the legislative intent to cover not only living wills, but also 1) appointments of attorneys-in-fact for health care decisions through power of attorney forms; and 2) appointments of health care agents.

Enactment of these corrections will fully realize the goal of streamlining the process of executing advance directives such that citizens can more easily and effectively express their personal preferences concerning end-of-life health care decisions. Therefore, the Elder Law Section of the Connecticut Bar Association urges this committee to support the above referenced sections of Raised House Bill 7163.

Background

In Spring 2006, the Legislature modernized and simplified Connecticut law concerning advance directives for health care. These important changes, which were part of Public Act 06-195, became effective on October 1, 2006.

Based on work that was initiated by the Robert Wood Johnson-funded Connecticut Coalition to Improve End-of-Life Care, advocates from many disciplinary perspectives came together to call for these changes. Ultimately, this involved diverse organizations and agencies, including the Elder Law and Estates & Probate Sections of the Connecticut Bar Association, Connecticut Legal Services, the Connecticut Legal Rights Project, the Connecticut Hospital Association, and departments of the State; notably, the Departments of Mental Health and Addiction Services (DMHAS) and Mental Retardation (DMR). The convening group was able to actively confer with Assistant Attorney General Henry Salton throughout the process of drafting the proposed changes.

A summary of the 2006 changes made by P.A. 06-195 follows below:

- **Appointing a Proxy**

The powers of the health care agent and the attorney-in-fact for health care decisions were blended into a unified proxy called the “**health care representative**”, who has the authority to make any and all health care decisions for a person who is incapable of expressing those wishes him or herself. Because it was no longer needed, the Act repealed the statute that provided for appointing an attorney-in-fact for health care decisions using a durable power of attorney form.

- **Expansion of Living Will Form**

The living will form was expanded to permit individuals to indicate their wishes concerning both life support and any other aspect of health care.

- **Clarification of the Role of Conservators**

Where a conservator of the person has been appointed by a Court of Probate for an individual who has been determined to lack legal capacity (a ward), the Act provides that the conservator must:

- except as otherwise provided in statutes (e.g. statutes concerning shock therapy), comply with the previously executed advance directives of a ward; and
- allow the ward's health care representative to continue to make health care decisions for him or her.

- **Recognition of Advance Directives From Other States and Countries**

The Act provides for recognition of advance directives that are validly executed in other states and foreign countries and are consistent with Connecticut public policy.

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course, I get a 5% reduction in my malpractice rates.

So, of course, most people take advantage of that and do the advanced training and find out what the risks are and how to test for them, and how to incorporate that into your examinations.

REP. GIEGLER: Thank you very much.

SEN. HANDLEY: Thank you very much.

MARY LAVIN: Thank you.

SEN. HANDLEY: So we will now turn to House Bill 7159, Steve Thornquist, followed by Vincent deLuise. Good evening.

STEVE THORNQUIST: Good afternoon.

SEN. HANDLEY: It is, definitely evening at this point.

STEVE THORNQUIST: Beg pardon?

SEN. HANDLEY: I said, it's, definitely, evening.

STEVE THORNQUIST: Yes. It is. Good evening, you're quite right. And I respect your ability to sit here through all of this. I'm Steve Thornquist. I am a Board Certified Ophthalmologist and a pediatric Ophthalmologist, practicing in Trumbull.

I'm here as President of the Connecticut Society of Eye Physicians, which is an

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organization that represents over 96% of the ophthalmologists in this state, and also as an officer of the Connecticut State Medical Society, representing over 7,000 physicians.

And we are speaking in strong opposition to House Bill 7159, AN ACT UPDATING THE SCOPE OF PRACTICE OF OPTOMETRY. I would like to start by noting that I, actually, have a very good working relationship with many optometrists in my area.

And I have worked alongside optometrists, previously, in a very large group, without any problems, prior to starting my own practice, five years ago. And I respect my optometric colleagues.

The problem, here, is that this bill, ~~unintentionally~~, or not, asks for capabilities that are beyond the scope of optometric training. This is not a turf battle. It's a patient safety issue.

The proper treatment for the types of glaucoma under consideration, here, is most often surgical. And surgery requires medical school training and post-graduate medical education. Optometrists do not receive this training.

Proper therapy for unresponsive corneal ulcers and iritis may also require surgery or hospitalization. A privilege that is, appropriately, restricted. Delaying effective treatment, in a vain effort to maintain control of medication, does a disservice to the patient and for what gain?

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Perhaps the majority of patients, who will need surgery, would be referred in a timely and expeditious fashion, but perhaps not. This does not serve the citizens of Connecticut. And if they are being, properly, referred, then where is the problem with the current statutory language?

These diseases represent a minority of glaucoma and corneal patients and there are enough IMDs in this state to provide adequate access to care for them. There is no need for this Legislation.

The current system requiring prompt referral of these sight threatening diseases to a physician, who can plan and provide the entirety of the necessary care, is simply more appropriate and better, providing much lower risk of patients receiving delayed therapy or falling through the cracks.

Adding to my concern is that, at the same time there's a push to expand the scope of optometric practice into dangerous territory, there is also a bill, referencing House Bill 7163, which seeks to water-down the requirements to obtain a license to practice Optometry in the State of Connecticut.

And I don't understand the logic in this. I do not understand considering increasing the risk and complexity of a practice that would be open to less, rigorously, trained practitioners. Taken together, the whole issue would make me

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want to reconsider the entire concept of expanded scope of practice from the beginning.

It think we all want what is best for Connecticut's patients, unfortunately, this is not the best we can do.

Patient's safety should be the guiding force here, and our patients' welfare is best protected by keeping the current statute governing Optometric practice, as is. Thank you.

SEN. HANDLEY: Thank you very much. Are there questions? Representative Nardello.

REP. NARDELLO: Thank you, Doctor Thornquist. I just have one question for you. Could you explain to me what you feel this bill will allow that it wouldn't have allowed before and how you interpret that?

STEVE THORNQUIST: Well, I'll start from what I consider the most important and move down. Striking, Clause (k), which is on page 4.

HB 7159

I think, if you have the text of the statute in front of you, which requires referral of pediatric glaucoma, angle closure glaucoma, secondary glaucoma's, and I believe that's also the clause that includes pressure over 35.

Pediatric glaucoma is a structural disease and, almost, always requires a surgical cure. The only role for medication in pediatric glaucoma is to try to keep the pressure down while

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TESTIMONY OF
 CONNECTICUT HOSPITAL ASSOCIATION
 BEFORE THE
 PUBLIC HEALTH COMMITTEE
 Wednesday, March 14, 2007

HB 7163

HB 7089, An Act Concerning Supervising Physicians For Physician Assistants

The Connecticut Hospital Association (CHA) appreciates this opportunity to present testimony concerning **HB 7089, An Act Concerning Supervising Physicians For Physician Assistants**. CHA supports this bill.

HB 7089 would remove an unnecessary and outmoded registration process for physicians who oversee physician assistants. CHA applauds the Department of Public Health for taking the initiative to remove the ineffective mechanism that merely adds cost to an already burdened administrative system. Adopting efficiencies in healthcare that do not adversely affect quality, including those that streamline governmental processes, serves the best interests of Connecticut's patients.

In order to fully remove the administrative burden of the registration process for supervising physicians and create an internally consistent statutory scheme, CHA requests that the bill be amended to also remove references to registration of supervising physicians found in two additional subsections of the same statute.

In section 20-12a, specifically subsections 20-12a(7)(A)(vi) and 20-12a(7)(B)(vi), delete text from the last line in each subsection to remove "registered with the department pursuant to section 20-20c":

(7) (A) "Supervision" in hospital settings means the exercise by the supervising physician of oversight, control and direction of the services of a physician assistant. Supervision includes but is not limited to: (i) Continuous availability of direct communication either in person or by radio, telephone or telecommunications between the physician assistant and the supervising physician; (ii) active and continuing overview of the physician assistant's activities to ensure that the supervising physician's directions are being implemented and to support the physician assistant in the performance of his or her services; (iii) personal review by the supervising physician of the physician assistant's practice at least weekly or more frequently as necessary to ensure quality patient care; (iv) review of the charts and records of the physician assistant on a regular basis as necessary to ensure quality patient care; (v) delineation of a predetermined plan for emergency situations; and (vi)

designation of an alternate licensed physician [registered with the department pursuant to section 20-12c,] in the absence of the supervising physician.

(B) "Supervision" in settings other than hospital settings means the exercise by the supervising physician of oversight, control and direction of the services of a physician assistant. Supervision includes, but is not limited to: (i) Continuous availability of direct communication either in person or by radio, telephone or telecommunications between the physician assistant and the supervising physician; (ii) active and continuing overview of the physician assistant's activities to ensure that the supervising physician's directions are being implemented and to support the physician assistant in the performance of his or her services; (iii) personal review by the supervising physician of the physician assistant's services through a face-to-face meeting with the physician assistant, at least weekly or more frequently as necessary to ensure quality patient care, at a facility or practice location where the physician assistant or supervising physician performs services; (iv) review of the charts and records of the physician assistant on a regular basis as necessary to ensure quality patient care and written documentation by the supervising physician of such review at the facility or practice location where the physician assistant or supervising physician performs services; (v) delineation of a predetermined plan for emergency situations; and (vi) designation of an alternate licensed physician [registered with the department pursuant to section 20-12c,] in the absence of the supervising physician.

These two subdivisions are included in section 24 of **HB 7163, An Act Concerning Revisions To Department Of Public Health Statutes**. For clarity CHA respectfully requests that either section 24 of HB 7163 be added to this bill or this bill be added to HB 7163.

Thank you for consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.