

**PA12-062**

SB0186

House	6371-6401	31
Public Health	30, 337-339, 482-503	25
<u>Senate</u>	<u>1087-1090, 1178-1179</u>	<u>6</u>
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**H – 1141**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2012**

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PART 19  
6188 – 6484**

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REP. SHARKEY (88th):

Good afternoon, Mr. Speaker.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. SHARKEY (88th):

Mr. Speaker, I move that we waive the reading of the Senate favorable reports and the bills be immediately tabled for the calendar.

SPEAKER DONOVAN:

Without objection so ordered.

THE CLERK:

Today's calendar, sir. Thank you.

SPEAKER DONOVAN:

Any announcements or introductions? Any announcements or introductions?

Will the Clerk please call Calendar 415.

THE CLERK:

On page 21, Calendar 415, Substitute for Senate Bill Number 186, AN ACT CONCERNING THE LICENSING, INVESTIGATION AND DISCIPLINARY PROCESSES FOR PHYSICIANS AND NURSES, favorable report by the Committee on Public Health.

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Representative Christopher Lyddy you have the floor, sir.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, I move the joint committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

The question is on acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

Will you remark?

REP. LYDDY (106th):

Yes, Mr. Speaker.

Mr. Speaker, this bill is the result of the bipartisan effort. We've addressed many of the concerns at the committee level that some of the stakeholders had and it's a significant step forward for DPH and the medical examining board.

The bill does two major things. First it expands the membership of the Connecticut Medical Examining Board and hearing panel and two changes the membership of the Connecticut state Board of Examiners for nursing.

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Mr. Speaker, I move adoption of -- I apologize we need to adopt Senate Amendment A. The Clerk is in possession of -- hold on one second -- an amendment, LCO 3223, previously stated Schedule A in the Senate.

I move adoption.

Can you please call the amendment, Mr. -- Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Will the Clerk please call LCO 3223, previously designated Senate A?

THE CLERK:

LCO 3223, Senate A, offered by Senator Gerratana and Representative Ritter.

SPEAKER DONOVAN:

Representative seeks leave of the Chamber to summarize.

Any objection?

Hearing none, Representative Lyddy may proceed with summarization.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill -- this amendment simply strikes lines 130 through 149 which in essence deletes

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Section 3 of the bill which removes the fiscal note.  
The amendment eliminates the anticipated general fund  
loss.

Mr. Speaker, I move adoption of the amendment.

SPEAKER DONOVAN:

Question is on adoption.

Will you remark further? Remark further on the  
amendment?

Representative Jason Perillo, you have the floor,  
sir.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

Mr. Speaker, if I may through you a few questions  
to the proponent of the amendment.

SPEAKER DONOVAN:

Please proceed, sir.

REP. PERILLO (113th):

Through you sir, as -- as I understand it this was  
initially designed within the underlying bill to drive  
physicians towards online renewal. I see we are  
removing that here. What was the intent of the  
original effort to drive physicians online?

Through you, sir.

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Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, that is certainly the case. We are not preventing from physicians from registering online. That is still allowable. We're simply not requiring them and this again reduces or eliminates the fiscal note.

Mr. Speaker, through you.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

And just a follow up to that. So I understand that we're not necessarily requiring renewal through the online process but to clarify we are continuing to offer that as an option. Is that correct?

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Perillo.

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REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

And just to follow up. I would imagine though that by moving physicians towards online renewal that, in the long term, there could conceivably be some sort of general fund benefit and that we would see a decrease in perhaps the staff needed to handle paper renewals.

Are we, in an effort to eliminate a short term fiscal note, doing more damage in the long term and prolonging what is already an expensive process in requiring that providers renew on paper? Is there any concern that perhaps we may be cutting off our nose to spite our face here?

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And through you, that certainly is a significant concern. However at this time the Department and the Committee felt it was appropriate to simply continue allowing the registration online as opposed to in this fiscal time require that all of this be done online.



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Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

And again on -- a -- along the lines of the fiscal note, I do see that in the underlying language DPH is allowed to charge a service fee for the online licensure and renewals. Is -- is anything changing to that? Are we going to continue to require or -- or allow DPH to charge a fee for those transactions?

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

The bill is silent on that issue and therefore I would believe that we would continue with current practice.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

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And just a question. What exactly is that fee right now?

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

The license fee payments on DPH's licensing website incur a 3 percent transaction cost per payment.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much. I -- I appreciate it and I -- I thank the gentleman for his answers to the questions. This was an item that did generate some discussion in public hearings and amongst Committee leadership as we were concerned of course about that fiscal note.

I -- I do believe that this amendment will remove that. I -- I do however want to say that online renewal is something we should be pursuing. It is something that is going to be more efficient and I believe more effective and, in the long run, easier for

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providers.

So -- so while I do support this amendment today, I do hope that in future sessions we will look at and revisit moving towards complete online renewal.

Thank you, sir.

SPEAKER DONOVAN:

Thank you, sir.

Would you care to remark further on the amendment?  
Care to remark further on the amendment?

If not, let me try your minds. All those in favor of the amendment, please signify it by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Opposed, nay.

The ayes have it. The amendment is adopted.

Will you remark further on the bill as amended?  
Will you remark further on the bill as amended?

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much.

If I may, through you, just a few questions --

SPEAKER DONOVAN:

Please proceed, sir.

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REP. PERILLO (113th):

-- on the underlying bill as amended.

I see that we are increasing the number of individuals on certain of these boards. I specifically would refer us to lines 18 through 32 as we are, you know, restructuring this board. We are moving to 21 members. What was the basis for these individuals to be included? You know it -- it does seem to be very specific in some circumstances so I'm just trying to get a handle on what we're aiming at when we enlarged the size of this group.

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

The Department did some significant work and evaluation of other states and what their medical examining boards look like. This is simply an effort to expand public participation on those boards as well as an effort to ensure that various practices and specialties are also represented on -- on this board.

Through you, Mr. Speaker.

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Representative Perillo.

REP. PERILLO (113th):

Thank you very much and I thank the gentleman for his answer to the question.

Another question, through you sir. In lines 48 through 45 it states that the Commissioner of Public Health is establishing a list of persons who may serve as members of medical hearing panels. Could the gentleman please give the Chamber a better understanding of what these medical hearing panels do.

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

In essence the medical hearing panel pretty much serves as consultants and serve on the medical hearing board however are non-voting members to the Connecticut Medical Examining Board and this is again to address issues of allegations of malpractice against physicians and physician assistants.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

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REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

And just a follow up to that. In lines 52 to 53 it states that this -- these panels will provide the same services as members of the Connecticut Medical Examining Board which begets the question why do we have these panels in addition to the Medical Examining Board if they're doing essentially the same thing?

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Again these panelists will not be voting members to -- on the Connecticut Medical Examining Board, they'll simply be called upon when their expertise and support is needed.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

And I -- I appreciate that answer to the question. If we could move on just slightly, lines 63 through 75

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outline the individuals and -- and what they would do.

I -- I do have a question specifically though as to line 74 and 75 which references 12 members from the public.

Now this is a relatively scientific complex board with issues that -- that are very, very specific and technical in nature. I'm wondering what 12 members of the public will do and what kind of value they add to a board of this type if the gentleman could please address that.

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And through you, they'll provide significant contributions to the Medical Examining Board hearing panel just as they do on the Connecticut Medical Examining Board. This is an effort to bring in people from the public who are not necessarily physicians so that they can also -- the public also has a voice and seat at the table to review these allegations of malpractice.

Through you, Mr. Speaker.

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SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

But again I -- I just want to drill down on this a little bit more deeply. As -- as the gentleman said before, these are, you know, looking at cases of malpractice, things of that sort. It is something that in the review requires knowledge of the subject material and we're looking at 12 individuals who are members of the public where there is no requirement at all that they should have any knowledge of the subject material.

So I'm just questioning a) the value of these 12 individuals, and I don't know the answer to the question which is why I'm asking it, and b) quite frankly whether we're creating a situation where perhaps 12 individuals who don't have any subject matter background could actually confuse the process and leave the physicians who are before the board, the providers who are before board, at -- at something of a disadvantage as they attempt to make their case as to why, you know, the course or treatment of what they've done is appropriate.



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If -- if the gentleman could please address that.

Thank you, sir, through you.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And again I just want to highlight that there are 23 physicians on the hearing panel as well as 12 members -- public members, I apologize, the public members are absolutely critical to ensure that the public is represented at the table. Those decisions again are based on evidentiary hearings as well as information gathered from the Department of Public Health and so they are able to make an informed decision on behalf of the public to ensure that there's accountability within the system -- within the hearing panel as well as the Connecticut Medical Examining Board and so it does offer some independency to that board in the decisions that they render.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much.

And again I thank the gentleman for his answer to the questions. If we could move on slightly I'd like to look at the new language in lines 121 to 129. It discusses the Commissioner may grant waivers for not more than 10 contact hours of medical education.

If the gentleman could give a better example -- or -- or a little bit of clarity as to what this section is doing. It appears as though we are waiving medical education hours. I'm wondering why that is and what the benefit is to the State of Connecticut.

Through you, sir.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, there is considerable discussion around this one issue and increasing the continuing education hours. In the Committee we heard that the Department requested 60 hours. However after deliberations within the Committee and in the substitute language it now, in the underlying bill, we've kept those hours at 50 hours. The ten hour waiver that the Department of Public Health's commissioner can offer to the Connecticut Medical

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Examining Board members is really an incentive to continue their participation on the Examining Board and to ensure that these members are being compensated in essence for their expertise.

Also, Mr. Speaker, it's important to note that other states are also doing similar practices in this regard.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker I appreciate that.

To get some clarity though so we've talked about the ten hours that -- that would be essentially forgiven. As -- but the question is what are they forgiven for and line 123 states that, you know, for a physician who engages in activities related to the physician's service as a member of the Connecticut Medical Examining Board.

So it -- it -- it's sort of a -- a strange way to -- to state that the member participates in the Medical Examining Board so just to clarify, engaging in activities related to the physician's service, are we

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just basically saying they're serving on the Examining Board? Is that correct?

Through you.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Through you, Mr. Speaker, yes.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

I -- I appreciate that. Just a little bit more clarification if I could in -- in lines 159 to 160. I'll give the gentleman a chance to get there. So as we -- we are talking here about the state Board of Examiners for nursing, it outlines the individuals who can be on that board.

Just very specifically again to line 159 as I stated previously, this is an individual connected with an institution affording opportunities for the education of nurses. If the gentleman could please clarify, I don't know exactly what that means.

Through you, sir.

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Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And through you, that would in essence be a nursing school or a school that provides nursing education.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much.

I -- I appreciate that. That's kind of what I thought. It just seems this is a very, very odd way to state nursing school but I -- I guess, you know, we'll leave that LCO.

I -- I have no further questions on this. I do think this is something that has been a long time coming. I think this is something that is going to make and, you know, en -- help to ensure that the level of care provided by our physicians and by our nurses here in the State of Connecticut is appropriate, it is strong, it is effective and it is safe for Connecticut residents. I would urge passage of the bill that is before us.

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Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Srinivasan.

REP. SRINIVASAN (31st):

Good afternoon, Mr. Speaker.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. SRINIVASAN (31st):

This, Mr. Speaker, is a bill that I -- that all of us hopefully will support and I urge adoption of this bill. But before that, through you, Mr. Speaker, if you can ask a few questions to the proponent.

SPEAKER DONOVAN:

Please proceed, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, the number of hours that we've talked about in terms of the physician being -- having credit for working in the public health comm -- in -- in the Committee, has the number of hours increased and then they're giving them a ten hour credit or the hours remain the same and they get a ten hour credit?

Through you, Mr. Speaker.

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SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Again this was developed by the Department of Public Health as a result of their search of other states and what they're doing. The new language is indeed new language and therefore the ten hours that the commissioner may, not shall, may waive as a result of their participation is new and is something that I believe is welcome to the board.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, and I -- and I feel this is a -- a -- an excellent way of getting people to participate because we have heard the Department of Public Health tell us over and over again that they have a very hard time in recruiting physicians to volunteer and when that voluntary component does not happen this is a good way to get the committee people involved and we also have a wide breadth because what was happening in the past they were the same group of

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physicians, maybe they were retired, maybe they were semi-retired, and so they were available to give this voluntary service.

We all know it's a voluntary service but in this way the language of the bill it will encourage everybody to participate and be involved and I think that is -- without increasing the number of hours we are still getting what we need and I feel that is an excellent way to resolve the crisis that the Department of Public Health is having.

Through you, Mr. Speaker, if I can have one more question to the proponent.

SPEAKER DONOVAN:

Please proceed, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, when this online renewal of the licenses takes place, you know, whether it be the physician or for the nursing staff, will that change in any way the -- the income or -- in -- in terms of the licensing fees? Will that all remain the same? Will the state be getting any mo -- any less money through this process or will it be the same?

Through you, Mr. Speaker.

SPEAKER DONOVAN:



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Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And through you, the amendment that we adopted as Senate Amendment A strikes Section 3 of the bill which had to do with requiring these licenses to be processed online and therefore we're moving forward just as we have been doing with simply allowing the physicians and nurses to register online.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, so at this point in time we have taken away that online registration, that is what I understand, so we will still be doing the conventional way?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Through you, Mr. Speaker, that is incorrect. Currently we allow for these licenses to be processed online should a physician or nurse chose to do so which

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it is my understanding that many of them do but this bill -- the initial bill required that all licenses be processed online. We've eliminated the requirement to do that and continue to allow them to.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, once again this a win-win situation for everyone because we have given -- given the physicians and the nurses the option of either wanting to renew their license through the online process or in the conventional way.

Through you, Mr. Speaker, I want to thank the proponent of the bill for the answers.

Thank you, sir.

SPEAKER DONOVAN:

Through you, sir.

Representative Carter.

REP. CARTER: (2nd):

Thank you, Mr. Speaker.

A few questions through you to the proponent of the bill.

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Please proceed, sir.

REP. CARTER: (2nd):

Thank you very much, Mr. Speaker.

And through you, Mr. Speaker, I noticed in line 18, 19, 20 where we're establishing the larger board than last time, there originally were 15 members. It went up to 21. I notice they kept the same ratio of public members. Through you, Mr. Speaker, was that done on purpose or the -- the ratio being the same?

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, again through you, the Department looked at other states' practices. The expansion of the board simply is to ensure that public members are included and at a ratio that's currently established as well as to ensure that various practices and expertise are represented.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Carter.

REP. CARTER: (2nd):

And through you, Mr. Speaker, I noticed although

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the -- the board increased in size, there were two significant I'd say positions left off the -- the board and that would be the chief of staff of a hospital and somebody from the UConn School of Medicine.

Through you, Mr. Speaker, was that -- was there some rational behind the reason they did that from the Department?

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Again we wanted to simply expand the membership of the board and ensure that various practices and expertise were represented on the Medical Examining Board. We did not feel as though it was absolutely necessary for those individuals to be particularly designated on the board at this time.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Carter.

REP. CARTER: (2nd):

And through you, Mr. Speaker, in lines 48 through 55, which is actually existing law, there is some talk about the medical hearing panels. Could the -- could

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the vice-chair of the Public Health Committee let me know exactly what a medical hearing panel is -- is doing?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And through you, the Connecticut Medical Examining hearing panels again the Commissioner is appointing this pool of people and they are basically investigating and offering their support to the hearing process for the Connecticut Medical Examining Board.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Carter.

REP. CARTER: (2nd):

Thank you, Mr. Speaker.

In line 64 when we're starting to talk a little bit about the nursing board, the board of nursing now they're looking for a nurse with a nursing practice or doctor of nursing science. What -- what exactly is a doctor of nursing practice?

Through you, Mr. Speaker.

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SPEAKER DONOVAN:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And through you, that would be a higher degree, a PhD program, in -- in the field of nursing.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Carter.

REP. CARTER: (2nd):

Thank you very much, Mr. Speaker.

And my -- my sincerest thanks to the illustrious vice-chair of the Public Health Committee for his answers. You know as I look through this bill I really do see a good bill. Number one what it does is it strengthens that board. Not only did it go up in number but what's important is it went up in the number of different specialties and -- and I think it gives a -- a really broad base view of a lot of different specialties including emergency medicine, surgery, OB, so I think that really strengthens this bill.

The other thing that this bill does that I think is interesting is it does provide a really great incentive for people to get involved in the process.

Medical professionals are very busy people and it's hard for them to go out and get involved in different boards and things like that where we want them to -- to serve with their expertise in the state.

This -- this part of the bill that gives the little break in continuing education credit is good for that. And the important part is in those roles in the state, serving the state, they're still getting education. They're still working in their field so they're not losing anything with respect to their qualification or their ability to help patients in the State of Connecticut.

And finally looking at the nursing board part of this, you know I recognize that there's a -- there's a new move in nursing in the -- in the state and that is looking at more nurses who are actually receiving doctorate degrees. And I think this is one of the first times that I've seen in legislation where we're actually taking advantage of that and we're saying all right we want a doctor of nurse practitioner or we want a doctor of nursing science on -- on some of these boards.

So I would -- I would commend the -- the Public Health Department for doing that and I would urge that

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everyone support this bill.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further on the bill as amended? Would you care to remark further on the bill as amended?

If not staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is taking a roll call vote. Members to the Chamber, please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board to make sure your vote has been properly cast. If all the members have voted the machine will be locked. The Clerk will please take a tally. Clerk will please announce the tally.

THE CLERK:

Senate Bill 186, as amended by Senate A in concurrence with the Senate.



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Total number voting	126
Necessary for passage	64
Those voting Yea	126
Those voting Nay	0
Those absent and not voting	25

SPEAKER DONOVAN:

Bill is passed on concurrence with the Senate.

Any announcements or introductions?

Representative Auden Grogins, you have the floor,

Madam.

REP. GROGINS (129th):

Thank you, Mr. Speaker.

Good morning everyone. For a point of personal privilege and for the purposes of an introduction, Mr. Speaker, may I make an introduction?

SPEAKER DONOVAN:

Please proceed.

REP. GROGINS (129th):

I would like to -- I have some very special guests today from the Black Rock section of Bridgeport. By way of really quick background, if you all remember you enthusiastically supported my bill to toughen the laws on illegal massage parlors and I really thank all of you for that.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
PART 1  
1 – 352**

**2012  
INDEX**

CHAIRMEN: Senator Gerratana  
Representative Ritter

MEMBERS PRESENT:

SENATORS: Kane, Slossberg, Stillman,  
Welch

REPRESENTATIVES: Abercrombie, Ackert,  
Ayala, Betts, Carter,  
Gentile, Hetherington,  
LeGeyt, Lesser, Lyddy,  
Miller, Nardello,  
Perillo, Ryan,  
Scribner, Srinivasan,  
Stallworth,  
Taborsak, Tercyak,  
Widlitz

SENATOR GERRATANA: Welcome, Commissioner Mullen.

COMMISSIONER JEWEL MULLEN: Thank you. Good morning.

SENATOR GERRATANA: Good morning.

COMMISSIONER JEWEL MULLEN: Senator Gerratana,  
Representative Ritter, and distinguished of the  
Public Health Committee. My name is Dr. Jewel  
Mullen, Commissioner of the Department of Public  
Health. I'm here this morning to thank the  
committee for raising the department's bill and  
to let you know that I'm here, once again, along  
with a number of staff from the Department of  
Public Health to answer questions you have  
regarding the following bills: Senate Bill  
Number 188, AN ACT CONCERNING FINANCIAL  
ASSISTANCE TO LOCAL HEALTH DEPARTMENTS FOR LEAD  
POISONING PREVENTION; House Bill Number 5241, AN  
ACT CONCERNING DELAYED BIRTH REGISTRATION; Senate  
Bill Number 186, AN ACT CONCERNING THE LICENSING,  
INVESTIGATION, AND DISCIPLINARY PROCESSES FOR  
PHYSICIANS AND NURSES; House Bill Number 5321, AN

HB 5334  
HB 5244  
HB 5242

Okay, then Senate Bill 277.

Patrick McCormick? Not here.

Carolyn Wysocki? I know she told me she left. Okay.

Senate Bill 188.

Dr. Vivian Cross. She left, too.

House Bill 5063.

Jack Malone. I don't see him.

And Shawn Lang is not here, but she has written testimony.

Mary Marcuccio. Mary Marcuccio? No.

Okay, who's left? Okay, let's see. We have two people left to testify. Margaret? Okay.

Okay, Senate Bill 186.

Barbara Wood. There she is. Okay. Welcome, Barbara.

BARBARA WOOD: Good evening. I hope I have time to read it. My name is Barbara Wood. And I am here today to give support to Bill Number 186, AN ACT CONCERNING THE LICENSING, INVESTIGATION AND DISCIPLINARY PROCESS FOR PHYSICIANS AND NURSES.

The Connecticut Medical Examining Board depends on investigations and lawyers from the Department of Public Health to inquire into cases and complaints, and work with only the evidence that is presented before them, and quite frequently much less than is actually known -- that is really known is considered. This often leads to a Consent Order similar to a plea bargain or a full hearing before the Board.

Many states have an independent medical exam board which is -- which is funded by a certain percentage of physicians' licensing fees. Currently I believe this is not the case in Connecticut. Fully-funded boards in other states conduct their own investigations, have their own lawyers, and see cases through the entire process. Disciplinary data is taken from each state and certain groups rank each state board basing their decisions on license ramification, surrenders, suspensions and probation.

The Connecticut Medical Board has ranked among the worst in the nation in the past ten years. The problem with the current process appears to be between the Department of Public Health investigation and the Board's decision where the vote process comes apart. In my particular case, concerning my son, it was the consent order which the physician agreed to not -- to not pursue -- to have him not prescribe, administer or dispense Suboxone. They did not want the doctor to prescribe those -- the Suboxone to treat opioid addiction.

My son was given a Suboxone prescription two times that I know of by this doctor, yet in a two-year period he was given over 10,000 opium pills, 1600 morphine pills, 3000 Somas, plus numerous Valium, Lexapro, Fentanyl patches, several prescriptions given only a few days apart, and some on the same day and I gave a package pertaining to this.

All of the medications I just spoke of were paid by Anthem. My son also had another insurance carrier through his former place of work, Danbury Hospital, which was never investigated, but which also paid for his prescriptions from this same doctor. Cash and checks were also another form of payment for the medications prescribed. I mentioned these forms of payment to the investigator for my son's case and was told it didn't matter.

There were three cases against this doctor. I asked about it going to a hearing and the doctor said they

didn't want to get any motions involved, so they were hoping for a Consent Order to be signed.

At the Connecticut Medical Board meeting on November 15, 2011, one member of the panel asked if anybody died. The attorney answered no. Does someone have to die in order to stop an abuse? My son knows he is totally responsible for his addiction, but some of the responsibility should fall on the profession who ordered these meds without monitoring the results.

I never had a chance to tell about the fear we had of an accident with the car, the complete collapse of his family, his children, his wife and himself attending years of counseling with a psychiatrist. He has had his driver's license suspended for life. He cannot work. He has no employment.

Since the case has come to a conclusion, is there anybody following up? Who is responsible to take and monitor the probationary period for the doctor's license? Are the stipulations and agreements stated in the disciplinary action being followed? Input from this -- these affected should be considered even though no one died.

I encourage you to support the bill.

SENATOR GERRATANA: Thank you very much for your testimony, Barbara.

BARBARA WOOD: You're welcome.

SENATOR GERRATANA: And does anyone have any questions, or -- no. Thank you so much for coming this evening.

BARBARA WOOD: You're welcome.

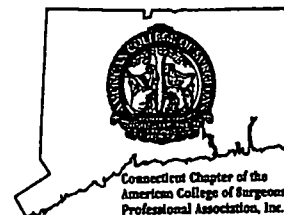
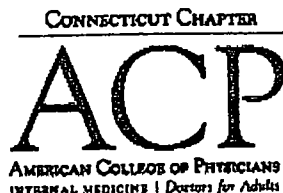
SENATOR GERRATANA: Let's see. Next is Jean Rexford. I don't think Jean is here. All right.

Mary Jane Williams isn't here.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
PART 2  
353 – 705**

**2012**



**Connecticut State Medical Society  
Connecticut Chapter of the American College of Physicians  
Connecticut Chapter of the American College of Surgeons  
Testimony on Senate Bill 186 An Act Concerning the Licensing, Investigation and  
Disciplinary Process for Physicians and Nurses.**

**Public Health Committee  
March, 7, 2012**

Senator Gerratana, Representative Ritter and Members of the Insurance and Real Estate Committee, on behalf of the more than 8,500 members of the Connecticut State Medical Society, (CSMS) and the Connecticut Chapters of the American College of Surgeons and the American College of Physicians, thank you for the opportunity to provide this testimony to you today on **Senate Bill 186 An Act Concerning the Licensing, Investigation and Disciplinary Process for Physicians and Nurses**

First, our organizations wholeheartedly support the increase in the number of physicians on the Connecticut Medical Examining Board from 5 to 14. We also continue to welcome the inclusion of non physician members on the committee who have demonstrated to be strong advocates for the delivery of quality medical care in our state. We also support the expansion of the number of members listed as able to serve on medical hearing panels. We do however question the intent of the removal of all references to the need for physicians to be practicing in the state in order to serve on the medical examining board. It is imperative that members continue to be licensed and practicing in the state of Connecticut as the original intent of the creation of the examining board was to have physicians and others engaged in the treatment and care of patients in Connecticut to monitor, review and if necessary enforce clearly articulated standards of care for Connecticut.

Further in testimony we offer additional comments on remaining sections of the proposed legislation. However, we would be remiss not to take this opportunity to reiterate a position that we have shared with this committee in the past regarding the structure and operation of the state Medical Examining Board. CSMS continues to assert that Connecticut should follow the lead of several other states as well as the Federation of State Medical Boards and establish an independent and autonomous MEB. The creation of a self sustainable, diverse, transparent and effective independent Board would serve the best interest of Connecticut residents and physicians.

CSMS must raise significant concerns regarding subsequent sections of the bill. CSMS had the honor and pleasure of working with previous members of this committee as well as the Department of Public Health (DPH) to establish comprehensive and acceptable statutes requiring physicians to participate in continuing medical education (CME). Connecticut has one of the strongest and more stringent requirements in the country tied to continuation of medical education for physicians. In addition, as recently as 2010, yet another mandated CME requirement was placed on physicians of the state. Therefore, we respectfully oppose the increase in the mandated number of CME hours required by Connecticut physicians, given the administrative and financial burden this will place on practicing physicians in Connecticut at a time where we have a clearly identified shortage of physicians.



Our CME statutes are strong and serve their purpose. We strongly support the need for physicians to continually update their skills and knowledge as healthcare treatment evolves. However, as we continue to work together to attract and retain skilled physicians, we question the need to change our current statute from an asset to what might serve as a deterrent for physicians in deciding where to practice or whether to remain in practice.

Finally, we offer comment on the requirement for on-line licensing of physicians. CSMS has and continues to support the need for an on-line license renewal system. Time and resources saved by such a system for the state and physicians may prove to be enormous. We therefore question the retention of language allowing the Department to charge up to a \$5 service fee on such transactions that were once allowed and are now mandated. With the requirement of on-line payment, that language merely serves as an increase in what are already the highest licensure fees in the county. We ask that the language be removed as it appears to simply be a way to increase licensure fees for all physicians without directly saying so in the bill.

Thank you for the opportunity to provide this testimony to you today.

My name is Barbara Wood and I am here today to <sup>give</sup> support to Bill # 186, an act concerning the licensing investigation and disciplinary process for Physicians and Nurses.

The Connecticut Medical Examining Board depends on investigations and lawyers from the Department of Public Health to inquire into cases, complaints and work with only the evidence that is presented before them and quite frequently much less than is really known is considered. This often leads to a consent order (similar to a plea bargain) or a full hearing before the board.

Many states have an independent medical board which is funded by a certain percentage of physicians' licensing fees. Currently, I believe this is not the case for Connecticut. Fully funded boards in other states conduct their own investigations, have their own lawyers, and see cases through the entire process.

From <sup>disciplinary</sup> data taken from each state certain

groups rank each states board basing their decisions on license revocation, surrenders, suspensions and probation issues. Connecticut's Medical Board has ranked among the worst in the nation for the past 10 years. An independent board, I feel, would serve the Connecticut residents and physicians best.

The problem with the current process appears to be between the DPH investigation and the boards decision the whole process comes apart.

In my particular case concerning my son it was the consent order which the physician agreed to not to <sup>administer or dispense</sup> prescribe (suboxin) to treat opioid addiction. My son was given suboxin prescriptions twice that I knew of by this doctor, yet in a 2 year period <sup>alone</sup> he was given over 10,000 opiate pills, 1600 morphine meds. over 3000 somas plus numerous valium, lexapro, fentanyl patches, several prescriptions given only a few days apart and some on the same day.

(I would appreciate it if you would look at the packet I handed in) All of the medications I just spoke about were paid by Anthem. My son also had another insurance carrier through his former place of work (Dorbury Hospital) which was never investigated but which also paid for prescriptions from this same doctor. Cash and check were also another form of payment for the medications prescribed. I mentioned these other forms of payment to the investigators for my sons case and was told it didn't matter, there were 3 cases against this doctor. I asked about it going to a hearing and the attorney said they dont want it to get emotional as they were preparing for the consent order to be signed.

At the Connecticut Medical Board meeting on Nov. 15, 2011 one member of the panel asked if anyone died. The attorney answered no. Does someone have to die in order to stop such abuse. My son knows he is totally responsible for his addiction but some of the responsibility falls on the Professional who ordered these meds without monitoring the results.

I never had a chance to tell about the fear we had of an accident with the car, the complete collapse of his family his children, wife and himself needing years of counseling with a psychiatrist. He has had his drivers license suspended for life, his employment terminated,

Since the case has come to a conclusion is there a follow up? who is responsible to monitor the probationary period for the doctors license. Are the stipulations & agreements stated in the disciplinary action being followed?

Input from those affected should be considered even though no one died.

## Behind the board: How a flawed system jeopardizes patient safety

Debra Friedman, Staff Writer

Updated 04:32 p.m. Tuesday, June 7, 2011

It is supposed to be a bubble.

A place where a group of doctors and public citizens meet to decide the fate of physicians who have broken the law, committed medical errors or violated professional ethics codes.

Only the evidence that is placed before them -- often far less than is actually known -- is to be considered. Opinions about the decisions they render are not to influence them.

But outrage over several recent cases and increasing criticism of the "antiquated" way the Connecticut Medical Examining Board operates is threatening to burst the bubble.

For years, outside critics have lashed out at the board, saying it is too lenient with doctors, and has allowed some physicians to keep their licenses after having committed egregious violations.

Critics have been equally harsh toward the Department of Public Health's investigatory and legal staff, which looks into claims against doctors, hands often-truncated findings to the board and recommends

resolutions.

Patient advocates believe the board and DPH are failing to protect the public against the few bad apples who abuse their medical privileges.

Board members themselves -- past and present -- told Greenwich Time they believe the system is flawed.

Both DPH and Gov. Dannel P. Malloy's office have pledged to look at the problems. But little has ever been done to fix the system. And with state government in budgetary crisis, many doubt it will ever change.

### UNSETTLING NUMBERS

The Connecticut Medical Examining Board is comprised of doctors and a few members of the public who are appointed by the governor and serve as volunteers. The 15-member board is dependent on investigators and lawyers from the DPH to probe cases and work the legal

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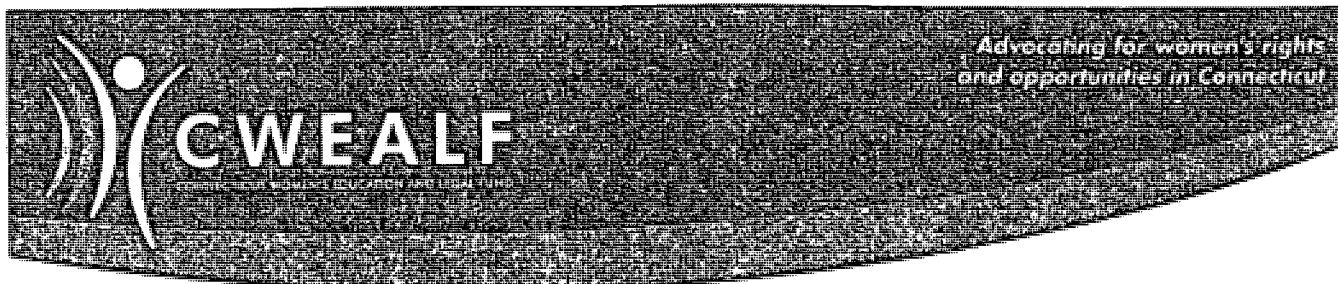












Public Health Committee

Testimony prepared by Dr. Alice Pritchard

March 7, 2012

RB 186 An Act Concerning the Licensing, Investigation and Disciplinary Process for Physicians and Nurses

Good morning. My name is Alice Pritchard and I am the Executive Director of the Connecticut Women's Education and Legal Fund (CWEALF). CWEALF is a statewide non-profit organization dedicated to empowering women, girls and their families to achieve equal opportunities in their personal and professional lives. I am testifying today on behalf of the Allied Health Workforce Policy Board on RB 186 An Act Concerning the Licensing, Investigation and Disciplinary Process for Physicians and Nurses.

The Connecticut Allied Health Workforce Policy Board (AHWPB) was established in Public Act 04-220 (*An Act Concerning Allied Health Workforce Needs*) to conduct research and planning activities related to the allied health workforce. The Board began meeting in March 2005 and issued its first report to the legislature in February 2006. Throughout its tenure, the Board has met regularly to discuss current initiatives in allied health in the state, gaps in workforce data, issues related to educational programming, and recruitment and retention of the workforce, as well as researching and developing solutions to allied health workforce shortages.

Through its deliberations, the AHWPB has identified a number of challenges that must be addressed in order to lessen workforce shortages in allied health and nursing. One key challenge is the lack of adequate data for forecasting our workforce shortages. The mandatory electronic licensing called for in RB 186 would provide important data in the state's efforts to ensure an adequately trained healthcare workforce.

In 2010, the Office for Workforce Competitiveness (OWC), secured a State Health Care Workforce Development Planning Grant to: 1) produce a statewide health care workforce plan including a short-term action plan and a statewide Health Care Workforce Scorecard; 2) Coordinate and streamline disparate health care workforce planning efforts and strengthen regional health care workforce planning processes; and 3) Identify opportunities to improve data collection and data sharing capacity – in support of the development of uniform data collection across States on licensed health professionals. The planning effort targeted the State of Connecticut with regional analysis and input organized through the State's five Workforce Investment Boards (WIBs). The planning process examined health care workforce areas related to primary care, allied health, and behavioral health.

Connecticut, through the Allied Health Workforce Policy Board, must develop a long-term plan for the allied health workforce, outlining the needs of employers over the next ten years and the current and predicted supply of skilled workers. The plan should identify the gap between demand and supply and the capacity of the state's colleges, universities, and other training providers to educate the needed workforce. In addition, the plan should outline how the barriers to career advancement outlined above will be addressed to ensure that state investments in training are efficient and effective. The data collected through online licensure is critical to this planning effort.

We urge your support of RB 186 *An Act Concerning the Licensing, Investigation and Disciplinary Process for Physicians and Nurses.*



CONNECTICUT CENTER  
FOR PATIENT SAFETY

QUALITY HEALTHCARE IS A RIGHT

Public Health Committee  
Public Hearing: March 7, 2012

**PLEASE SUPPORT S.B. No. 186 – AN ACT CONCERNING THE  
LICENSING, INVESTIGATION AND DISCIPLINARY PROCESSES FOR  
PHYSICIANS AND NURSES.**

The Connecticut Center for Patient Safety supports Section 3 of SB 186, which requires various health care professionals to use the DPH online license renewal system.

Connecticut needs to have accurate numbers of doctors and nurses. We need to know who is actively practicing in our state and his/her medical specialty. Electronic license renewals will allow the state to move forward with more crucial information that is available to healthcare consumers – and electronic license renewals will provide accessible workforce data.

Thank you for your support of SB 186. Please feel free to contact me if you should have any follow-up questions or comments.

Jean Rexford

Executive Director  
203-247-5757

PUBLIC HEALTH COMMITTEE PUBLIC HEARING 3/07/2012

SB 186 AAC THE LICENSING, INVESTIGATION AND DISCIPLINARY PROCESSES FOR PHYSICIANS AND NURSES

Testimony of Lynn Rapsilber MSN ANP-BC APRN, Chair of the CT Coalition of Advanced Practice Nurses, GI Nurse Practitioner Litchfield County Gastroenterology Associates, Torrington, CT

Senator Gerratana, Representative Ritter, members of the Committee

My remarks address Section 4 of the Bill

I am a master prepared APRN and I am concerned about the membership of the Connecticut State Board of Examiners for Nursing.

Medical professions regulated by peers is a valid concept and proven effective. But for the Advanced Practice Registered Nurse profession there is extremely limited representation on the licensing board. Current language allows for just one APRN position. This lack of peer review raises questions regarding an appropriate level of understanding for adequate regulatory responses.

I respectfully request that at the very least one additional APRN position be added. All APRNs deserve to have fair hearings by their peers, individuals with experience in advanced nursing and familiarity with applicable statutes. As the number of advanced practice nurses increases and diverse areas of practice continues to expand, greater representation will be helpful for the board to fulfill its mission.

Thank you for your consideration of this request and for the opportunity to raise my concerns.

Lynn Rapsilber  
253 Fairlawn Drive  
Torrington, Ct 06790



PUBLIC HEALTH COMMITTEE PUBLIC HEARING 3/07/2012

SB 186 AAC THE LICENSING, INVESTIGATION AND DISCIPLINARY PROCESSES FOR  
PHYSICIANS AND NURSES

Testimony of Laima Karosas PhD, APRN

Senator Gerratana, Representative Ritter, members of the Committee

My remarks address Section 4 of the Bill

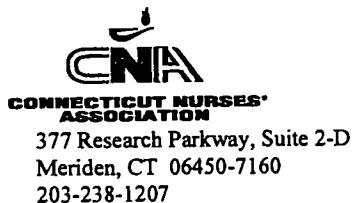
I am an APRN with a doctorate degree in nursing and I am concerned about the membership of the Connecticut State Board of Examiners for Nursing. I am also a Board member of the CT APRN Society, serving as the chair of the Government Relations committee.

Peer review is an accepted, valid and effective method for the review of most professions. The nursing profession is pivotal in providing effective and efficient patient care. Advanced Practice Registered Nurses have been in the spotlight as they are poised to meet the demands of health care. What is vital, though, is effective and efficient peer review. Currently, there is only one APRN position on the CT Board of Nursing. As the number of APRNs increases and the requirements to become an APRN become more stringent, it is extremely important to position the BON to effectively provide peer review. The current lack of peer review raises questions regarding an appropriate level of understanding for adequate regulatory responses.

Respectfully I request that at least one additional APRN position be added to the CT BON. All professionals deserve fair peer review by individuals with experience in advanced nursing and familiarity with applicable statutes. This is extremely important for the growing number and diversity of APRNs in our state. Greater representation for APRNS would help the BON to fulfill its mission.

Thank you for considering this request and for the opportunity to raise my concerns.

Laima Karosas, PhD, APRN



**TESTIMONY R.B. 186 An Act Concerning Licensing, Investigation and Disciplinary  
Processes for Physicians and Nurses**

Public Health Committee  
March 7, 2012

Good afternoon Senator Gerrantana, Representative Ritter and esteemed members of the Public Health Committee. Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut.

I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University.

I am providing Testimony in opposition to changes recommended in R.B. 186, An Act Concerning Licensing, Investigation and Disciplinary Processes for Physicians and Nurses, in relation to the recommended changes to the composition of the State Board of Nurse Examiners.

The current State statute defines the composition of the State Board of Nurse Examiners the board composition was established to provide the theoretical, clinical and analytical ability essential to monitoring and regulating the profession as set forward in the scope and standards of practice of the profession.

It is essential that the members of the Board have the qualifications essential to the

role they are expected to execute in order to protect the public. The education and experience of the members of the Board need to reflect the education and practice arena of the nurses who come before them. Therefore the Board members need to be selected based on credentials other than RN licensure. I recognize it is difficult to obtain volunteers for this time consuming process. But a profession must accept its socio political responsibility for self regulation. In order for nurses in CT to step forward they must be made aware of the opportunity, role and need for their involvement in the process.

I urge you to keep the current standards and to make sure members represent the changes in the profession they monitor. I further recommend that a process be established to select and recommend members to the board utilizing the Professional Organizations and the Nursing Collaborative. If you build it they will come, but if they are unaware of the process they are unable to volunteer.

Please remember the role of the State Board of Nurse Examiners is essential to the protection of the public and in order to be effective the members of the Board must come into the process with the competencies essential to the process.

Thank you

Mary Jane M. Williams PhD., RN

**Section 20-88. State Board of Examiners for Nursing.** (a) The Connecticut State Board of Examiners for Nursing shall consist of twelve members who are residents of the state to be appointed by the governor subject to the provisions of section 4-9a. The governor shall appoint two members who shall be graduates of an

approved school for licensed practical nursing; five members who shall be registered nurses, three of whom shall, at the time of appointment, be connected with an institution affording opportunities for the education of nurses, and at least two of whom shall hold master's degrees in nursing from a recognized college or university and one of whom shall be at the time of appointment an instructor in an approved school for licensed practical nurses; one member who shall be an advanced practice registered nurse; and four members who shall be public members. Members of said board shall be residents of this state and professional members shall maintain good professional standing. No member of said board shall be an elected or appointed officer of any professional association of nurses or have been such an officer during the year immediately preceding his appointment. No member shall serve more than two full consecutive terms which commence after July 1, 1980. Any vacancy shall be filled by the governor for the unexpired portion of the term. (b) The governor shall appoint a chairperson from among such members. Said board shall meet at least once during each calendar quarter and at such other times as the chairman deems necessary. Special meetings shall be held on the request of a majority of the board after notice in accordance with the provisions of section 1-225. A majority of the members of the board shall constitute a quorum. Members shall not be compensated for their services. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from office. Minutes of all meetings shall be recorded by the board. No member shall participate in the affairs of the board during the pendency of any disciplinary proceedings by the board against such member.

**Section 20-90. Duties of board.** (a) Said board may adopt a seal. The Commissioner of Public Health, with advice and assistance from the board, and in consultation with the State Board of Education, shall adopt regulations, in accordance with the provisions of chapter 54, permitting and setting standards for courses for the training of practical nurses to be offered in high schools and vocational schools for students who have not yet acquired a high school diploma. Students who satisfactorily complete courses approved by said Board of Examiners for Nursing, with the consent of the Commissioner of Public Health, as meeting such standards shall be given credit for each such course toward the requirements for a practical nurse's license. All schools of nursing in this state, except such schools accredited by the National League for Nursing or other professional accrediting association approved by the United States Department of Education and recognized by the Commissioner of Public Health, and all schools for training licensed practical nurses and all hospitals connected to such schools that prepare persons for examination under the provisions of this chapter, shall be visited periodically by a representative of the Department of Public Health who shall be a registered nurse or a person experienced in the field of nursing education. The board shall keep a list of all nursing programs and all programs for training licensed practical nurses that are approved by it, with the consent of the Commissioner of Public Health, as maintaining the standard for the education of nurses and the training of licensed practical nurses as established by the commissioner. The board shall consult, where possible, with nationally recognized accrediting agencies when approving schools. (b) Said board shall (1) hear and decide matters concerning suspension or revocation of licensure, (2) adjudicate complaints filed against practitioners licensed under this chapter and impose sanctions where appropriate.



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE  
COMMITTEE ON PUBLIC HEALTH  
March 7, 2012

*Jewel Mullen MD, MPH, MPA, Commissioner, (860) 509-7101*

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## ***Senate Bill 186 – AN ACT CONCERNING THE LICENSING, INVESTIGATION AND DISCIPLINARY PROCESSES FOR PHYSICIANS AND NURSES.***

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The Department of Public Health supports Senate Bill 186 and thanks the Public Health Committee for raising the Department's bill.

The Department has performed an internal review of various aspects of the physician licensing and disciplinary processes and is seeking to initiate major structural and procedural modifications to these processes. Three of the changes the Department is seeking to implement include: (1) allowing members of the Connecticut Medical Examining Board (CMEB) to be more active in the investigation and review of cases; (2) achieving representation of particular specialties among the physician members of the CMEB and medical hearing panelists; and (3) recruiting more volunteer physician consultants to assist the Department in timely investigation and prosecution of complaints against physicians.

Section 1 of the bill expands the membership of the CMEB from fifteen to twenty one members and expands the membership of available medical hearing panelists from twenty-four to thirty-six members. The increased membership of both bodies will allow Board members and panelists to take on the additional responsibility of assisting the Department in triaging and reviewing cases. Section 1 also requires that several physician board members and medical hearing panelists represent certain medical specialties to ensure that both bodies will have the requisite expertise to adjudicate the types of cases brought before them.

Section 2 of the bill increases the mandatory continuing medical education requirements for physicians from fifty (50) contact hours per year to sixty (60) contact hours, and permits the Department to waive ten (10) contact hours for a physician who serves as a member of the CMEB, a hearing panelist, or a volunteer consultant. The Department anticipates that this change will encourage more physicians to volunteer as consultants and improve the timeliness of the investigation process.

Section 3 of the bill mandates on-line license renewal for physicians, dentists and nurses. In July 2009, the Department implemented a new on-line renewal system for physicians, dentists, and nurses. One of the key elements in implementing this system was the capacity to collect valuable work force data that is currently unavailable but necessary to identify and address health care work force shortage issues. Although the percentage of licensees who utilize the on-line renewal system continues to increase, mandatory on-line renewal will allow the Department to capture this data from all licensees.

Section 4 of the bill amends the composition of the Connecticut State Board of Examiners for Nursing by changing the professional requirements for certain members of the Board.

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

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**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2012**

**VOL. 55  
PART 4  
942 - 1311**

cah/med/gbr  
SENATE

146  
April 18, 2012

THE CHAIR:

The Senate will come back to order.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, some additional items to mark at this time as go items.

First of all, Mr. President, Calendar Page 10, Calendar 232, Senate Bill 186.

Calendar Page 11, Calendar 238, House Bill 5250.

Calendar Page 12, Calendar 260, Senate Bill 232.

Calendar Page 13, Calendar 271, Senate Bill 271;  
Calendar Page 13, Calendar 273, Senate Bill 293;  
Calendar Page 13, Calendar 274, Senate Bill 294.

Calendar Page 14, Calendar 275, Senate Bill 391.

Calendar Page 15, Calendar 291, Senate Bill 85; and  
Calendar Page 25, under Matters Returned, Calendar  
194, Senate Bill 268.

I would like to mark those matters as go at this time,  
Mr. President.

THE CHAIR:

Thank you, Senator Looney.

Mr. Clerk.

THE CLERK:

On page 10, Calendar Number 232, Substitute for Senate  
Bill Number 186, AN ACT CONCERNING THE LICENSING  
INVESTIGATION AND DISCIPLINARY PROCESS FOR PHYSICIANS  
AND NURSES, favorable report of the committee on  
Public Health.

cah/med/gbr  
SENATE

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THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Good evening, Mr. President.

THE CHAIR:

Good evening.

SENATOR GERRATANA:

I move acceptance of the joint committees' favorable report and passage of the bill.

THE CHAIR:

On acceptance and passage, will you remark, madam?

SENATOR GERRATANA:

Yes, thank you, Mr. President.

The Clerk has an amendment, LCO Number 3223. If he'd please would call that, and I'd be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 3223, Senate "A" offered by Senator Gerratana and Representative Ritter.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:



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Thank you, Mr. President.

I move adoption.

THE CHAIR:

On adoption, will you remark, madam?

SENATOR GERRATANA:

Thank you.

This strikes Section 3 of the bill. There were some concerns on the language and, also, the fiscal note it will need further work and that is the reason for the amendment.

Thank you.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment? Will you remark further on the amendment?

If not, I'll try your minds.

All those in favor please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

All those opposed, nay.

The ayes have it. The amendment's adopted.

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

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The bill remains now in three sections: Section 1, expands the membership of the Connecticut Medical Examining Board; Section 2, deals with continuing education requirements for physicians: And Section 3, also makes changes to the Connecticut State Board of Examiners for Nursing.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the bill as amendment?  
Will you remark further on the bill as amendment?

If not, Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Seeing no objection, if this could be placed on our  
Consent Calendar.

THE CHAIR:

Seeing and hearing no objection, so ordered.

Mr. Clerk.

SENATOR GERRATANA:

Thank you.

THE CLERK:

On page 11, Calendar 238, Substitute for House Bill  
Number 5250, AN ACT CONCERNING THE APPOINTMENT OF  
PRIMARY POLLING PLACE OFFICIALS, favorable report of  
the committee on Government Administration And  
Elections.

THE CHAIR:

Senator Slossberg.

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Madam President, if we might call now to have the Clerk read the items on the Consent Calendar and then to move to a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk, will you please read the items on the Consent Calendar.

THE CLERK:

On page 1, Calendar 300, House Joint Resolution Number 78; page 1, Calendar 301, House Joint Resolution Number 79.

Page 2 Calendar 302, House Joint Resolution Number 80; page 2, Senate Bill -- Calendar Number 64, Senate Bill 37.

Page 3, Calendar 89, Senate Bill 56.

Page 4, Calendar 110, Senate Bill 184; page 4, Calendar 91, Senate Bill Number 276.

Page 5, Calendar 127, Senate Bill 320.

Page 8, Calendar 203, Senate Bill 408.

Page 9, Calendar 226, Senate Bill 411; also, on page 9, Calendar 224, Senate Bill Number 339.

Page 10, Calendar 232, Senate Bill Number 186.

On page 11, Calendar 238, House Bill 5250.

On page 12, Calendar 258, Senate Bill 340; also on page 12, Calendar 259, Senate Bill 157; page 12, Calendar 265, Senate Bill 176.

Page 13, Calendar 271, Senate Bill 350; page 13, Calendar 273, Senate Bill 293; page 13, Calendar 274, Senate Bill 294.

Page 14, Calendar 285, Senate Bill 404.

Page 15, Calendar 296, Senate Bill Number 307.

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And page 24, Calendar 132, Senate Bill 337.

THE CHAIR:

The Senate will stand at ease for a second.

(Chamber at ease.)

THE CHAIR:

Okay. Those are the items listed. The machine will be open.

Mr. Clerk, will you please call for a roll call vote on the Consent Calendar. Thank you.

THE CLERK:

Immediate roll call has been ordered in the Senate.  
Senators please return to the chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all members voted? If all members voted, the machine will be locked.

And Mr. Clerk, will you please call the tally.

THE CLERK:

On today's Consent Calendar.

Total Number Voting	35
Necessary for passage	19
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar has passed.

Senator Looney.

SENATOR LOONEY.