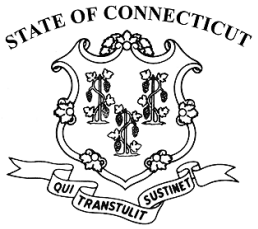

Substitute House Bill No. 5278

Public Act No. 22-33

AN ACT REQUIRING EXPRESS WRITTEN CONSENT TO THE INTIMATE EXAMINATION OF A PATIENT WHO IS UNDER DEEP SEDATION OR ANESTHESIA OR UNCONSCIOUS.

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

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 Section 19a-490m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each hospital and outpatient surgical facility shall develop protocols for accurate identification procedures that shall be used by such hospital or outpatient surgical facility prior to surgery. Such protocols shall include, but need not be limited to, (1) procedures to be followed to identify the (A) patient, (B) surgical procedure to be performed, and (C) body part on which the surgical procedure is to be performed, and (2) alternative identification procedures in urgent or emergency circumstances or where the patient is nonspeaking, comatose or incompetent or is a child. After January 1, 2006, no hospital or outpatient surgical facility may anesthetize a patient or perform surgery unless the protocols have been followed. Each hospital and outpatient surgical facility shall make a copy of the protocols available to the Commissioner of Public Health upon request.

(b) Not later than October 1, 2006, the Department of Public Health

shall report, in accordance with section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health describing the protocols developed pursuant to subsection (a) of this section.

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

to chapter 378, and (B) "intimate examination" means a pelvic, prostate or rectal examination.

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

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

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

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

(1) "Biorepository" means a facility that collects, catalogs and stores

samples of biological material, including, but not limited to, urine, blood, tissue, cells, DNA, RNA and protein, from humans for laboratory research; and

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

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

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

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

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

(3) Curating biological samples of endometriosis from a diverse cross-section of communities to ensure representation of all groups affected by endometriosis, including, but not limited to, black persons,

Latino persons, other persons of color, transgender and gender diverse persons and persons with disabilities;

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

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

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

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

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

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

(a) For purposes of this section:

(1) "Breast cancer screening and referral services" means necessary breast cancer screening services and referral services for a procedure

intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.

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

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

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

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

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

(1) Establishment of a public education and outreach initiative to publicize breast cancer and cervical cancer early detection services and the extent of coverage for such services by health insurance; the benefits of early detection of breast cancer and the recommended frequency of

screening services, including clinical breast examinations and mammography, which shall include, where possible, tomosynthesis; and the medical assistance program and other public and private programs and the benefits of early detection of cervical cancer and the recommended frequency of pap tests and tests for human papillomavirus;

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

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

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

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

HIV positive.