

LEXISNEXIS (TM) CONNECTICUT ANNOTATED STATUTES

* THIS DOCUMENT IS CURRENT THROUGH THE JAN. 6, 2003 SPECIAL SESSION *

TITLE 19a. PUBLIC HEALTH AND WELL-BEING
CHAPTER 368aa HEALTH CARE ACCREDITATION

Conn. Gen. Stat. § 19a-690 (2003)

§ 19a-690. Magnetic resonance imaging accreditation.

(a) Any licensed health care practitioner or practitioner group operating or replacing any magnetic resonance imaging equipment or providing any magnetic resonance imaging service shall obtain magnetic resonance imaging accreditation by the American College of Radiology, or its successor organization, for all equipment, services and personnel involved with such magnetic resonance imaging activities of such practitioner or practitioner group. Such accreditation shall be obtained not later than eighteen months after July 1, 2001, or eighteen months after the date on which such magnetic resonance imaging activities are first conducted, whichever is later. Upon the expiration of the applicable eighteen-month period, no magnetic resonance imaging equipment may be operated or replaced and no magnetic resonance imaging service may be provided by any such practitioner or practitioner group that does not receive accreditation as required by this section. Evidence of such accreditation shall be maintained at any facility at which magnetic resonance imaging equipment is operated or replaced or at which magnetic resonance imaging service is provided and shall be made available for inspection upon request of the Department of Public Health.

(b) Notwithstanding the provisions of subsection (a) of this section, any licensed health care practitioner or practitioner group that is accredited as provided in subsection (a) of this section shall continue to be subject to the obligations and requirements applicable to services provided and the acquisition of equipment by such practitioner or practitioner group, including, but not limited to, any applicable certificate of need requirements as provided in chapter 368z and any applicable licensure requirements as provided in chapter 368v.

§ 19a-691. Anesthesia accreditation.

(a) Any office or unlicensed facility operated by a licensed health care practitioner or practitioner group at which moderate sedation/analgesia, deep sedation/analgesia or general anesthesia, as such levels of anesthesia are defined from time to time by the American Society of Anesthesiology, is administered shall be accredited by at least one of the following entities: (1) The Medicare program; (2) the Accreditation Association for Ambulatory Health Care; (3) the American Association for Accreditation of Ambulatory Surgery Facilities, Inc.; or (4) the Joint Commission on Accreditation of Healthcare Organizations. Such accreditation shall be obtained not later than eighteen months after July 1, 2001, or eighteen months after the date on which moderate sedation/analgesia, deep sedation/analgesia or general anesthesia is first administered at such office or facility, whichever is later. Upon the expiration of the applicable eighteen-month period, no moderate sedation/analgesia, deep sedation/analgesia or general anesthesia may be administered at any such office or

facility that does not receive accreditation as required by this section. Evidence of such accreditation shall be maintained at any such office or facility at which moderate sedation/analgesia, deep sedation/analgesia or general anesthesia is administered and shall be made available for inspection upon request of the Department of Public Health. The provisions of this section shall not apply to any such office or facility operated by a practitioner holding a permit issued under section 20-123b.

(b) Notwithstanding the provisions of subsection (a) of this section, any office or unlicensed facility that is accredited as provided in subsection (a) of this section shall continue to be subject to the obligations and requirements applicable to such office or facility, including, but not limited to, any applicable certificate of need requirements as provided in chapter 368z and any applicable licensure requirements as provided in chapter 368v.

Conn. Gen. Stat. § 20-13c

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TITLE 20. PROFESSIONAL AND OCCUPATIONAL LICENSING, CERTIFICATION, TITLE
PROTECTION AND REGISTRATION. EXAMINING BOARDS
CHAPTER 370 MEDICINE AND SURGERY

Conn. Gen. Stat. § 20-13c (2003)

§ 20-13c. Restriction, suspension or revocation of physician's right to practice.
Grounds.

The board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for any of the following reasons: (1) Physical illness or loss of motor skill, including, but not limited to, deterioration through the aging process; (2) emotional disorder or mental illness; (3) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (4) illegal, incompetent or negligent conduct in the practice of medicine; (5) possession, use, prescription for use, or distribution of controlled substances or legend drugs, except for therapeutic or other medically proper purposes; (6) misrepresentation or concealment of a material fact in the obtaining or reinstatement of a license to practice medicine; (7) failure to adequately supervise a physician assistant; (8) failure to fulfill any obligation resulting from participation in the National Health Service Corps; (9) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-11b; (10) failure to provide information requested by the department for purposes of completing a health care provider profile, as required by section 20-13j; (11) engaging in any activity for which accreditation is required under section 19a-690 or 19a-691 without the appropriate accreditation required by section 19a-690 or 19a-691; (12) failure to provide evidence of accreditation required under section 19a-690 or 19a-691 as requested by the department pursuant to section 19a-690 or 19a-691; or (13) violation of any provision of this chapter or any regulation established hereunder. In each case, the board shall consider whether the physician poses a threat, in the practice of medicine, to the health and safety of any person. If the board finds that the physician poses such a threat, the board shall include such finding in its final decision and act to suspend or revoke the license of said physician.