OLR Bill Analysis

sHB 6666

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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Eliminates the requirement that DPH annually provide town clerks and registrars of vital statistics printed lists of all licensed funeral directors, embalmers, student funeral directors, and student embalmers

SUMMARY

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

EFFECTIVE DATE: Various; see below.

§§ 1 & 2 — REPLACEMENT PUBLIC WELLS

Allows (1) DPH to approve the location of replacement public wells if certain conditions are met and (2) local or district health directors to issue permits for these wells

PA 19-117, §§ 73 & 74, allowed DPH, under certain conditions, to approve the location of a replacement public well in Ledyard that does not meet the state's sanitary radius and minimum setback requirements for these water sources. The bill extends these provisions to the entire state, under the same conditions.

As under PA 19-117, the bill allows DPH to approve the replacement well's location if the well is:

1. needed by the water company to maintain and provide safe and adequate water to customers;

2. located in an aquifer of adequate water quality, as determined by historical water quality data from the supply source it is replacing; and

3. in a more protected location than the supply source it is replacing, as determined by DPH.

Under PA 19-117, if DPH approves the well's location, the local health director for Ledyard may issue a permit for the replacement well, but by no later than March 1, 2020. The bill instead allows all

local or district health directors, upon DPH's approval, to issue these permits in their respective jurisdictions, without a deadline.

EFFECTIVE DATE: October 1, 2021

§§ 3 & 4 — NOTIFICATION OF CERTAIN PROJECTS IN WATERSHEDS OR AQUIFER PROTECTION AREAS

Broadens the circumstances under which applicants must notify water companies and DPH about certain projects in watersheds and aquifer protection areas, and requires the applicants to notify DPH by email

Current law generally requires anyone filing an application, petition, or plan with the local zoning commission or appeals board for a site within a water company's watershed or aquifer protection area to notify the water company and DPH about the application, if the company has filed a watershed map with the municipality or map of the aquifer protection area. Current law also requires applicants for regulated activities on inland wetlands or watercourses within a water company's watershed to notify the company and DPH, if the applicant has filed a map with the municipality and the inland wetlands agency.

The bill eliminates the condition requiring this notice only in cases where these maps have been filed. Instead, it generally requires applicants to (1) notify the water company and DPH and (2) determine if the project is within a water company's watershed by consulting the maps on DPH's website. It requires them to send the notice to DPH by email, to the address DPH designates on its website.

As under existing law, (1) notice to the water company must be sent by certified mail, return receipt requested; (2) the notice must be sent to the company and DPH within seven days after the application; and (3) the company and DPH have the right to be heard at any hearing on the application.

The bill retains existing's law exemption from these notice requirements for the first type of application above (those to a local zoning commission or appeals board). Specifically, an applicant is exempt if (1) the town allows zoning agents to approve applications concerning sites within aquifer protection areas or watersheds and (2)

the agent determines that the proposed activity will not adversely affect the public water supply.

EFFECTIVE DATE: October 1, 2021

§ 5 — ELECTRONIC REPORTING OF LEAD HOME INSPECTIONS

Requires local health departments and districts to use a DPH-prescribed electronic system to report lead home inspection findings and resulting actions

By law, if a local health director receives a report that a child's blood lead level exceeds a certain threshold, the director must conduct an epidemiological investigation of the lead source. After the investigation identifies the source, the director must act to prevent further lead poisoning.

Existing law requires local health directors to report to DPH on the results of the investigation and the actions they took to prevent further lead poisoning from that source. The bill specifically requires them to report using a DPH-prescribed web-based surveillance system. In practice, DPH uses the MAVEN surveillance system for this purpose.

EFFECTIVE DATE: October 1, 2021

§ 6 — PRIVATE WELLS

Clarifies that "private wells" supply water to residential populations only

The bill makes minor and technical changes to clarify that "private wells" serve residential populations. As defined under current law and the bill, for provisions related to water quality testing, permitting, and sale or transfer, among other things, private wells supply water to a population of less than 25 people per day.

EFFECTIVE DATE: October 1, 2021

§ 7 — NURSING HOME OR RESIDENTIAL CARE HOME CITATIONS

Allows DPH to electronically submit citation notices to nursing homes and residential care homes

Under current law, DPH must use certified mail to notify a nursing home or residential care home of a citation for noncompliance with specified laws and regulations. The bill additionally allows DPH to

send these notices electronically, in a form and manner the commissioner sets.

EFFECTIVE DATE: October 1, 2021

§ 8 — LONG-TERM CARE FACILITY BACKGROUND CHECKS

Exempts long-term care facilities from complying with background check requirements in in the event of an emergency or significant disruption

By law, long-term care facilities generally must require background checks for prospective employees or volunteers who will have direct access to patients or residents. The bill suspends this requirement if the DPH commissioner determines it is necessary to do so because of an emergency or significant disruption. In that case, the commissioner must inform the facility when (1) suspending the requirement and (2) lifting the suspension.

Under DPH's current policies and procedures for the long-term care facility background search program, the department may suspend the background search requirement for a facility for up to 60 days in an emergency or a significant disruption to (1) internet capabilities, (2) the functionality of the background search system, or (3) the state of the long-term care facility workforce.

EFFECTIVE DATE: July 1, 2021

§§ 9 & 10 — AUTHORITY TO WAIVE EMS ORGANIZATION REGULATIONS

Under specified conditions, allows DPH to waive regulations affecting EMS organizations

The bill allows the DPH commissioner to:

1. waive regulations affecting emergency medical services ("EMS") organizations if she determines that doing so would not endanger the health, safety, or welfare of any patient or resident;

2. impose waiver conditions assuring patients' or residents' health, safety, and welfare;

3. revoke the waiver if she finds that health, safety, or welfare has been jeopardized; and

4. adopt regulations establishing a waiver application procedure.

Existing law grants the commissioner similar waiver authority regarding DPH-licensed health care institutions (CGS § 19a-495).

The bill also makes a technical change to another EMS statute (§ 9).

EFFECTIVE DATE: July 1, 2021, except for the technical change, which is effective October 1, 2021.

§§ 11-16 — APPRENTICE EMBALMERS AND FUNERAL DIRECTORS

Updates terminology regarding apprentice embalmers and funeral directors and allows mortuary science students to embalm up to 10 bodies under certain conditions

The bill replaces the term "student embalmer" with "registered apprentice embalmer." It similarly replaces the term "student funeral director" with "registered apprentice funeral director." Existing law already requires these individuals to register as apprentices with DPH. The bill makes related minor and technical changes.

Additionally, the bill specifies that students enrolled in approved mortuary science education programs, with the DPH commissioner's consent, may embalm up to 10 human bodies as part of that program under a licensed embalmer's supervision.

EFFECTIVE DATE: October 1, 2021

§ 17 — PROFESSIONAL COUNSELOR AND PROFESSIONAL COUNSELOR ASSOCIATE LICENSURE

Exempts certain professional counselor and professional counselor associate licensure applicants from specified requirements

Professional Counselor Applicants

The bill exempts certain applicants for professional counselor licensure from specified requirements.

This applies to applicants who, by July 1, 2017, were matriculating students in good standing in a qualifying graduate program offered by

a regionally accredited institution. Specifically, the bill exempts these applicants from the requirements to have completed (1) a 100-hour counseling practicum; (2) a 600-hour clinical mental health counseling internship; and (3) graduate coursework in addiction and substance abuse counseling, trauma and crisis counseling, and diagnosing and treating mental and emotional disorders.

Professional Counselor Associate Applicants

Current law provides alternate paths for professional counselor associate licensure. On one path, an applicant qualifies by earning a graduate degree in clinical mental health counseling through a program accredited by the Council for Accreditation of Counseling and Related Educational Programs.

Alternatively, an applicant qualifies by earning a graduate degree in counseling or a related mental health field from a regionally accredited higher education institution and meeting additional requirements, including completing (1) at least 60 graduate semester hours in counseling or a related mental health field, (2) a 100-hour counseling practicum, and (3) a 600-hour clinical mental health counseling internship.

Under the bill, these additional requirements do not apply to applicants on the second path above who, by July 1, 2022, earned such a graduate degree, as long as they accumulated at least 3,000 hours of experience under professional supervision.

EFFECTIVE DATE: October 1, 2021

§ 18 — MARITAL AND FAMILY THERAPY LICENSURE

Removes the specific requirement that MFT licensure applicants' supervised practicum or internship include 500 clinical hours

Existing law for marriage and family therapist licensure requires, among other things, an applicant to have completed a supervised practicum or internship meeting certain standards.

The bill removes the current requirement that the practicum or internship include at least 500 direct clinical hours, including 100 hours

of clinical supervision. In practice, the Commission on Accreditation for Marriage and Family Therapy Education currently requires this same minimum number of hours.

EFFECTIVE DATE: October 1, 2021

§§ 19 & 20 — VETERINARIAN INVESTIGATIONS

Gives the complainant access to the investigation file when a complaint regarding a veterinarian is closed with no finding, and specifically extends existing procedures for complaints against other providers to complaints against veterinarians

The bill requires DPH to provide information to a person who filed a complaint against a veterinarian when the case is closed with no finding. This applies to cases where DPH made a finding of no probable cause or failed to make a finding within the required 12-month investigation period.

The bill also specifically extends to veterinarian investigations certain existing procedures that apply to investigations of several other DPH-licensed health professionals. For example, among these procedures:

1. the complainant must be given an opportunity to review, at DPH, certain records related to the complaint;

2. before resolving the complaint with a consent order, DPH must give the complainant at least 10 business days to submit an objection; and

3. if a hearing is held after a probable cause finding, DPH must give the complainant a copy of the hearing notice with information on the opportunity to present oral or written statements.

EFFECTIVE DATE: October 1, 2021

§ 21 — ELECTRONIC DEATH REGISTRY SYSTEM

Requires funeral directors, embalmers, and heath care practitioners certifying deaths to use the electronic death registry system, if it is available

Under current law, funeral directors or embalmers must use DPH-

provided forms when completing death certificates. The bill instead requires them to use the state's electronic death registry system unless that system is unavailable, in which case they must use the DPH forms.

Existing law authorizes certain health care practitioners to complete the medical certification portion of a death certificate. The bill requires them, when certifying the facts of a decedent's death, to use the electronic system or, if it unavailable, DPH-prescribed forms.

EFFECTIVE DATE: January 1, 2022

§§ 22-24 — LOCAL AND DISTRICT HEALTH DEPARTMENTS

Makes various changes affecting municipal and district health departments, including making certain requirements consistent for both types of departments

The bill requires DPH approval for local health director appointments by municipalities. Existing law already requires this approval for district health directors (CGS § 19a-242).

The bill increases, from 30 to 60 days, the minimum vacancy of a town's health director position before DPH may appoint someone to fill the vacancy.

In towns with a population of at least 40,000 for five consecutive years, current law prohibits municipal health directors from having a financial interest in or engaging in a job, transaction, or professional activity that substantially conflicts with the director's duties. The bill extends this prohibition to all municipal health directors, regardless of the town's size. Existing law already prohibits this for district health directors (CGS § 19a-244).

For part-time health departments, the bill removes the requirement for DPH to approve the town's public health program plan and budget. It continues to require towns with part-time health departments to submit those plans and budgets to DPH. The bill allows, rather than requires, DPH to adopt related regulations.

For both local and district health departments, the bill requires the

municipality or district board, as applicable, to submit to DPH its written agreement with the director. They must do so upon the director's appointment or reappointment.

Additionally, the bill requires district health directors, at the end of each fiscal year, to report to DPH on their activities during the prior year. This requirement already applies to municipal departments (§ 21).

The bill also makes minor and technical changes.

EFFECTIVE DATE: July 1, 2021

§§ 25-28 — BEHAVIOR ANALYST ELIGIBILITY FOR THE PROFESSIONAL ASSISTANCE PROGRAM AND REPORTING OF IMPAIRED HEALTH PROFESSIONALS

Adds licensed behavior analysts to the list of providers eligible for the professional assistance program for health professionals, and correspondingly increases their licensure renewal fee by $5; adds these providers to the list of health professionals who must notify DPH if they are aware that another professional may be unable to safely practice

The bill adds licensed behavior analysts to the list of providers eligible for the professional assistance program for health professionals (currently, the Health Assistance InterVention Education Network (HAVEN); see BACKGROUND).

The bill increases, from $175 to $180, the annual license renewal fee for behavior analysts. The increase applies to applications to renew licenses that expire on or after October 1, 2021. The DPH commissioner must (1) quarterly certify the amount of revenue received as a result of the fee increase and (2) transfer it to the professional assistance program account. (In 2015, license renewal fees were similarly increased for professions already eligible for the program.)

The bill also adds behavior analysts to the list of licensed health care professionals who must notify DPH if they are aware that another health professional may be unable to practice with skill and safety for various reasons (e.g., loss of motor skill, drug abuse, or negligence in professional practice). In some cases, this law also requires licensed health care professionals to report themselves to the department (e.g.,

following drug possession arrests).

Under this law, among other things:

1. the reporting professional must file a petition with DPH within 30 days after obtaining information to support the petition;

2. DPH must investigate all petitions it receives to determine if there is probable cause to issue charges and institute proceedings against the reported professional;

3. DPH may not restrict, suspend, or revoke a license until it gives the person notice and the opportunity for a hearing; and

4. a health care professional that refers an impaired professional to the assistance program for intervention satisfies the law's reporting requirement in some cases.

EFFECTIVE DATE: July 1, 2021, except for the fee increase provision, which is effective upon passage, and the provisions on reporting practitioners unable to safely practice, which are effective October 1, 2021.

§§ 29-31 — BEHAVIOR ANALYSTS AS MANDATED REPORTERS OF ELDER ABUSE

Makes behavior analysts mandated reporters of abuse of the elderly or long-term care facility residents

The bill adds licensed behavior analysts to the list of professionals who must report (1) suspected abuse, neglect, abandonment, or exploitation of the elderly or long-term care facility residents or (2) if they suspect an elderly person needs protective services. They must report to the Department of Social Services (DSS) within 72 hours.

By law, a mandated reporter who fails to report to DSS within the deadline can be fined up to $500. If the failure to report is intentional, the reporter can be charged with a Class C misdemeanor (up to three months in prison, a fine of up to $500, or both) for the first offense and a Class A misdemeanor (up to one year in prison, a fine of up to $2,000, or both) for any subsequent offense.

EFFECTIVE DATE: October 1, 2021

§ 32 — PALLIATIVE CARE ADVISORY COUNCIL

Requires the DPH commissioner to make an appointment to the Palliative Care Advisory Council if there is a spot that is vacant for at least one year, and decreases the council's reporting frequency from annually to biennially

Under existing law, the Palliative Care Advisory Council includes 13 members: two appointed by the governor, four by the legislative leaders, and seven by the DPH commissioner.

The bill requires the DPH commissioner to make an appointment to the council if a spot is vacant for at least one year. If this occurs, she must notify the appointing authority about her selection at least 30 days before making the appointment.

By law, the council must report to the Public Health Committee. The bill decreases the required reporting frequency from annually to every other year. As under current law, the next report is due January 1, 2022.

EFFECTIVE DATE: July 1, 2021

§ 33 — CHRONIC DISEASE REPORTING

Eliminates the requirement for DPH to biennially report on chronic disease and the implementation of the department's chronic disease plan, and instead requires her to post the plan on the department's website

By law, DPH must consult with the Office of Health Strategy and local health departments to develop, within available resources, a statewide chronic disease plan that is consistent with specified state and federal initiatives. DPH must implement the plan to meet certain objectives (e.g., reducing the incidence and effects of chronic diseases and improving care coordination).

The bill eliminates the requirement for DPH to report biennially to the Public Health Committee on chronic disease and the plan's implementation. Instead, it requires the commissioner to post the plan on the department's website.

EFFECTIVE DATE: Upon passage

§ 34 — FACILITY OWNERSHIP CHANGES

Makes a minor change to the law on health care facility ownership changes

By law, licensed health care institution ownership changes generally need prior DPH approval. Transfers to relatives are generally not subject to this requirement. But one current exception to this is a transfer of 10% or more of the stock of a corporation, partnership, or association which owns or operates multiple facilities. The bill specifies that this exception also applies to transfers involving limited liability companies meeting these same conditions.

EFFECTIVE DATE: July 1, 2021

§ 35 — TUBERCULOSIS SCREENING

Requires health care facilities to maintain tuberculosis screening policies for their health care personnel that reflect the CDC's recommendations

The bill requires licensed health care facilities to have policies and procedures reflecting the National Centers for Disease Control and Prevention's (CDC) recommendations for tuberculosis (TB) screening, testing, treatment, and education for health care personnel.

Under the bill, these facilities' direct patient care employees must receive TB screening and testing in compliance with these policies and procedures. This applies despite any contrary state law or regulation.

Among other things, the CDC generally recommends that health care personnel:

1. be screened for TB upon being hired and if there is a known exposure,

2. not receive annual TB testing unless there is known exposure or ongoing transmission at the facility, and

3. receive annual education in TB.

EFFECTIVE DATE: July 1, 2021

§ 36 — PUBLIC NUISANCES

Specifies that violations of the state Fire Prevention Code are included within the public nuisance law

By law, the state can bring an action to abate a public nuisance on any real property on which, within the previous year, there have been three or more (1) arrests for certain crimes, (2) arrest warrants issued for certain crimes indicating a pattern of criminal activity, or (3) municipal citations issued for certain violations. Among various other crimes, this applies to fire safety violations under specified laws. The bill specifies that this includes violations under the state's Fire Prevention Code. (In doing so, it appears that the bill reinserts statutory references that were inadvertently removed in 2017.)

EFFECTIVE DATE: October 1, 2021

§ 37 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

Allows members of the Public Health Preparedness advisory committee to appoint designees to serve in their place

By law, the DPH commissioner must establish a Public Health Preparedness Advisory Committee to advise DPH on responses to public health emergencies.

Under current law, the committee includes the DPH and Department of Emergency Services and Public Protection commissioners; the six legislative leaders; and the chairs and ranking members of the Public Health, Public Safety and Security, and Judiciary committees. The bill allows these individuals to designate someone to serve on the committee in their place.

By law, the committee also includes (1) representatives of municipal and district health directors appointed by the DPH commissioner and any (2) other organizations or individuals the commissioner deems relevant to the effort.

EFFECTIVE DATE: Upon passage

§ 38 — CLINICAL LABORATORIES

Requires clinical laboratories to give DPH a list of the blood collection facilities they own and operate, and exempts hospital-owned clinical laboratories from licensure fees

The bill requires licensed clinical laboratories to report to DPH the name and address of each blood collection facility they own and operate. They must report this information, in a form and manner DPH prescribes, (1) before obtaining or renewing their license and (2) whenever opening or closing a blood collection facility.

Additionally, the bill exempts hospital-owned clinical laboratories from the $200 fee for licensure and license renewal. Under existing law, this exemption also applies to government-owned laboratories.

EFFECTIVE DATE: July 1, 2021

§ 39 — TECHNICAL CHANGES

Makes technical and conforming changes

The bill makes technical and conforming changes to a sanitarian statute.

EFFECTIVE DATE: July 1, 2021

§ 40 — SOCIAL WORKER CONTINUING EDUCATION

Increases the maximum hours of continuing education that social workers may complete online or through home study

The bill increases, from six to 10, the maximum hours of continuing education that social workers may complete online or through home study during each one-year registration period. By law, social workers generally must complete 15 hours of continuing education each registration period, starting with their second license renewal.

EFFECTIVE DATE: Upon passage

§ 41 — MANAGEMENT OF SPAS AND SALONS

Allows massage therapists to manage spas and salons

Under current law, starting on July 1, 2021, each spa or salon that employs hairdressers, cosmeticians, estheticians, or eyelash or nail technicians must be managed by someone with a DPH credential for one of those professions. The bill (1) extends this requirement to spas or salons that employ massage therapists and (2) allows licensed massage therapists to manage a spa or salon employing any of these

individuals.

EFFECTIVE DATE: Upon passage

§ 42 — OUT OF STATE PRACTITIONERS ALLOWED IN EMERGENCY

Expands the types of out-of-state health care providers authorized to temporarily practice in Connecticut during a declared public health emergency

By law, DPH may temporarily suspend, for up to 60 days, licensing, certification, and registration requirements to allow various health care practitioners credentialed in another state, territory, or the District of Columbia to practice in Connecticut during a declared public health emergency (see BACKGROUND).

The bill expands the types of out-of-state practitioners allowed to practice in Connecticut under these circumstances to include: alcohol and drug counselors; art and music therapists; certified behavior analysts; certified dietician-nutritionists; dentists and dental hygienists; genetic counselors; occupational therapists; radiographers, radiologic technologists, radiologist assistants, and nuclear medicine technologists; and speech and language pathologists. (In doing so, it codifies certain provisions in the governor's 2020 executive orders 7O, 7DD, and 7HHH).

As under existing law, the bill permits these practitioners to work only within their scope of practice as permitted by Connecticut law.

EFFECTIVE DATE: Upon passage

§ 43 — NURSING HOME ADMINISTRATOR LICENSURE

Eliminates the requirement that DPH administer the required examination for nursing home administrator licensure applicants

By law, an applicant for a nursing home administrator license must meet specified education and training requirements and pass a DPH-prescribed examination. The bill eliminates the requirement that DPH also administer the examination. (In practice, these examinations are administered by national organizations.)

EFFECTIVE DATE: July 1, 2021

§§ 44-50 & 52 — HOSPICE HOME HEALTH CARE AGENCIES

Adds "hospice home health care agencies" to the statutory definition of a "health care institution," and makes related technical changes; removes "substance abuse treatment facilities" from the statutory definition of a health care institution

Definitions

The bill adds to the statutory definition of a "health care institution" a "hospice home health care agency," which it defines as a public or private organization that provides home care and hospice services to terminally ill patients.

In doing so, it extends to these agencies statutory requirements for health care institutions regarding, among other things, licensure and inspections, access to patient records, and disclosure of HIV-related information. Under current regulations, a hospice home health care agency must be licensed as a home health care agency.

The bill also makes related technical and conforming changes to long-term care statutes on, among other things, the state's long-term care facility background check program and the administration of medication by certified unlicensed personnel.

Additionally, the bill removes "substance abuse treatment facilities" from the definition of "health care institution" to conform to current practice. (DPH currently licenses these facilities as "behavioral health facilities.)

Licensure Fees

The bill extends to hospice home health care agencies and home health aide agencies the licensure and inspection fee of $100 per satellite office that existing law requires for home health care agencies. (It does not set a corresponding agency licensure and inspection fee.) As under existing law, the fee must be paid biennially to DPH, except for Medicare- and Medicaid-certified agencies, which are licensed and inspected every three years.

EFFECTIVE DATE: July 1, 2021

§§ 44 & 55 — ASSISTED LIVING SERVICES AGENCIES

Requires managed residential communities (MRCs) that provide assisted living services to become licensed as assisted living services agencies (ALSAs); requires an MRC that intends to contract with an ALSA for services to apply to DPH prior to doing so; and requires an ALSA to obtain DPH approval before providing memory care to residents with early to mid-stage cognitive impairment from Alzheimer's disease or dementia

Licensure

Under existing law, the state does not license assisted living facilities. Instead, it licenses and regulates assisted living service agencies (ALSAs) that provide assisted living services. ALSAs can only provide these services at a managed residential community (MRC). MRCs are not licensed by the state but must provide certain core services and meet regulatory requirements.

The bill requires an MRC that wishes to provide assisted living services to obtain a DPH license as an ALSA or contract for the services with a licensed ALSA. For the latter, the MRC must apply to DPH to arrange for these services in a manner the commissioner prescribes, as under current regulation (Conn Agencies Regs., § 19-D13-105).

Memory Care

The bill prohibits an ALSA from providing memory care to residents with early to mid-stage cognitive impairment from Alzheimer's disease or dementia unless they obtain DPH approval.

An ALSA that provides memory care services must (1) ensure they have adequate staff to meet residents' needs and (2) submit to DPH a list of memory care units or locations and their staffing plans when applying for an initial or renewal license or upon DPH request.

The bill also requires an ALSA to ensure that (1) all services provided individually to clients are fully understood by the client or the client's representative and (2) the client or representative are made aware of the cost of these services.

Regulations

The bill permits the DPH commissioner to adopt regulations to implement the bill's provisions.

EFFECTIVE DATE: July 1, 2021

§ 51 — HOME HEALTH ORDERS

Allows physician assistants and advanced practice registered nurses to issue orders for home health care agency services

The bill allows physician assistants (PAs) and advanced practice registered nurses (APRNs) licensed in Connecticut to issue orders for home health care agency, hospice home health care agency, and home health aide agency services. It also allows PAs and APRNs licensed in bordering states to order home health care agency services.

Under current law, only a physician may issue these orders.

EFFECTIVE DATE: July 1, 2021

§ 53 — NURSING HOME EXPANDED BED CAPACITY DURING EMERGENCY

Allows DPH to suspend nursing home licensure requirements to allow homes to temporarily increase their bed capacity to provide services to patients during a declared public health emergency

The bill allows the DPH commissioner to suspend licensure requirements for chronic and convalescent nursing homes to allow them to temporarily provide services to patients with a reportable disease, emergency illness, or health condition during a declared public health emergency.

Nursing homes may provide these services under their existing license if they (1) provide services to patients in a building that is not physically connected to their licensed facility or (2) expand their bed capacity in a portion of a facility that is separate from the licensed facility.

Under the bill, a nursing home that intends to provide services in this manner must first apply to DPH in a form and manner the commissioner prescribes. The application must include:

1. information on the facility's ability to sufficiently address residents' and staff's health, safety, or welfare;

2. the facility's address;

3. an attestation that all equipment located at the facility is maintained according to the manufacturer's specifications and can meet residents' needs;

4. information on the facility's maximum bed capacity; and

5. information indicating that the facility is in compliance with state laws and regulations regarding its operation.

The bill requires the department, upon receiving the application, to conduct a scheduled inspection and investigation of the applicant's facilities to ensure that they comply with state licensing laws and regulations. After doing so, the department must notify the applicant of its decision to approve or deny the application.

EFFECTIVE DATE: July 1, 2021

§ 54 — IV CARE IN NURSING HOMES

Allows registered nurses employed by nursing homes to administer medications intravenously or draw blood from a central line for laboratory purposes under certain conditions

The bill allows chronic and convalescent nursing homes to allow a licensed registered nurse (RN) they employ to:

1. draw blood from a central line for laboratory purposes, if the facility has an agreement with a laboratory to process the specimens, or

2. administer a medication dose by intravenous injection, if the medication is on a list approved by the DPH commissioner for intravenous injection by an RN (DPH must notify homes of the list).

Under the bill, an RN may perform these services only if he or she has been properly trained to do so by the home's nursing director or an intravenous infusion company. The home's administrator must ensure that the RN is appropriately trained and competent and provide related documentation to DPH upon request.

The bill also requires the nursing home to notify the DPH commissioner if it employs RNs who provide these services.

EFFECTIVE DATE: July 1, 2021

§ 56 — BED POSITIONS IN LONG-TERM CARE FACILITIES

Requires chronic disease hospitals, nursing homes, and residential care homes to position beds in a manner that promotes resident care

The bill requires chronic disease hospitals, nursing homes, and residential care homes to position beds in a manner that promotes resident care. Specifically, the bed position:

1. cannot act as a restraint to the resident;
2. must ensure that the resident's call bell, overhead bed light, and privacy curtain function are readily usable by the resident;
3. cannot create a hazardous situation, including the possibility of entrapment, an obstacle to evacuation, or blocking or being close to a heat source;
4. must prevent the spread of pathogens and allow for infection control;
5. must ensure residents' privacy; and
6. must provide at least a six-foot clearance at the sides and foot of each bed, instead of a three-foot clearance required under current law.

EFFECTIVE DATE: July 1, 2021

§ 57 — REGULATIONS ON AMBULANCE STAFFING

Makes a technical change by updating terminology in the statute requiring DPH to adopt regulations on ambulance staffing

The bill makes a technical change to the statute requiring the DPH commissioner to adopt regulations that require ambulances to be staffed with at least one certified emergency medical technician and one certified emergency medical responder. It updates terminology by replacing the terms "emergency medical response services" with

"ambulance" and "medical response technician" with "emergency medical responder."

EFFECTIVE DATE: October 1, 2021

§§ 58 & 59 — CONTINUING EDUCATION FOR EMS PERSONNEL

Requires EMS personnel to document their required continuing education hours in a manner the DPH commissioner prescribes, instead of using a DPH-approved online database

The bill requires emergency medical services (EMS) personnel to enter, track, and reconcile their required continuing education hours in a form and manner the DPH commissioner prescribes, instead of using a DPH-approved online database. It also makes a related conforming change.

Under the bill, EMS personnel include emergency medical responders, emergency medical technicians (EMTs), advanced EMTs, and EMS instructors.

EFFECTIVE DATE: Upon passage

§ 60 — EMS ADVISORY BOARD

Requires the DPH commissioner to appoint a member to the Connecticut EMS Advisory Board if the appointment is vacant for more than one year, and notify the appointing authority of the appointment at least 30 days in advance

The bill requires the DPH commissioner to appoint a member to the Connecticut EMS Advisory Board, if the appointment is vacant for more than one year. The commissioner must notify the appointing authority of her appointee's identity at least 30 days before making the appointment.

By law, the EMS Advisory Board reviews and comments on all DPH regulations, medical guidelines, and EMS-related policies before they are implemented. It also assists and advises state agencies in coordinating the EMS system. The board must annually report to the DPH commissioner and make recommendations to the governor and legislature on legislation it believes will improve EMS delivery.

EFFECTIVE DATE: Upon passage

§§ 61-63 — MODEL FOOD CODE

Extends by two years, from January 1, 2020, to January 1, 2022, the date by which DPH must implement the FDA's Model Food Code, and makes related conforming changes to these laws

The bill extends by two years, from January 1, 2020, to January 1, 2022, the date by which DPH must adopt the federal Food and Drug Administration's (FDA) Model Food Code as the state's food code for regulating food establishments.

The bill also makes related conforming changes to statutes regarding certified food inspectors and restaurant requests to use the sous vide cooking technique or the acidification of sushi rice.

EFFECTIVE DATE: Upon passage

§ 64 — ASBESTOS

Modifies the definition of "asbestos-containing material" to include material that contains asbestos in amounts equal to or greater than 1% by weight

The bill modifies the definition of "asbestos-containing material" in the statutes pertaining to asbestos abatement. It specifies that such material must contain asbestos in amounts equal to or greater than 1.0% by weight, instead of only amounts greater than 1.0% by weight, as under current law.

EFFECTIVE DATE: October 1, 2021

§ 65 — HAIRDRESSING AND COSMETOLOGY

Expands the statutory definition of "hairdressing and cosmetology" to include removing facial or neck hair using manual or mechanical means

The bill expands the statutory definition of "hairdressing and cosmetology" for purposes of licensure to include removing facial or neck hair using manual or mechanical means.

Under existing law, hairdressing and cosmetology also includes (1) dressing, arranging, curling, waving, weaving, cutting, singeing, bleaching, or coloring hair; (2) scalp treatments; and (3) massaging, stimulating, cleansing, manipulating, exercising or beautifying with the use of the hands, appliances, cosmetic preparations, antiseptics, tonics, lotions, creams, powders, oils, or clays and doing similar work

on the face, neck, and arms.

EFFECTIVE DATE: Upon passage

§ 66 — ESTHETICIAN LICENSURE

Limits the time period in which certain applicants for DPH licensure as an esthetician may be grandfathered in to those applicants who apply for licensure before January 1, 2022

By law, individuals seeking an initial DPH license as an esthetician must provide evidence that he or she completed the minimum hours of required study in an approved school, or an out-of-state school with equivalent requirements, and received a certification of completion from the school.

Current law grandfathers in an applicant who (1) provides evidence that he or she practiced esthetics continuously in the state for at least two years before July 1, 2020, and (2) attests to complying with specified infection prevention and control guidelines. The bill limits the time period in which licensure applicants may be grandfathered in to those who apply before January 1, 2022.

EFFECTIVE DATE: July 1, 2021

§ 67 — HEALTH ASSESSMENTS FOR STUDENTS WITH ASTHMA

Requires local or regional boards of education to report to DPH and local health departments on the number of students diagnosed with asthma in grades 9 or 10, instead of grades 10 or 11, to align the reporting schedule with the schedule for conducting required student health assessments

By law, local or regional boards of education ("school boards") must report to DPH and local health departments triennially on the number of students in each school and school district who are diagnosed with asthma at specified timeframes.

The bill requires school boards to report on students who are diagnosed with asthma in grades 9 or 10, instead of grades 10 or 11, as under current law. In doing so, it aligns the reporting schedule with the schedule school boards must follow for conducting student health assessments required under existing law.

Under existing law, and unchanged by the bill, school boards must

also report on students diagnosed with asthma at the time they enroll in school and in grades six or seven.

EFFECTIVE DATE: July 1, 2021

§ 68 — DPH REPORTABLE DISEASES AND HEALTH CONDITIONS

Increases, from $500 to $1,000, the civil penalty DPH may impose against a person who fails to report a case or finding of a reportable disease; establishes an appeal process for violations; and requires health care providers and clinical laboratories to report cases and findings only electronically

Reporting Requirements

By law, DPH must annually issue a list of (1) reportable diseases, emergency illnesses, and health conditions and (2) reportable laboratory findings. Health care providers and clinical laboratories must report findings of the diseases, illnesses, and conditions identified on this list within 12 hours and 48 hours, respectively. The bill requires these reports to be made only electronically. Current law allows laboratories that report an average of less than 30 findings per month and providers to also report in writing or by telephone.

Civil Penalties and Appeals

The bill increases, from $500 to $1,000, the civil penalty DPH may impose on a person who fails to (1) report a case or finding of any disease on the DPH list or (2) keep certain information related to reports confidential. It specifies that each failure constitutes a separate violation.

Under the bill, if the commissioner reasonably believes that such a violation occurred, she may send the person a notice that includes:

1. a short and plain statement of the violation asserted or charged;

2. a statement of the maximum civil penalty that may be imposed for the violation; and

3. a statement of the person's right to request a hearing, which the person must request in writing to the commissioner within 10 days after the notice is mailed or served.

The bill requires the commissioner to either send the notice by mail, return receipt requested, or personally serve it to the person.

Under the bill, the commissioner must arrange for a hearing under the Uniform Administrative Procedure Act, upon the person's request. It allows the commissioner, at her discretion, to impose a civil penalty no greater than what is stated in the notice if (1) the person fails to request or attend a hearing or (2) she finds, after the hearing, that the person committed the violation. The commissioner must send the person a copy of an order she issues by certified mail, return receipt requested.

EFFECTIVE DATE: Upon passage

§§ 69 & 70 — CERTIFIED STROKE CENTERS

Adds thrombectomy-capable stroke centers to the types of stroke-designated hospitals DPH must include on its annual list of certified stroke centers; requires DPH to maintain and operate a state-wide stroke registry and establishes related requirements for data reporting and records storage; and requires DPH to establish a registry data oversight committee

Designated Stroke Centers

By law, a hospital may apply to DPH to be designated as a comprehensive stroke center, and the department must annually send a list of these stroke-designated hospitals to the medical director of each EMS provider in the state and post the list on the DPH website.

The bill adds thrombectomy-capable stroke centers to the types of stroke-designated hospitals DPH must include on its annual list. Under existing law, DPH already includes hospitals designated as comprehensive stroke centers, primary stroke centers, or acute stroke-ready hospitals.

As under existing law, a hospital may apply to DPH for designation as a thrombectomy-capable stroke center if it is certified as such by (1) the American Hospital Association; (2) the Joint Commission (an independent, nonprofit organization that accredits and certifies hospitals and other health care organizations and programs); or (3) another DPH-approved, nationally recognized certifying organization.

Under the bill, DPH must report to the national certifying organization any complaint it receives related to a thrombectomy-capable stroke center's certification, as it must already do for other types of stroke centers.

Statewide Registry

The bill requires DPH to maintain and operate a statewide stroke registry using the American Heart Association's "Get with the Guidelines-Stroke Program" data set platform. The registry must include information and data on stroke care in Connecticut that aligns with the stroke consensus metrics developed and approved by the American Heart Association (AHA) and American Stroke Association (ASA).

It also allows DPH to adopt regulations to implement the statewide registry.

Registry Reporting Requirements

Starting January 1, 2022, the bill requires each of the designated stroke centers listed above to submit quarterly data to DPH on stroke care that (1) the commissioner deems necessary to include in the registry and (2) at a minimum, aligns with the AHA's and ASA's developed and approved stroke consensus metrics.

Under the bill, if a stroke center fails to comply with the reporting requirements, DPH may elect to perform the registry services for the center, in which case, the center must reimburse DPH for its actual expenses doing so.

In addition, the bill subjects non-compliant stroke centers to a civil penalty of up to $500 for each failure to disclose data, as determined by the commissioner.

The bill requires DPH, before assessing the reimbursements and civil penalties, to send written notification to the stroke center and give the center at least 14 business days to respond in writing. The center's response must include any information DPH requests.

The bill also allows the DPH commissioner to request that the attorney general initiate an action to collect any civil penalties assessed and obtain any orders necessary to enforce the bill's provisions.

Registry Data Oversight Committee

By January 1, 2022, the bill requires DPH to consult with the Connecticut Stroke Advisory Council and establish a Stroke Registry Data Oversight Committee. The committee must (1) monitor the registry's operations; (2) advise DPH on the registry's oversight; and (3) develop a plan to improve the quality of stroke care, address disparities in providing care, and develop short- and long-term goals for improving care in stroke centers.

Record Access and Storage

The bill grants DPH access to the records of any certified stroke center that it deems necessary to perform case findings or quality improvement audits to ensure the completeness of reporting and data accuracy related to the statewide registry.

It also allows DPH to contract for the receipt, storage, holding, or maintenance of data or files under its control and management. DPH may also enter into reciprocal reporting agreements with appropriate agencies in other states to exchange stroke center data.

EFFECTIVE DATE: October 1, 2021

§ 71 — EMS ADDRESS CHANGES

Allows an EMS organization to change its address within its primary service area without having to complete the certificate of need process

The bill allows an EMS organization, instead of only an ambulance service, to apply to DPH to change its address or add a branch location within its primary service area. Current law requires an EMS organization to complete the certificate of need process in order to make such a change.

EFFECTIVE DATE: Upon passage

§§ 72-74 — CERTIFIED HOMELESS YOUTH

Modifies the definition of "certified homeless youth," establishes a definition for "certified homeless young adult," and permits the fees to be waived when issuing these individuals certified copies of birth certificates or state identity cards

Definitions

The bill expands the statutory definition of "certified homeless youth" to include youth certified as homeless by the director of a municipal or nonprofit program that contracts with the Department of Housing's homeless youth program. Existing law also includes youth certified as homeless by one of the following:

1. a school district homeless liaison;

2. the director of an emergency shelter program funded by the U. S. Department of Housing and Urban Development, or the director's designee; or

3. the director of a runaway or homeless youth basic center or transitional living program funded by the U. S. Department of Health and Human Services, or the director's designee.

By law, a certified homeless youth is a 15- to 17-year-old person, not in the physical custody of a parent or legal guardian, who is a homeless child or youth as defined in specified federal law.

The bill also establishes a definition for a "certified homeless young adult," which is an 18- to 25-year-old person who has been certified as homeless by the same individuals as for certified homeless youth listed above.

Records Access

The bill authorizes DPH and local registrars of vital records to waive the fee for issuing a certified copy of a birth certificate to a certified homeless youth or certified homeless young adult. It similarly allows the Department of Motor Vehicles to waive the fee for issuing a state identity card to these individuals.

EFFECTIVE DATE: July 1, 2021

§ 75 — DPH LIST OF FUNERAL DIRECTORS AND EMBALMERS

Eliminates the requirement that DPH annually provide town clerks and registrars of vital statistics printed lists of all licensed funeral directors, embalmers, student funeral directors, and student embalmers

The bill repeals a provision requiring DPH to annually provide town clerks and registrars of vital statistics printed lists of all licensed funeral directors, embalmers, student funeral directors, and student embalmers. (In practice, these lists are available on the state's eLicense website.) The bill also repeals a provision requiring DPH to issue cards to those listed stating their license or registration status.

EFFECTIVE DATE: Upon passage

BACKGROUND

Health Professional Assistance Program

By law, this program is an alternative, voluntary, and confidential rehabilitation program that provides various services to health professionals with a chemical dependency, emotional or behavioral disorder, or physical or mental illness.

By law, before a health professional may enter the program, a medical review committee must (1) determine if he or she is an appropriate candidate for rehabilitation and participation and (2) establish terms and conditions for participation. The program must include mandatory, periodic evaluations of each participant's ability to practice with skill and safety and without posing a threat to the health and safety of any person or patient (CGS § 19a-12a).

Out-of-State Practitioners Allowed During Emergency

Existing law allows the following health care practitioners to temporarily practice in Connecticut during a declared public health emergency, upon the issuance of a DPH order: emergency medical personnel, physicians and physician assistants, physical therapists, nurses and nurses' aides, respiratory care practitioners, psychologists, marital and family therapists, clinical social workers, professional counselors, paramedics, embalmers and funeral directors, sanitarians, asbestos contractors and consultants, and pharmacists.

Related Bills

sSB 1 (File 481), reported favorably by the Public Health Committee, requires, rather than allows, DPH to appoint someone as a municipal health director if there is a vacancy for 30 days or more.

SB 1070, favorably reported by the Public Health Committee, allows APRNs and PAs licensed in Connecticut or a bordering state to issue orders for home health care, hospice, and home health aide services.

sHB 6470 (File 265), favorably reported by the Human Services Committee, allows APRNs and PAs licensed in Connecticut or a bordering state to order home health care services.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 31 Nay 2 (03/31/2021)