Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

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House Bill 6666, An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

The Department of Public Health (DPH) provides the following information regarding House Bill 6666, which makes revisions to various public health statutes. The Department would like to thank the Committee for raising the Department's bill and for the opportunity to testify on these important issues.

Sections 1 and 2 revise Section 73 of Public Act 19-117 and Section 25-33(b) of the general statutes to remove specific population requirements for the replacement of an existing public well. This would permit the installation of a replacement well that does not meet the sanitary radius and minimum setback requirements, as specified in the Regulations of Connecticut State Agencies, when such a well is necessary for the water company to maintain and provide to its consumers a safe and adequate water supply. In 2019, legislation was passed to allow the replacement of a public well to take place in a specific area of Connecticut. The Department believes that this revision should not be limited to one area of the state.

Sections 3 and 4 revise Sections 8-3i and 22a-42f of the general statutes to ensure that the Commissioner of Public Health receives electronic notification of projects to change the regulations, boundaries, zoning district classifications or regulated activities upon an inland wetland or watercourse within the watershed of a water company that may have an impact on a public drinking water watershed or aquifer protection area. This proposal will streamline the notification process to ensure that DPH receives electronic notification of projects that may have a potential impact upon public drinking water sources.

Section 5 amends Section 19a-111 of the general statutes to require local health departments and districts to use the MAVEN surveillance system to electronically report lead home inspection findings and follow-up activities that address elevated blood lead levels. A centralized collection mechanism will allow DPH staff to better track incidents of elevated blood lead levels, monitor lead abatement activities, confirm patient follow up and analyze data trends for epidemiological purposes. It will also bolster communication among the DPH Lead Poisoning Prevention and Radon

Program and local health departments and districts regarding enforcement of the regulations governing lead abatement. DPH will work with local health directors and recognized professional medical groups to develop guidelines consistent with those of the Centers for Disease Control and Prevention (CDC) for assessment of the risk of lead poisoning, screening for lead poisoning and treatment, and follow up care of individuals.

Section 6 amends Section 19a-37 of the general statutes by adding the word "residential" to the definition of "private well" to clarify the difference between a private well and a semipublic well. A private well supplies drinking water to a residential population, whereas a semipublic well supplies drinking water to a non-residential population of less than 25 people or for less than 60 days per year, e.g., campgrounds or youth camps operating for less than 60 days per year and small businesses with less than 25 employees. The proposal will align terminology in statute with common vernacular.

Section 7 amends Section 19a-524 of the general statutes to allow DPH to submit citations to nursing home facilities and residential care homes electronically, as well as by certified mail. DPH currently issues citations by certified mail only but has been transitioning to automated systems that will generate and issue the violations through an electronic platform when non-compliance with the Regulations of Connecticut State Agencies has been identified. This proposal will modernize current practice, promote greater efficiencies, and generate a cost saving as the expenses associated with certified mail will be significantly reduced. All nursing home facilities have the ability to receive electronic communications from DPH, while only some residential care homes are able to receive electronic information. Therefore, the process of corresponding through certified mail must be maintained until such time that all facilities have the capability to receive electronic notice from DPH. Lastly, this will promote public access to a facility's citation, violation letter and plan of correction because the electronic process allows the Department to easily post these documents to the eLicense website.

Section 8 revises Section 19a-491c of the general statutes to allow, when necessary, a temporary suspension of a long-term care facility's requirement to process individuals through the state's background search program, known as the Applicant Background Check Management System (ABCMS), as a result of an emergency or significant disruption, such as to internet capabilities, ABCMS functionality, or the state or long-term care facility workforce.

The ABCMS is currently operating under policies and procedures, absent regulations. Regulations to govern the program have been drafted and are undergoing review. The DPH policies and procedures contain a provision for the temporary suspension of the web-based long-term care background search program in limited emergency circumstances. The "emergency suspension" language contained within ABCMS policies and procedures allows for a sixty-day grace period for processing background checks in certain emergency circumstances, as determined by DPH. This policy was crafted with input and approval by the Office of Policy and Management, the Governor's Office (prior administration) and the long-term care industry. It is viewed as an important provision

to address possible widespread internet crashes, natural disasters, pandemics or other significant workforce disruptions that may, temporarily, hinder the ability to conduct full fingerprint-based background searches. The Office of the Attorney General, in reviewing the program's established policies and procedures for adoption as regulation, recently suggested that Section 19a-491c contain some express statutory language allowing for such temporary suspension in regulation.

Section 9 amends Section 19a-177 of the general statutes to allow DPH to waive certain statutes and regulations pertaining to emergency medical services (EMS) organizations when the health, safety and welfare of Connecticut's residents will not be jeopardized. Section 19a-495 of the general statutes allows the Department to waive regulations pertaining to licensed health care facilities when we determine that such request will not jeopardize the health, safety and welfare of the patients. This proposal will afford the same opportunity to EMS organizations.

There have been several instances where the Department has been required by law to take an ambulance offline for something minor, such as a decal not being replaced correctly, or an issue with an older ambulance needing to be retrofitted. DPH does not want to preclude an EMS organization from performing life saving activities because of such minor outstanding issues.

This section also makes a technical revision to remove the outdated term "rescue vehicles" and the word "ambulance" to align the language with the definition of an "authorized emergency medical services vehicle."

Sections 10 through 15 revise the title given to students enrolled in a program of study of the funeral service business by replacing "student embalmer" with "registered apprentice embalmer," and "student funeral director" with "registered apprentice funeral director," to clarify that such a person may register with DPH as an apprentice. Additionally, the proposal delineates that a student enrolled in an embalming program can perform up to ten embalmings under the supervision of a licensed embalmer. This is common practice and a requirement to graduate from an accredited embalming program. These revisions will create clear and consistent terminology in the statutes for embalming and funeral directing apprentices and will also clarify that students enrolled in an accredited embalming program are able to gain embalming experience while in school.

Section 16 amends Section 20-195dd of the general statutes to ensure that all persons eligible for either a professional counselor or a professional counselor associate license are able to apply and obtain their license. Public Act 19-117 established a licensure category for professional counselor associates. The Act repealed grandfathering language that allowed applicants for a professional counselor license, who matriculated in a master's program on or before July 1, 2017, to apply for licensure without completing a 100-hour practicum and a 600-hour internship. The Department agreed to this carve out for students who had already begun a graduate program that no longer met the standards for licensure when the new law was enacted in 2017. As written, these applicants will not qualify for either a professional counselor or professional counselor associate license because they have not completed the practicum and internship. The bill would reinstitute the grandfathering

language that Public Act 19-117 removed. This would allow DPH to afford all graduates of licensed professional counselor programs with the opportunity to gain licensure and work experience so they can be employed.

Section 17 revises the educational requirement for marriage and family therapists (MFTs) in Section 20-195c of the general statutes for consistency purposes. The statute spells out that a minimum of 500 clinical hours is needed for the supervised practicum or internship requirement. We are removing the language that specifies 500 hours are needed because the Commission on Accreditation for Marriage and Family Therapy Education standards already outline the 500-hour requirement. Additionally, if the Commission revises the requirements by changing the number of hours, the statute will not have to be amended.

Sections 18 and 19 make it possible for a pet owner who files a complaint regarding a veterinarian to have access to the investigation file when the case is closed with no findings. This would align the rights of a petitioner in closed veterinary cases with those of petitioners in closed physician cases. Typically, when someone files a complaint against a licensed practitioner, and an investigation concludes with no findings, the statutes permit the individual who filed the complaint to review the file to learn why the case was closed without any findings or without proceeding to licensure discipline. Closed cases on veterinarians are the only exception to this rule. DPH believes that pet owners who file a complaint against a veterinarian should have at least the same access to closed case files as individuals who file complaints against other practitioners such as physicians, dentists, psychologists, etc. The complainants in these veterinary cases are understandably frustrated that they filed a complaint of sufficient worth for investigation, but are unable to obtain any follow-up information without the permission of the veterinarian when the case was closed with no findings.

Section 20 amends Section 7-62b of the general statutes to require health care practitioners and funeral directors to use Connecticut's electronic death registry when certifying a death certificate, when available statewide. Electronic filing of death certificates will lead to overall improvements in Connecticut's death data, both in terms of timeliness and quality. With regard to timeliness, it takes up to four months for death data to be available when the certificate is filed through the manual paper-based system, whereas under the electronic system, the data will be available upon registration, which typically occurs within one week of the date of death. Given the current public health crisis, the importance of timely death data could not be more apparent. The recent partial roll out of the electronic death registry has enabled DPH to provide up-to-date reporting on COVID-19 death statistics on both a state and national level. Further, electronic death registration provides improved data accuracy, and also helps with fraud prevention related to misuse of birth certificates of deceased persons by allowing a timely birth-death match and quick notification to government entities regarding deaths.

Birth, marriage, death and fetal death data is used by the National Center for Health Statistics, DPH, local health departments and other independent researchers to conduct health related studies and to guide public policy in improving the health of our citizens. The data is shared at no cost with

several DPH programs (Immunization Registry, Tumor Registry, Maternal Mortality Review Committee and opioid overdose syndrome surveillance) as well as numerous state and federal agencies (Departments of Social Services, Children and Families, Developmental Services, Mental Health and Addiction Services, Aging and Disability Services, Emergency Services and Public Protection, Labor, State Comptroller, State Treasurer, the Judicial Branch, Auditors of Public Accounts, Teacher's Retirement Board, Office of the Chief Medical Examiner, U.S, Department of State, U.S. Office of Personnel Management, U.S. Department of Labor, et al.). Given the significant role that vital statistics plays in the public health arena and in providing support data to other state agencies, it is critical that the state continue to modernize its vital records systems to produce accurate and timely data.

Sections 21 through 23 revise the statutes pertaining to local health departments and districts to: (1) reorganize the language into subsections to clarify intent; (2) insert language on approval of municipal director of health appointments consistent with district health departments (C.G.S. Section 19a-242); (3) include a clause requiring a municipality that hires a director of health to also submit the required written employment agreement to DPH; and (4) include the requirement that district health departments submit an annual report to ensure consistency with the requirement for municipal health departments.

The Department respectfully requests the following substitute language:

In line 1020, insert open and closed brackets around the word "not".

In line 1059 insert an open bracket before the word "Each"; in line 1061 insert a closed bracket after the word "preceding" and insert the following: At the end of each fiscal year, each director of health shall submit a report to the Department of Public Health detailing the activities of such director during the preceding fiscal year.

Strike lines 1073 to 1082, and replace with the following:

Any municipality may designate itself as having a part-time health department if: (1) The municipality has not had a full-time health department, or been in a full-time health district, as of [prior to] January 1, 1998; and (2) the municipality has the equivalent of at least one full-time employee, as determined by the Commissioner of Public Health, who performs public health functions required by the general statutes and the regulations of Connecticut states agencies [; (3) the municipality annually submits a public health program plan and budget to the commissioner. ; and (4) the commissioner approves the program plan and budget].

Sections 24 through 27 add behavior analysts to the list of healthcare professionals eligible for the professional assistance program (HAVEN) and requires them to pay an additional $5.00 as part of their licensure fee to support such professional assistance program. This process mirrors all other professions that are eligible for this same program.

Sections 28 and 29 add licensed behavior analysts to the list of providers that are obligated to report suspicions about abuse, neglect, exploitation, or abandonment in long-term care settings.

Section 30 amends Section 19a-6o of the general statutes to authorize the Commissioner of Public Health to appoint a Palliative Care Advisory Council member if a seat is vacant for one year. It also changes the Advisory Council's annual reporting requirement to a biennial basis, starting in January 2022.

Section 31 revises Section 19a-6q of the general statutes to update reporting requirements pertaining to the Department's chronic disease plan. DPH will post such plan on its internet website.

Section 32 revises Section 19a-493 of the general statutes to ensure the language clearly captures when a change of ownership takes place in a facility.

Section 33 changeses the regulatory requirement for individuals working in healthcare settings to have an annual tuberculosis (TB) skin test. Current state regulations require an individual to receive yearly "tuberculin testing," which is specifically a "skin test" for tuberculosis. However, recently the CDC revised its guidelines regarding tuberculosis testing for healthcare personnel to no longer require all employees to be tested annually. Instead, active employees should have an annual TB risk assessment. A TB test is still recommended for new hires. However, the type of test is not specified, so facilities can recommend either a tuberculin skin test (TST) or interferon gamma release assay (IGRA) blood test.

The section requires all health care facilities to have in place policies and procedures that adhere to the CDC's recommendations for tuberculosis screening, testing, treatment and education for their health care personnel. All employees providing patient care at licensed health care facilities will be screened and tested for tuberculosis in compliance with the facility's policies and procedures.

Section 34 updates references to the Fire Prevention Code in the public nuisance statute, C.G.S. Section 19a-343, which were inadvertently omitted in 2017 when the Code was revised.

Section 35 revises Section 19a-131g of the general statutes to provide members of the Public Health Preparedness Committee with the authority to appoint designees to the Committee.

Section 36 amends Section 19a-30 of the general statutes to require licensed clinical laboratories to report the names and addresses of all blood collection facilities that they own and operate, whenever they open or close the blood collection facilities or whenever the clinical laboratories apply for or renew their license. The Department respectfully requests the following substitute language: In line 1513, strike the "," after States" and strike the opening and closing brackets around "or"; In line 1514, strike "or any hospital".

Section 37 updates Section 20-365 of the general statutes pertaining to licensure of a sanitarian to correct references to subsections in Section 19a-200, which is restructured through Section 21 of the bill. It also inserts person-first language, which the Department strongly supports.

Section 38 revises Section 20-195u of the general statutes to increase the number of online and home study continuing education courses that clinical and master's-level social workers can complete per registration period from six to ten hours.

Section 39 amends Section 20-265h of the general statutes to allow a licensed massage therapist to manage a spa or salon. Currently only a nail technician, esthetician, eyelash technician, hairdresser, or cosmetician can manage a salon or spa.

Section 40 modifies Section 19a-131j of the general statutes, which allows the Commissioner of Public Health to issue an order temporarily suspending licensure, certification or registration requirements for several professions licensed by the Department during a public health emergency declared by the Governor. During the COVID-19 pandemic response, the Department and health care industry realized that there was a health care workforce shortage in many professions not covered by Section 19a-131j. The proposed language aligns with provisions included in Executive Orders 7O, 7DD, and 7HHH.

Section 41 amends Section 19a-512 of the general statutes to remove the requirement that DPH administer the licensure examination for nursing home administrators. Like many other professions licensed by the Department, DPH relies on a national entity to administer the nursing home administrator examination.

Sections 42 through 50 add a definition of "hospice home health care agency" and make technical changes to include this term throughout various statutes. The Department has been working with the industry on regulations pertaining to home health and hospice agencies to mirror the conditions of participation from the Centers for Medicare & Medicaid Services (CMS). Currently, state regulations mandate a hospice home health care agency to also be licensed as a home health care agency. The Department and industry agree that this requirement is no longer needed, and the regulations should be separated to reflect the differences specific to each type of agency. The revisions add the term "hospice home health care agency" to ensure the Department has the authority to regulate these agencies. Lastly, the bill allows an advanced practice registered nurse or physician assistant to order home health services.
The Department respectfully requests the Committee take into consideration substitute language to change the term "hospice home health care agency" to "hospice care agency."

Section 51 allows nursing homes to expand their bed capacity into a separate wing or create new separate facilities to care for patients with infectious diseases under their current license when the Governor declares a public health emergency. An application must be submitted to DPH so that the Department can inspect the facilities to ensure compliance with licensing requirements.

Section 52 revises Section 19a-522f of the general statutes regarding IV care in a nursing home to allow a properly trained registered nurse to administer certain medications or collect blood from a patient's central line. The Commissioner of Public Health will provide a list of medications that are approved for injection by a registered nurse.

Section 53 requires managed residential care communities (MRC) providing assisted living services to be licensed as assisted living services agencies (ALSAs). MRCs that contact for assisted living services must only do so with currently licensed ALSAs. This Section also prevents ALSAs from providing memory care to residents with early to mid-stage cognitive impairment without DPH approval. During the COVID-19 pandemic, there were several outbreaks in memory care units of assisted living facilities. The Department feels it would be important to include information regarding the settings where memory care is being provided on the ALSA's license as well as ensure they have appropriate staffing levels to safely care for all patients.

Section 54 amends Section 19a-521b of the general statutes to allow a nursing home facility to position the resident beds in a manner that promotes patient care. They must be positioned so that they do not create a hazard and promote infection control in the event of an outbreak by providing at least a six-foot clearance at the sides and foot of each bed.

Section 55 makes technical revisions to Section 19a-195 of the general statutes, pertaining to regulations for emergency medical services, to replace outdated terminology with updated references to "ambulances" and "emergency medical responder."

Sections 56 and 57 revise Sections 20-206jj and 20-206mm of the general statutes, regarding continuing education credits for EMS personnel, to remove the term "continuing education platform Internet website" and require they be done in a form and manner as prescribed by the Commissioner of Public Health. When the new continuing education unit (CEU) requirement passed in 2019, the national organization used for licensure stated that such CEUs would be of no cost to EMS personnel. Their policy has since changed, and the Department doesn't feel comfortable making EMS personnel pay for these courses. DPH would like to afford EMS personnel with the opportunity to obtain CEUs from other national accrediting organizations.

Section 58 modifies Section 19a-178a of the general statutes to allow the Commissioner of Public Health to appoint a member to the Connecticut Emergency Medical Services Advisory Board if the appointment is vacant for more than one year.

Section 59 amends Section 19a-36h of the general statutes to extend the deadline by which DPH must adopt the United States Food and Drug Administration (FDA) Model Food Code for regulating food establishments to January 1, 2022.

Section 60 revises Section 19a-36j of the general statutes to extend the deadline for food inspectors to obtain a certification from the Commissioner of Public Health to January 1, 2022. This statute is linked to the Department's adoption of the FDA Model Food Code. It is important to note that

currently these individuals are certified according to Section 19-13-B42 of the Regulations of Connecticut State Agencies.

Section 61 extends the deadline by which a food establishment may request a variance from the regulations to use sous vide cooking technique or the acidification of sushi rice. This statute is tied to the Department's adoption of regulations and the FDA Model Food Code.

Section 62 revises the definition of "asbestos containing material" in Section 19a-332 of the general statutes to clarify that material is considered "asbestos containing material" if it contains asbestos in amounts equal to or more than 1.0 percent by weight. Currently, the definition states that material is considered "asbestos containing material" if it contains more than 1 percent of asbestos by weight, which has led to inconsistencies in the application of the definition.

Section 63 updates the definition of "hairdressing and cosmetology" in Section 20-250 of the general statutes to allow hairdressers and cosmetologists to perform manual or mechanical waxing and plucking services that remove hair from the face and neck.

Section 64 revises the grandfathering clause for estheticians to obtain a license, in Section 20-265b of the general statutes, to include an end date of January 1, 2022. This clause applies to estheticians who have practiced continuously for at least two years in Connecticut and in compliance with infection prevention and control guidelines. The license costs one hundred dollars and requires proof of the completion of a training course of at least six hundred hours from an approved school.

Section 65 revises Section 10-206 of the general statutes, regarding health assessments for students diagnosed with asthma, so that it mirrors the health assessments required of every student. Currently they are on different time frames. This will allow all health assessments to be completed in grades nine or ten.

Section 66 revises Section 19a-215 of the general statutes pertaining to reporting requirements for reportable diseases to allow for civil penalties to be imposed on each failure to report a case or finding of a disease. The language also includes an appeal process for such civil penalty. During the COVID-19 pandemic, the Department determined that several entities needed to be contacted to ensure they were reporting appropriately. Should another outbreak of any kind occur, the Department would like the authority to impose a civil penalty if such entities are not reporting, despite receiving notification of such requirement.

Through this statute DPH also requires reporting of five sexually transmitted diseases (STDs): syphilis, gonorrhea, chlamydia, neonatal herpes, and chancroid. STDs are at an all-time high and can have serious health consequences, including increased risk for acquiring HIV/AIDS. The DPH STD program currently receives over 40,000 health care provider and laboratory reports for STDs in CT in varying formats that include electronic laboratory reporting (ELR), faxes and postal mail. Receipt by the Department of accurate, complete, and timely health care provider and laboratory reporting for these diseases is essential in carrying out disease interventions and appropriate surveillance.

Accurate and complete data is essential to inform prevention measures, such as the investigations and interviews (contact tracing) conducted by DPH Disease Intervention Specialists (DIS) for newly diagnosed syphilis and HIV cases (especially in pregnant women) so that appropriate treatment is administered and partners who have been exposed can get tested and treated as needed. Passage of this section will assist the Department in increasing efficiency, facilitate improved reporting of these transmissible diseases and improve disease interventions for timelier follow-up and reduced spread of entirely preventable diseases, which is the cornerstone of public health.

Section 67 amends Section 19a-490w of the general statutes to add "a thrombectomy-capable stroke center" to the types of centers included in the list of certified stroke centers, which are posted by DPH on a yearly basis. The Department is supportive of this addition and looks forward to working with the hospitals to add these centers to the list.

Section 68 requires the Department to maintain and operate a statewide stroke registry using the American Heart Association's Get With The Guidelines-Stroke Program's data set platform, and include information and data on stroke care in the state that aligns with the stroke consensus metrics developed and approved by the American Heart Association and American Stroke Association. The Department cannot implement this requirement within existing resources. Therefore, the Department cannot support this section of the bill and respectfully requests that it be struck through substitute language.

Section 69 modifies Section 19a-180 of the general statutes to allow an emergency medical services organization to change its address within its primary service area. Currently, the organization would have to go through the Certificate of Need process to change the address.

Sections 70 through 72 define the term "certified homeless youth." These sections allow these individuals access to their birth certificates and motor vehicle records without having to pay a fee. The Department supports this change.

Section 73 repeals Section 20-226 of the general statutes to remove the requirement for the Department to provide town clerks or registrars of vital statistics printed lists of funeral directors, licensed embalmers and student funeral directors and embalmers. These lists are available in "real time" on the state's eLicense website.

Thank you for your consideration of this information. DPH encourages Committee members to reach out with any questions.

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