

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5500

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

Title: HEALTH STATUTES.

Vote Date: 3/30/2022

Vote Action: Joint Favorable Substitute

PH Date: 3/28/2022

File No.:

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This bill contains changes to the public health statutes, some of which are minor technical edits for the purpose of conformance and consistency. Other changes include:

- Requiring that the Department of Public Health (DPH) to maintain staffing levels for social workers in nursing homes proportionate to the number of residents.
- Allowing DPH to waive certain regulatory requirements for clinical laboratories regarding plasmapheresis.
- Requiring DPH to study whether the state should adopt Safe Harbor legislation. Safe Harbor legislation would allow unlicensed alternative care practitioners to provide certain alternative healthcare services.
- It should be noted that this bill is a work-in-progress and may include further changes.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, Commissioner, Department of Public Health, (DPH):

DPH supports this legislation and the various language revisions that more appropriately reflect various changes occurring in the realm of public health. The Commissioner thanked the committee for raising this bill for DPH and offered comments explaining each section. Many revisions in the bill are technical in nature. However, the commissioner noted sections which make more substantive changes:

- Sec. 1 which revises the statute pertaining to definitions of healthcare facilities by removing the term “alcohol or drug treatment facility” and adding definitions of “chronic disease hospital” and “clinical laboratory.”

- Sec. 9 which clarifies that the exemption of Department of Children and Families (DCF)-licensed child caring institutions from DPH-licensure does not apply to the Albert J. Solnit Children’s Center’s Psychiatric Residential Treatment Facility.
- Sec. 10 which requires health care institutions to provide DPH with staffing plans for a minimum of three days of staffing at least five days prior to a strike commencing at the facility.
- Sec. 11 which adds infection control measures to the continuing education requirements for nursing home administrators.
- Sec. 18 which would expressly allow an optometrist to complete ten of their twenty continuing education hours remotely.
- Section 40 which establishes a Doula Advisory Committee to develop recommendations regarding training and continuing education for the purpose of creating a doula certification program.

Victoria Veltri, Executive Director, Office of Health Strategy, (OHS):

OHS supports this bill, particularly Sec. 37 & 38 as they relate to OHS’ administrative authority over the State-wide Health Information Exchange (HIE). The bill will allow OHS, through the administrative authority of its executive director, to adopt regulations regarding the HIE. This will allow the HIE to adhere to the existing statutes in a way that will demonstrate a high level of transparency in its governance, decision-making, and operations.

Representative Charles Ferraro:

Rep. Ferraro is in support of adding the Safe Harbor language that was addressed in the substitute language for this bill. Many non-conventional health care professionals are concerned that their practices could be considered in violation of health occupation laws for practicing without a license even though they are not engaged in a conventional health care profession. Definitions within the medical practice acts are often very broad and can include almost all the healing disciplines.

NATURE AND SOURCES OF SUPPORT:

Josephine Colacci, Government Affairs Director, HSPA:

Technical changes in this bill reflect that our organization changed our name from the International Association of Healthcare Central Service Material Management to Healthcare Sterile Processing Association. Additional technical changes reflect that health care facilities may be reprocessing surgical instruments outside health care facilities; therefore, the change of “in” to “for” and “in” to “by” respectively. HSPA supports these technical revisions that reflect the changes in the current marketplace.

Connecticut Women’s Education and Legal Fund:

Doulas are an essential part of the birthing process for many families. A doula is a trained, nonmedical professional who provides physical, emotional, and informational support before, during, and after birth. Doulas assist in providing a safe and empowering experience for the pregnant person and the baby. Connecticut needs to support parents and families welcoming new babies into their lives. This bill will help do just that.

Liz Gustafson, State Director Pro-Choice, Connecticut:

Pro-Choice supports establishing a Doula Advisory Committee within DPH to develop recommendations regarding various requirements including certification, certification renewals, training, experience, continuing education requirements, and curricula standards for a doula training program that satisfies the requirements for doula certification. Increasing equitable access to doula care services, especially in under-served communities, has been shown to improve outcomes for both mothers and newborns.

Ben Shaiken, Director of Government Relations, CT Community Nonprofit Alliance:

While the Alliance supports Sec. 12-13, which make crucial changes to the Medication Administration Certification process, they are opposed to Sec. 10 and request its removal. This section requires that healthcare institutions provide additional information in their strike contingency plans if they have received notice of the intention to strike by the union representing their employees. This is an onerous requirement and does nothing to ensure the health and safety of the people who will require services during a strike.

Christina Price, Assistant Professor of Medicine, Yale School of Medicine:

Currently, there is not enough collection of plasma in our state. The COVID-19 pandemic highlighted this deficit. The state could help by allowing collection centers. Updating the regulations would allow companies to set up the much-needed collection centers to serve the immune deficient patients who require this important treatment. This legislation provides an opportunity to revise state laws regulating the operations of plasma donor centers in the state to conform with federal standards. Doing so will make it easier to hire and staff donor centers with qualified professionals.

Additional Testimony in Support

- Melinda Johnson, Community Engagement & Advocacy Director, YWCA Hartford
- Gretchen Raffa, Vice President, Planned Parenthood of Southern New England
- Bill Zabel, President-NA Bioscience Sales & Commercial Operations, Grifols
- Samantha Lew, MSW, Health Equity Solutions
- Ryan Seidel, Head of MEBD, Takeda Pharmaceutical Company Ltd.
- Jamie N. Sexton, Director of State Policy, Immune Deficiency Foundation
- Toby Simon, Senior Medical Director, CSL Plasma
- Bill Speir, Lead for U.S. Regulatory Policy, Plasma Protein Therapeutics Association
- Beau Tompkins, Senior Executive Director, Connecticut Blood Center
- Alison Tyliszczak, Director-Maternal Infant Health Initiatives, March of Dimes
- CT AHEC Urban Service Track Women's Health Interest Group
- Marijane Carey, MCH Consultant, Carey Consulting
- T.J. Clarke, Majority Leader, Hartford Court of Common Council
- SciHonor Devotion, Founding Director, Earth's Natural Touch: Birth Care & Beyond
- 19 others testified in support

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association, (CHA):

CHA opposes Sec. 37 and 38 of this legislation because they seek to circumvent administrative procedure. There is no obligation for OHS to adopt regulations and it is not evident that OHS even has the power to adopt regulations for these sections of the HIE. The current regulatory rulemaking process in place allows affected parties to have input. This approach would allow for policies to be implemented without that input. While CHA understands that there may be times, like the public health emergency, when normal processes may be modified to allow for an urgent response, there is no such urgency or reason in this case.

Brian Anderson, Legislative Director, Council 4 AFSCME:

Section 39 of this bill abolishes language that mandates protections for the public at blood plasma donation or plasmapheresis centers. This section wipes out the public protection language and replaces it with the commissioner's discretion. This protective language was created to make sure that public protection at plasma sites is strong. Language protecting donors should remain.

Ed Hawthorne President Connecticut AFL-CIO:

Section 39 removes necessary plasma related protections. Instead, it gives the commissioner the discretion to require these protections. These protections are necessary and must remain in place. Donors can have adverse reactions, sometimes as major as arrhythmias. It is vital to have a registered or licensed clinical nurse present. These skilled professionals feel strongly that language mandating public health safety standards is vital to protect the public.

Additional Testimony in Opposition

- Mary Krusiewicz, Vice President, AFSCME Local 3145

Reported by: Dallas Emerle

Date: 4/8/2022