
OLR Bill Analysis

HB 6733

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

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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 — ASSISTED LIVING SERVICES AGENCIES

Modifies the statutory definition of an “assisted living services agency” to allow them to provide end-of-life services

The bill modifies the statutory definition of an “assisted living services agency” (ALSA) to allow these agencies to provide any person nursing services and assistance with activities of daily living, instead of only those who are chronic and stable, as under current law. In doing this, the bill authorizes ALSAs to provide end-of-life services.

Under existing law, unchanged by the bill, ALSAs may have a dementia special care unit or program.

EFFECTIVE DATE: Upon passage

§§ 2 & 3 — SOCIAL WORK LICENSURE

Eliminates the requirement that master social worker license applicants pass the Association of Social Work Board’s masters level examination; allows the required five hours of in-person continuing education to be earned through live online classes

Examination Requirement

The bill eliminates the requirement that an applicant for a master social worker license pass the Association of Social Work Board's masters level examination, or other examination the DPH commissioner prescribes. By law, unchanged by the bill, applicants must hold a master's degree from a program accredited by the Council on Social Work Education, or for applicants educated outside of the U.S. or its territories, a program the council deems equivalent.

The bill correspondingly eliminates this examination requirement for licensure by endorsement for applicants who are licensed or certified as a master social worker in good standing in another state or jurisdiction whose licensure requirements are substantially similar to Connecticut's.

Continuing Education

Existing law requires licensed clinical and master social workers to complete at least 15 hours of continuing education (CE) during each registration period (i.e., 12-month license renewal period). The bill requires CE hours to be completed as follows:

1. at least five hours earned through in-person or synchronous online education (i.e., live online class conducted in real-time) with opportunities for live interaction and
2. no more than 10 hours can be earned through asynchronous online education, distance learning, or home study.

Current law allows social workers to complete up to 10 hours per registration period online or through home study. Thus, the bill allows social workers to earn the five hours that must be in-person via a live online class.

Under the bill, "asynchronous online education" is a program where the instructor, learner, or other participants are not engaged in the learning process at the same time, there is no real-time interaction between participants and instructors, and the educational content is created and made available for later consumption.

EFFECTIVE DATE: Upon passage for the examination requirement and October 1, 2023, for the CE requirement.

Background — Related Bill

HB 6837 (File 415), favorably reported by the Public Health Committee, temporarily eliminates (until April 1, 2026) the examination requirement for master social worker license applicants.

§§ 4 & 5 — ESTHETICIAN AND NAIL TECHNICIAN LICENSURE

Limits the time period in which certain applicants may be grandfathered in to licensure as an esthetician or nail technician to those who apply for licensure before January 1, 2025, and grandfathers applicants who complete specified education requirements

By law, people seeking an initial DPH license as an esthetician or nail technician must provide evidence of completing the minimum hours of required study at an approved school, or an out-of-state school with equivalent requirements, and receiving a certification of completion from the school.

Current law grandfathered applicants who gave evidence of:

1. practicing as one of these professionals continuously in the state for at least two years before January 1, 2022, and
2. attesting to compliance with specified infection prevention and control guidelines.

The bill (1) extends the current grandfathering to those who apply before January 1, 2025, and (2) allows an applicant to qualify for the grandfathering if he or she completed a course of study and received a certificate of completion from an approved school in place of the practice requirement.

EFFECTIVE DATE: Upon passage

§ 6 — PARAMEDIC LICENSURE

Makes a technical change to a provision on paramedic licensure by endorsement

The bill makes a technical change to a provision on paramedic licensure by removing a reference to licensure by endorsement for New England states, New York, and New Jersey. The law already allows

licensure by endorsement for paramedics licensed or certified in good standing in another state or jurisdiction with requirements substantially similar to or greater than Connecticut's requirements.

EFFECTIVE DATE: Upon passage

§ 7 — EMERGENCY MEDICAL SERVICES VEHICLE INSPECTIONS

Codifies minimum vehicle design and equipment standards for authorized emergency medical services vehicle inspections that are currently in regulation

By law, ambulances and other authorized emergency medical services (EMS) vehicles (i.e., invalid coaches and intercept vehicles staffed by emergency technicians or paramedics) must be registered with the Department of Motor Vehicles (DMV).

As part of this process, DPH must at least biennially inspect the vehicles to ensure that they meet minimum vehicle design and equipment standards. The bill codifies the requirements for these minimum standards that are currently in regulation (Conn. Agencies Regs., § 19a-179-18). These minimum standards must at least include the following:

1. ambulances to meet or exceed the design criteria of the U.S. General Services Administration's federal specification for the star-of-life ambulance (i.e., KKK-A-1822, as amended), with an exemption for the ambulance's color scheme and decals;
2. authorized EMS vehicles to have only the name of the service operating the vehicle visible on the vehicle's two opposite sides;
3. authorized motorcycle rescue vehicles to be equipped with the equipment required under existing law; and
4. authorized EMS vehicles to comply with all state and federal safety, design, and equipment requirements.

As under current law, the DPH commissioner may also inspect any rescue vehicle used by an EMS organization for compliance with minimum equipment standards.

In addition to the DPH inspection, existing law requires ambulances and invalid coaches to be inspected by state or municipal employees, or DMV-licensed motor vehicle repairers or dealers, who are qualified under federal regulations. They must inspect the vehicles to ensure compliance with the minimum standards described above and make a record of each inspection (CGS § 19a-181(a)).

EFFECTIVE DATE: July 1, 2023

§ 8 — BLOOD COLLECTION FACILITIES AND SOURCE PLASMA DONATION CENTERS

Creates new licensure categories for source plasma donation centers and blood collection facilities administered by DPH; starting October 1, 2023, prohibits them from operating unless they obtain a license; establishes related licensure requirements and modifies those for clinical laboratories

The bill creates new DPH licensure categories for blood collection facilities and source plasma donation centers and, starting October 1, 2023, prohibits a person or business (e.g., corporation, partnership, limited liability company, John Dempsey Hospital, UConn Health Center) from establishing, conducting, operating, or maintaining a facility or center unless it obtains the license. (Under current practice, these facilities and centers must register with DPH and comply with federal and state and regulations for clinical laboratories.)

It requires the DPH commissioner to adopt regulations to implement the new licensure categories and allows her to implement policies and procedures while doing so if she posts the policies and procedures on the eRegulations System before adopting them. The policies and procedures are valid until the final regulations are adopted.

The bill also modifies requirements for clinical laboratory licensure by (1) increasing, from \$200 to \$650, the initial and renewal license fee and (2) eliminating certain information included on licensure applications.

EFFECTIVE DATE: October 1, 2023

Definitions

Under the bill, a “blood collection facility” is a facility that performs

blood component collection activities where blood is removed from a person to administer the blood, or its components, to another person. It excludes facilities that perform these activities to collect source plasma or perform testing that requires a clinical laboratory license.

A “source plasma donation center” is a facility where source plasma is collected by plasmapheresis, which is a procedure that removes blood from a donor, separates the plasma, and then returns the red blood cells to the donor at the time of donation. “Source plasma” is the liquid part of human blood collected by plasmapheresis for use as source material for further manufacturing use. It does not include single donor plasma products for intravenous use.

License Applications

The bill requires blood collection facilities and plasmapheresis centers (now called “source plasma donation centers”) registered with DPH on or before October 1, 2023, to apply to DPH for an initial license within 30 days after DPH implements licensure procedures.

Starting on this implementation date, the bill prohibits DPH from renewing blood collection facility or plasmapheresis center registrations, instead requiring them to get the new license. The owner or responsible officer of the facility or center must apply for the license as the commissioner prescribes. However, a mobile or temporary blood collection facility is not required to get a license if its operator is licensed as a blood collection facility.

For clinical laboratories, the bill eliminates current law’s requirement that licensure applications contain (1) an itemized rate schedule; (2) full disclosure of any written or oral contractual relationship with a practitioner using the laboratory’s services; and (3) any other information DPH requires.

License Renewals and Fees

The bill generally increases, from \$200 to \$650, the initial and renewal license fees for clinical laboratories and extends the same fees to blood collection facilities and source plasma donation centers. (By law, clinical

laboratories owned and operated by a government agency are exempt from these fees.)

Under current law, a clinical laboratory must apply to renew its license (1) every two years, during the 24th month; (2) before any change in owner or director; and (3) before any major expansion or change in quarters.

The bill instead requires a clinical laboratory to biennially apply to renew its license during the 20th month. For a change in ownership, DPH must first inspect the facility and approve the change. If the laboratory changes its director, or intends to expand or alter its facility, it must first notify the DPH commissioner as she prescribes. The bill extends these same requirements to blood collection facilities and source plasma donation centers.

Inspections and Investigation

Under the bill, blood collection facilities and plasma donation centers are subject to DPH inspections, including any necessary records inspection, as existing law requires for clinical laboratories. After it receives an initial or license renewal application for a blood collection facility or source plasma donation center, DPH must conduct any inspections or investigations the commissioner deems necessary to determine an applicant's eligibility for licensure.

The bill permits the DPH commissioner to require an applicant to sign a consent order providing reasonable assurance the applicant will comply with federal and state laws and regulations. The commissioner may deny an application if she determines the applicant previously failed to do so or that licensure would threaten the public's health, safety, and well-being, as she may already do for clinical laboratories.

A license is not effective until the applicant receives from DPH notice of licensure, including its effective date and terms.

Disciplinary Action

The bill authorizes the DPH commissioner to take various disciplinary actions (e.g., license suspension or revocation or probation)

against a blood collection facility or source plasma donation center, after notice and a hearing. The commissioner may do this if the facility or center (1) engaged in fraudulent practices, fee-splitting inducements, or bribes or (2) violated applicable state laws and regulations. It subjects violators to a fine of between \$100 and \$300 for each offense.

Existing law already allows the commissioner to take disciplinary action and impose fines against a clinical laboratory in a similar manner.

Whistleblower Protection

The bill prohibits blood collection facilities and source plasma donation centers from terminating an employee because the employee reported to DPH that the facility or center violated state licensure law or regulation. This prohibition already applies to clinical laboratories.

Background — Related Bill

sHB 6836, favorably reported by the Public Health Committee, contains identical provisions establishing new DPH licensure categories for blood collection facilities and source plasma donation centers and related requirements.

§§ 9 & 10 — INTERSTATE COMPACTS FOR PHYSICIANS AND PSYCHOLOGISTS

Requires psychologists and physicians who wish to participate in interstate compacts to submit to a state and national fingerprint-based criminal history records check by the Department of Emergency Services and Public Protection

The bill requires applicants for licensure as a (1) psychologist or (2) physician who intends to apply for a license in another state within one year after applying for licensure, to submit to a state and national fingerprint-based criminal history records check by the Department of Emergency Services and Public Protection (DESPP). It requires the DESPP commissioner to report the results of the physicians' records checks to the DPH commissioner (it does not require her to do this for psychologists).

In doing this, the bill allows physicians and psychologists to participate in the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact, respectively, which

Connecticut joined under PA 22-81 (see *Background*). These compacts require providers to complete an FBI fingerprint background check as a condition of participation.

EFFECTIVE DATE: July 1, 2023

Background — Interstate Compacts

The Interstate Medical Licensure Compact provides an expedited licensure process for physicians seeking to practice in multiple states. The Psychology Interjurisdictional Compact provides a process authorizing psychologists to practice by telehealth (unlimited) and temporary in-person, face-to-face services (30 days per year per state) across state boundaries, without having to be licensed in each of the states.

§ 11 — MUNICIPAL HEALTH DIRECTOR QUALIFICATIONS

Eliminates the requirement that municipal health directors who are licensed physicians also have a public health degree

Under current law, municipal health directors must (1) be a licensed physician and have a degree in public health or (2) have a graduate degree in public health. Starting July 1, 2023, the bill eliminates the requirement that those who are licensed physicians also have a public health degree.

EFFECTIVE DATE: Upon passage

§ 12 — STILLBORN TAX CREDIT

Makes technical and minor changes to the income tax credit for the birth of a stillborn child to conform with existing vital records laws

The bill makes technical and minor changes to the statute establishing an income tax credit for the birth of a stillborn child. It replaces references to stillbirths with fetal deaths (i.e., a death occurring at 20 or more weeks of gestation) to conform with existing vital records laws.

By law, there is a \$2,500 personal income tax credit for the birth of a stillborn child if the child would have been claimed as the taxpayer's dependent on his or her federal income tax return. Under current law, taxpayers may claim the credit for the tax year for which DPH's State

Vital Records Office issued a fetal death certificate. The bill instead applies the credit for the tax year in which the fetal death occurred.

EFFECTIVE DATE: Upon passage and applicable to tax years beginning on or after January 1, 2022.

§ 13 — HEPATITIS C SCREENING

Generally requires primary care providers to offer to provide or order a hepatitis C screening or diagnostic test for patients ages 18 and older and pregnant women, instead of only patients born between 1945 and 1965

The bill generally requires licensed primary care physicians, advanced practice registered nurses, and physician assistants (“primary care providers”) to offer to provide or order a hepatitis C screening or diagnostic test for patients ages 18 and older and pregnant women. In doing so, the bill conforms to 2020 federal Centers for Disease Control and Prevention recommendations for hepatitis C screening. Current law only requires primary care providers to do this for patients born between 1945 and 1965.

Existing law, unchanged by the bill, does not require a provider to offer the screening or test when he or she reasonably believes that the patient (1) is being treated for a life-threatening emergency, (2) has been previously offered or received a hepatitis C screening test, or (3) lacks the capacity to consent.

By law, a “hepatitis C screening test” is a laboratory test to detect the presence of hepatitis C virus antibodies in the blood. A “hepatitis C diagnostic test” is a laboratory test that detects the presence of the virus in the blood and confirms whether the person whose blood was tested has a hepatitis C virus infection.

EFFECTIVE DATE: October 1, 2023

Background — Hepatitis C

Hepatitis C is a blood-borne virus that infects the liver and can cause liver cirrhosis or cancer, liver failure, or death. The disease can be acute or chronic. Acute hepatitis C is less severe, but often becomes chronic hepatitis C.

§ 14 — DPH QUALITY OF CARE PROGRAM

Allows DPH to revise its quality of care program's standardized data sets for health care facilities and methods to provide public accountability for facilities' health care delivery systems

By law, DPH's quality of care program for licensed health care facilities (e.g., hospitals and nursing homes) must have (1) a standardized data set to measure facilities' clinical performance that must be collected and periodically reported to the department and (2) methods to provide public accountability for facilities' health care delivery systems. The bill allows the DPH commissioner to revise the data sets and methods, as she determines is necessary.

Additionally, the bill removes an obsolete provision initially applying the health care quality performance measurement and reporting system only to hospitals.

EFFECTIVE DATE: July 1, 2023

§ 15 — COMMISSION ON COMMUNITY GUN VIOLENCE

Adds the education commissioner, or her designee, to the membership of the Commission on Community Gun Violence Intervention and Prevention

The bill adds the education commissioner, or her designee, to the membership of the Commission on Community Gun Violence Intervention and Prevention, thereby increasing its members to 24.

By law, the commission must advise the DPH commissioner on developing evidence-based, evidence-informed, community-centric gun programs and strategies to reduce gun violence in the state. The commission is within DPH for administrative purposes only.

EFFECTIVE DATE: Upon passage

§ 16 — ENFORCEMENT OF ASBESTOS REGULATIONS

Requires the DPH commissioner to prescribe electronic reporting requirements and develop a data collection system to monitor compliance with asbestos abatement regulations

Existing law requires the DPH commissioner, in consultation with the labor commissioner, to develop regulations on asbestos abatement, including standards for proper abatement, enforcement procedures,

inspection procedures for DPH employees, and minimum standards for completing abatement projects.

The bill requires the DPH commissioner to prescribe electronic reporting requirements and develop a data collection system to monitor compliance with the regulations.

EFFECTIVE DATE: October 1, 2023

§§ 17-19 — ASBESTOS AND LEAD ABATEMENT PROFESSIONALS

Allows the DPH commissioner to implement policies and procedures on (1) licensure and certification standards for asbestos and lead abatement professionals and (2) lead testing, remediation, and abatement standards while in the process of adopting them in regulations

By law, the DPH commissioner must adopt regulations on the licensure and certification standards for asbestos and lead abatement health professionals (e.g., contractors, supervisors, consultants, inspectors, and site-workers). The law allows her to also adopt regulations with standards and procedures for lead testing, remediation, abatement, and management in buildings and structures.

The bill allows the commissioner to implement policies and procedures while in the process of adopting them in regulations, so long as she posts them on the eRegulations System beforehand. The policies and procedures are valid until the final regulations are adopted.

EFFECTIVE DATE: Upon passage

§ 20 — PUBLIC WATER SUPPLY SOURCES

Specifies that DPH has jurisdiction over public water supply sources, including those held for future or emergency use; allows the DPH commissioner to implement policies and procedures for operating water treatment plants, water distribution systems, and small water systems while in the process of adopting them in regulations

The bill specifies that DPH has jurisdiction over the purity and adequacy of all public water supply sources used by municipalities, public institutions, or water companies, including those held for future or emergency use.

Existing law requires the DPH commissioner to adopt regulations on standards for operating water treatment plants, water distribution

systems, and small water systems. The bill allows her to implement policies and procedures while in the process of adopting them in regulations, so long as she posts them on the eRegulations System beforehand. The policies and procedures are valid until the final regulations are adopted.

EFFECTIVE DATE: Upon passage

§ 21 — AUTOMATIC RECIPROCAL DISCIPLINE FOR HEALTH PROFESSIONALS

Rescinds automatic reciprocal discipline against a pharmacist or health care professional licensed in another state or jurisdiction if the discipline in that location was based solely on terminating a pregnancy under conditions that would not violate Connecticut law or regulation

The bill automatically rescinds an automatic reciprocal discipline against a pharmacist or health care professional currently or previously licensed in another state or jurisdiction under the following conditions:

1. the pharmacist or health professional is subject to automatic reciprocal discipline for a disciplinary action in that state or jurisdiction and
2. the discipline was based solely on a pregnancy termination under conditions that would not violate Connecticut law or regulation.

If the above criteria are met, the bill prohibits DPH from entering the automatic reciprocal discipline into the health professional's or pharmacist's licensing record.

The bill also specifies that it does not preclude or affect the ability of a state agency or board to seek or impose any disciplinary action authorized by state law against a Connecticut-licensed pharmacist or health professional.

EFFECTIVE DATE: July 1, 2023

§ 22 — LOCAL HEALTH DEPARTMENT REPORTING SYSTEM FOR SODIUM CHLORIDE DAMAGE

Extends by one year the dates by which (1) local health departments must create an electronic reporting system for property owners to report sodium chloride damage and (2)

health departments to submit the reports to OPM; makes confidential certain information related to the reports

The bill extends by one year, from January 1, 2023, to January 1, 2024, the date by which local health departments (i.e., municipal and district health departments) must establish an electronic reporting system for owners of homes or wells directly damaged by sodium chloride run-off to report the damage to the local health department.

It correspondingly extends, from January 1, 2024, to January 1, 2025, the date by which these health departments must start annually submitting the reports recorded during the prior year to the Office of Policy and Management (OPM).

Additionally, the bill makes the following information confidential (i.e., not subject to disclosure or admissible as evidence in a court or agency proceeding, and used only for medical or scientific research):

1. testing results originating due to a sodium chloride run-off report provided to DPH, OPM, or local health departments;
2. information obtained from DPH or local health department investigations on the results; and
3. morbidity and mortality studies DPH or local health districts conduct related to the results.

EFFECTIVE DATE: Upon passage

§ 23 — EYEBROW THREADING

Exempts eyebrow threading from the definition of “esthetics,” thereby exempting people who engage in this practice from needing to be licensed

The bill exempts eyebrow threading from the statutory definition of “esthetics,” thereby exempting individuals who do this from needing a state esthetician license. It defines “eyebrow threading” as a means of shaping and removing unwanted hair on the face and around the eyebrows.

Under existing law, esthetics are skin care treatment services, including things like (1) cleansing, toning, stimulating, exfoliating, or

performing a similar procedure on the human body while using cosmetic preparations, hands, devices, apparatuses, or appliances to enhance or improve the skin's appearance; (2) applying makeup; (3) beautifying lashes and brows; or (4) manually and mechanically removing unwanted hair.

Existing law already exempts from the definition of esthetics (1) using a prescriptive laser device, performing a cosmetic medical procedure, or any practice, activity, or treatment that is considered practicing medicine; (2) applying makeup at a rented kiosk in a shopping center; or (3) practicing hairdressing and cosmetology by licensed hairdressers or cosmeticians as part of their scope of practice.

EFFECTIVE DATE: Upon passage

§ 24 — FETAL DEATH CERTIFICATES

Establishes a statutory definition of "fetal death" and exempts a father or mother from filing a fetal death certificate when the birth occurs outside of an institution and a physician or midwife is not in attendance

The bill establishes a statutory definition of "fetal death" for purposes of issuing fetal death certificates. It defines fetal death as (1) the death of a fetus before its complete expulsion or extraction from the uterus, regardless of the pregnancy's duration and (2) with no evidence of life after expulsion or extraction, including heartbeat, umbilical cord pulsation, or definite voluntary muscle movement. It excludes from the definition an induced termination of pregnancy.

By law, a fetal death certificate must be completed for each fetal death that occurs after at least 20 weeks of pregnancy (i.e., stillbirth). The certificate must be signed by specified health professionals and filed with the vital records registrar in the municipality where the death occurred. The bill exempts a father or mother from the filing requirement when the birth occurs outside of an institution (e.g., a home birth) and a physician or midwife does not attend.

EFFECTIVE DATE: October 1, 2023

§ 25 — CERTIFIED AMBULANCE SERVICES

Authorizes certified ambulance services to provide non-emergency patient transport and treatment, in addition to licensed ambulance services and invalid coaches, as under current law

The bill requires DPH to establish rates certified ambulance services can charge for non-emergency patient transport and treatment, thereby authorizing certified ambulance services to provide these services. Under current law, only licensed ambulance services and invalid coaches may do this.

By law, a “certified ambulance service” is a DPH-certified municipal, volunteer, or nonprofit ambulance service. A “licensed ambulance service” is a DPH-licensed commercial, volunteer, or municipal ambulance service (CGS § 19a-175).

EFFECTIVE DATE: July 1, 2023

§§ 26-29 — OFFICE OF THE CHIEF MEDICAL EXAMINER

Requires the Chief Medical Examiner to be board-certified in pathology from the American Board of Pathology and eliminates a requirement that the Office of the Chief Medical Examiner submit certain fingerprints and photographs to DPH and local registrars of vital records

The bill expands the job requirements for the Chief Medical Examiner (CME) to include that he or she maintain board certification in forensic pathology from the American Board of Pathology. Currently, the CME must (1) be a Connecticut-licensed physician, (2) have at least four years postgraduate pathology training, and (3) have any additional forensic pathology experience the Commission on Medicolegal Investigations determines.

The bill also eliminates a requirement that the Office of the Chief Medical Examiner send fingerprints and a photograph of a decedent’s body it investigates and cannot identify to the local vital statistics registrar and DPH. It keeps current law’s requirement that the office send the decedent’s fingerprints to the State Police. This revision conforms to current practice.

Additionally, the bill makes technical changes.

EFFECTIVE DATE: October 1, 2023

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 31 Nay 6 (03/27/2023)