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## OLR Bill Analysis

### sHB 5290 (as amended by House "A")\*

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

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*Lowers the maximum civil penalty that DPH may impose against individual health care providers from \$25,000 to \$10,000; generally authorizes DPH, after a hearing, to impose a civil penalty of up to \$25,000 on a health care institution that substantially failed to comply with statutory or regulatory requirements*

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*Extends by four months the deadlines for OPM to report on a plan to transfer the oversight of homemaker-companion agencies from DCP to DPH*

§ 37 — MEDICAL ASSISTANTS

*Adds to the list of organizations from whom a clinical medical assistant may be certified for purposes of qualifying to administer vaccines in non-hospital settings*

§ 38 — MARITAL AND FAMILY THERAPIST LICENSURE

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BACKGROUND

**SUMMARY**

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs and other health care-related laws. A section-by-section analysis follows.

\*House Amendment "A" makes a birth center's license subject to summary suspension and disciplinary action if the center fails to notify DPH and stop providing services following the loss or denial of its accreditation.

It also adds several provisions to the bill, including on (1) DPH civil penalties; (2) "covered licenses" for military servicemembers or their spouses; (3) the homemaker-companion agency oversight transition plan; (4) medical assistants; (5) marital and family therapists; (6) tribal access to the state's vital records system; (7) master social workers; (8) hairdressers and cosmeticians; (8) fluoroscopy by advanced practice registered nurses; (9) naturopaths; (10) deadlines related to a task force and working group; and (11) numerous technical changes.

EFFECTIVE DATE: Various; see below.

## **§ 1 — BIRTH CERTIFICATES**

*Creates a process for a parent of a child born outside of a hospital or other institution, if the birth certificate has not been created, to seek a court order for the certificate before the child's first birthday*

Under existing law, when a birth occurs outside of an institution, the physician or midwife in attendance must prepare and file the birth certificate, or if one of these providers are not in attendance, the parent must do so. The bill specifies that the provider or parent must do so according to procedures in existing regulations. For example, parents in this situation must complete a draft certificate and give certain documents to the town registrar of vital statistics to verify the birth circumstances.

Existing law allows a parent (or legal guardian) who is unable to comply with these requirements to request that DPH issue a delayed birth registration after the child is at least one year old, and if that is denied, the parent may petition the probate court for an order requiring DPH to prepare the certificate (CGS § 7-57).

The bill provides a process for a parent whose child was born outside an institution, but who cannot provide the required information to the town registrar of vital statistics, to seek a probate court order for a birth certificate during the child's first year. Specifically, the parent may petition the probate court in the district where the birth occurred to seek an order requiring the birth town's registrar to create and file the certificate. The court process under the bill (see below) is similar to the existing court process for delayed birth registration for children one year old or older.

EFFECTIVE DATE: October 1, 2024

***Probate Court Process for Birth Certificate in Child's First Year***

Under the bill, a parent petitioning the probate court in these cases must include with the petition the affidavits and other documentary evidence submitted to the local registrar as required by regulations. The court must schedule a hearing, with notice given to the petitioner, the child's other parent or legal guardian if not the petitioner, the town registrar, and anyone else the court determines has an interest in the hearing.

At the hearing, the registrar or registrar's authorized representative may appear and testify. The petitioner has the burden of proving, by a preponderance of the evidence, the child's parentage and that the birth occurred on the date and at the place alleged. If the court finds that the petitioner meets this burden, it must issue an order directing the registrar to prepare, register, and file the birth certificate.

In these proceedings, the court, on its own motion or that of a party, can order genetic testing to determine parentage, under existing procedures for these tests. The petitioner must pay for any test the court orders, unless the court finds the person to be indigent; in that case, DPH must pay for it. If the test shows at least a 99% probability that a person is the parent of the child, there is a rebuttable presumption that the person is the parent.

**§ 2 — ACCESS TO CERTAIN VITAL RECORDS**

*Gives a person's legal custodian the right to access the person's birth or fetal death certificate and specifies that for guardians, this right applies to legal guardians*

The bill gives a person's legal custodian the right to access the person's certified birth and fetal death records and certificates.

Existing law gives this access to, among other eligible parties, a person's child, grandchild, spouse, parent, grandparent, or guardian. The bill specifies that for guardians, this right applies to someone's legal guardian.

EFFECTIVE DATE: October 1, 2024

### **§ 3 — AQUIFER PROTECTION AREAS OR WATERSHEDS**

*Clarifies notice requirements for zoning-related applications that could impact an aquifer protection area or water company's watershed*

Under current law, applicants generally must notify water companies and DPH when seeking local approval for certain projects in aquifer protection areas or a water company's watershed. The bill (1) specifies that this notice requirement instead applies when the application concerns land that (in whole or part) is within those areas or watersheds and (2) makes conforming changes (e.g., requiring the applicant to determine if the land, rather than project, is within one of these watersheds by using maps posted on DPH's website).

As under existing law, (1) these requirements apply to certain applications, petitions, requests, or plans filed with a municipality's zoning commission or board of appeals, and (2) the company and DPH have the right to be heard at any hearing on these applications.

EFFECTIVE DATE: July 1, 2024

### **§ 4 — SCHOOL-BASED HEALTH CENTER ADVISORY COMMITTEE**

*Broadens the qualification criteria for one of the governor's appointees to the SBHC Advisory Committee*

By law, the governor appoints two members to the School-Based Health Center (SBHC) Advisory Committee. Current law requires one of these members to be a representative of a hospital-sponsored SBHC. The bill additionally allows this member to be a children's hospital staff member or a pediatric health care clinician.

As under existing law, the governor's other appointee to the committee must be a representative of the Connecticut Chapter of the American Academy of Pediatrics.

By law, the 20-member committee advises the DPH commissioner on specified issues related to SBHCs and expanded school health sites.

EFFECTIVE DATE: Upon passage

## **§ 5 — FOOD ESTABLISHMENTS**

*Requires DPH to notify, rather than consult with, DCP before granting a variance from food code requirements; removes the requirement for food establishments to register with DPH before receiving their local permit*

The bill eliminates the requirement that the DPH commissioner consult with the Department of Consumer Protection (DCP) commissioner when granting a food establishment a variance from food code requirements, and instead requires the DPH commissioner to notify the DCP commissioner before granting a variance. As under existing law, the DPH commissioner may grant a variance if she determines that doing so would not result in a health hazard or nuisance.

The bill also removes the requirement that food establishments register with DPH and provide proof of registration to the local health director before the local director issues a permit to the establishment. Under current law, this registration requirement applies to food establishments, with limited exceptions. Existing law requires food establishments, before operating, to get a permit from the local health director for the municipality in which they are located.

EFFECTIVE DATE: July 1, 2024

## **§ 6 — ONLINE LICENSE RENEWAL**

*Generally expands DPH's online license renewal system to include all DPH-licensed professions, rather than just a subset of providers*

Existing law generally requires physicians, dentists, nurses, and nurse-midwives to renew their licenses through DPH's online renewal system and to pay professional service fees online using a credit card or electronic funds transfer. The bill generally extends these requirements

to other DPH-licensed professions.

As under existing law, the bill provides an exception in extenuating circumstances, in which case DPH can allow the licensee to renew the license using a paper form and pay the professional service fees by check or money order. These circumstances include not having access to a credit card, which the licensee must document by submitting a notarized affidavit to DPH.

EFFECTIVE DATE: July 1, 2024

### **§ 7 — MOLST**

*Removes the requirement that a witness sign the form before a patient may participate in the medical orders for life-sustaining treatment program*

By law, DPH oversees a “medical orders for life-sustaining treatment” (MOLST) program. A MOLST is a medical order written by a physician, advanced practice registered nurse (APRN), or physician assistant to effectuate a patient’s request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty.

By law, to agree to participate, a patient or the patient’s legally authorized representative must sign the MOLST form. The bill removes the current requirement that a witness also sign it.

EFFECTIVE DATE: Upon passage

### **§ 8 — DENTAL SEDATION OR ANESTHESIA**

*Streamlines the process for dentists seeking a moderate sedation or general anesthesia permit for multiple locations after they have been approved for one location; requires DPH to post online a list of required equipment, personnel, and emergency medications for dental locations that administer moderate or deep sedation or anesthesia; and makes other changes to this permit process*

Under existing law, dentists must obtain a DPH permit to administer moderate or deep sedation or general anesthesia. The bill makes several changes to this law, as described below.

EFFECTIVE DATE: October 1, 2024



***Reinstated Permits and Other Miscellaneous Changes***

Under existing law, a dentist must meet certain requirements to obtain an initial permit, including (1) having an approved person complete an on-site evaluation meeting certain criteria, (2) complying with specified guidelines from the American Dental Association (ADA), and (3) paying a \$200 application fee. The bill specifies that these criteria also apply for a dentist seeking reinstatement of a lapsed permit.

It also specifies that (1) dentists (for an initial or reinstated permit) must comply with the ADA guidelines referenced in the law or successor guidelines; (2) for permit renewal, the required on-site evaluation must have occurred within the prior five years; and (3) the State Dental Commission, rather than just the DPH commissioner as under current law, may deny or revoke a permit based on disciplinary action against the dentist.

***Process to Approve Additional Facilities***

Under the bill, an applicant with an existing permit may administer moderate sedation or general anesthesia at an additional facility that has had an approved on-site evaluation (following existing procedures) or waiver of this requirement. The commissioner may grant the waiver if the facility has been evaluated within the prior five years in connection with an initial permit or reinstatement of a lapsed permit. A waiver applicant must apply in writing, as DPH specifies. The commissioner may impose any conditions deemed appropriate when granting the waiver, or may revoke a waiver upon a finding that a patient's health, safety, or welfare has been jeopardized

***Required Equipment, Personnel, and Medications***

The bill requires the commissioner, in consultation with the Connecticut Society of Oral and Maxillofacial Surgeons' Anesthesia Committee, to post on DPH's website a list of required equipment, personnel, and emergency medications for dental facilities that administer moderate sedation, deep sedation, or general anesthesia. The commissioner must also distribute the list to all dentists with these permits.

Under the bill, these dentists must maintain all required equipment, personnel, and medications at each facility where the sedation or anesthesia will occur.

## **§ 9 — WATER OPERATORS-IN-TRAINING**

*Codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training*

The bill codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training. It prohibits anyone from operating these plants or distribution systems as an operator-in-training without a DPH certificate and requires DPH's regulations to include standards and procedures for issuing these certificates. As under existing law for operators, the operator-in-training certificate fee is \$224. The certificate is valid for six years and is not renewable. (Operator certificates are valid for three years and are renewable.)

The bill also makes conforming changes, such as applying the same grounds for disciplinary action against operators-in-training as already apply to operators.

EFFECTIVE DATE: Upon passage

## **§§ 10-14 — ALKALINE HYDROLYSIS**

*Defines cremation as including "alkaline hydrolysis" (a flameless cremation method), allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a funeral home, and otherwise subjects this practice to the same laws as standard cremation*

Current law grants funeral directors the authority to engage in consultations about alkaline hydrolysis as a method for the disposition of human remains, but does not otherwise specifically regulate this practice. Generally, "alkaline hydrolysis" is a flameless cremation method that uses water, chemicals, heat, and pressure to accelerate a body's natural decomposition.

The bill defines "cremation" as the disposition of a body through incineration or alkaline hydrolysis, and a "crematory" as an establishment at which human remains are reduced to bone fragments through either practice. It allows a crematory to perform alkaline

hydrolysis only if it is located on the grounds of a licensed funeral home.

Otherwise, the bill subjects alkaline hydrolysis to the same requirements as incineration under existing law (e.g., the required cremation certificate and related recordkeeping requirements). The bill specifies that alkaline hydrolysis may not be performed without the required cremation permit.

The bill makes related conforming changes.

EFFECTIVE DATE: Upon passage

### **§ 15 — EMS ADMINISTRATION OF EPINEPHRINE**

*Requires EMS personnel trained in administering epinephrine to do so only if the medication is available, and provides that emergency medical responders' training in this regard must be limited to methods that are within their scope of practice*

Under current law, starting July 1, 2024, emergency medical services (EMS) personnel must administer epinephrine using certain equipment (e.g., automatic prefilled cartridge injectors) under specified conditions, including that the professional is trained to do so and determines that administering epinephrine is necessary to treat the person. The bill specifies that they are required to administer epinephrine only when it is available. By law, all licensed or certified ambulances must be equipped with this medication.

Existing law requires EMS personnel to be trained on administering epinephrine. The bill requires this training to be in line with national standards that the DPH commissioner recognizes, rather than from an organization she designates. Under the bill, emergency medical responders (EMRs) need only be trained to use means of administering epinephrine that are within an EMR's scope of practice.

Additionally, the bill provides that EMS personnel's administration of epinephrine must be under written protocols and standing orders of a physician serving as an EMS medical director, rather than an emergency department director as under current law.

EFFECTIVE DATE: July 1, 2024

**§ 16 — WELLS**

*Clarifies and revises certain provisions on private and semipublic well testing, such as specifying that (1) DPH or the local health authority (with DPH's approval) may share test results with certain people (such as the current or prospective property owner) and (2) newly constructed wells must not be used for domestic purposes until the local health authority determines that their test results are satisfactory*

***Disclosure of Test Results***

By law, an environmental laboratory that conducts a water quality test on a private or semipublic well must report the results to DPH and the local health authority. Current law makes the test results confidential, along with information obtained from any related investigation or morbidity and mortality study. The bill specifies that DPH and the local health authority, with the commissioner's approval, may disclose the test results or investigation information to the following:

1. the property owner,
2. a prospective buyer who has signed a purchase contract,
3. a state agency's agent, or
4. other people or entities when disclosure is needed for DPH or the local health authority to carry out their duties under law or regulation.

***Testing of New Wells***

By law, property owners must test the water quality of newly constructed private or semipublic wells, and the testing must screen for several contaminants. Under current law, this must include testing for lead. The bill instead requires lead testing only if the well is built for an existing structure, in which case a first draw sample from the existing plumbing system must be tested for lead. Under the bill, a "first draw sample" is a one-liter sample of tap water that has been standing in plumbing pipes for at least six hours and collected without flushing the tap.

The bill requires the property owner to submit the test results to the local health authority, rather than DPH, in a form and manner DPH sets.

The local health authority must then determine whether the test results comply with the maximum contaminant levels set by DPH regulations. The bill prohibits a newly built private or semipublic well from being used for domestic purposes (e.g., drinking, cooking, bathing, or washing dishes or clothes) until the local health authority determines that the test results are satisfactory.

EFFECTIVE DATE: Upon passage

### **§ 17 — SUSPECT ASBESTOS-CONTAINING MATERIALS**

*Specifies that asbestos abatement includes actions relating to suspect asbestos-containing materials*

Existing law sets various requirements and standards related to asbestos abatement and generally defines this as the removal, encapsulation, enclosure, renovation, repair, demolition, or other disturbance of asbestos-containing materials. The bill specifies that asbestos abatement includes these actions for “suspect asbestos-containing materials,” which the bill defines as interior and exterior materials with a reasonable likelihood of containing asbestos due to their appearance, composition, and use.

EFFECTIVE DATE: Upon passage

### **§§ 18-29 — ENVIRONMENTAL HEALTH SPECIALISTS**

*Updates statutory terminology by replacing the term “sanitarian” with “environmental health specialist”*

The bill replaces the term “sanitarian” with “environmental health specialist” throughout the statutes. By law, these DPH-licensed professionals must be trained in environmental health and qualified to perform related duties such as investigating air, water, and food.

EFFECTIVE DATE: July 1, 2024

### **§ 30 — TECHNICAL CHANGES**

*Makes technical changes*

The bill makes technical changes in a law on asbestos contractors.

EFFECTIVE DATE: October 1, 2024

**§ 31 — BIRTH CENTERS**

*Allows birth centers to become licensed while in the process of applying for accreditation and sets conditions for license renewal; makes a birth center's license subject to summary suspension and disciplinary action if the center fails to notify DPH and stop providing services following the loss or denial of its accreditation*

The bill eliminates the requirement for birth centers to be accredited by the Commission for the Accreditation of Birth Centers on or before the effective date of their licensure. Instead, it requires initial licensure applicants to have applied in full to the commission for accreditation before applying to DPH for licensure. If the center meets the bill's requirements, DPH must issue the license. Under the bill, the initial license is generally valid for one year, but the commissioner may extend it for a second year while the center is completing accreditation.

The bill requires birth centers to be accredited by the time of their first license renewal. After that, as under current law, the center must maintain its accreditation and the license must be renewed every two years.

Under the bill, birth center licenses may be renewed:

1. after an unscheduled DPH inspection;
2. upon DPH's approval of a report from the birth center on its operations, filed in a form and manner DPH sets; and
3. if the commissioner determines that there is evidence showing that the center has continued to comply with the bill's requirements.

Under existing law, if a birth center loses accreditation, it must immediately notify the DPH commissioner and stop providing birth center services to patients until the commissioner authorizes it to reinstate services. The bill also requires a birth center to do this if it is denied accreditation before its license is renewed. In either case, the bill specifies that DPH sets the form and manner of this notice. Under the bill, if a birth center in this situation fails to notify DPH and stop providing services, the center's license is subject to summary suspension and disciplinary action specified by law.

EFFECTIVE DATE: Upon passage

**§§ 32 & 33 — DPH CIVIL PENALTIES**

*Lowers the maximum civil penalty that DPH may impose against individual health care providers from \$25,000 to \$10,000; generally authorizes DPH, after a hearing, to impose a civil penalty of up to \$25,000 on a health care institution that substantially failed to comply with statutory or regulatory requirements*

The bill lowers, from \$25,000 to \$10,000, the maximum civil penalty that DPH or its licensing boards or commissions may impose, under existing procedures, against individual health care providers.

The bill also generally authorizes the DPH commissioner, after a hearing held in accordance with the Uniform Administrative Procedure Act, to impose a civil penalty of up to \$25,000 on a health care institution (e.g., a hospital, freestanding emergency department, outpatient surgical facility, or long-term care facility) when she finds that the institution substantially failed to comply with statutory requirements, the Public Health Code, or licensing regulations. But DPH may not assess this penalty for violations arising from complaints filed with the department before July 1, 2024, except for violations of regulatory requirements relating to patient abuse or neglect as defined in specified federal regulations for long-term care facilities (42 C.F.R. § 483.5).

Existing law already authorizes the commissioner to take various other disciplinary actions for these compliance failures, such as license suspension, revocation, or censure; probation; a corrective action plan; or a letter of reprimand. Existing law also authorizes DPH to impose civil penalties against health care institutions under certain circumstances, including penalties against (1) facility owners if, after an inspection or investigation, the facility is found to be out of compliance with regulations or a consent order (CGS § 19a-491(b)) or (2) nursing homes or residential care homes for violations of statutory or regulatory requirements (CGS §§ 19a-527 & 19a-527a).

EFFECTIVE DATE: July 1, 2024

**§§ 34 & 35 — COVERED LICENSES FOR MILITARY SERVICEMEMBERS OR SPOUSES**

*Provides a process for DPH to recognize “covered licenses” for military servicemembers or their spouses, in line with federal law*

In 2023, Congress amended the Servicemembers Civil Relief Act (SCRA) to allow the portability of servicemembers’ and their spouses’ professional licenses (“covered licenses”; see *Background*) for the duration of any military orders requiring them to relocate outside of the jurisdiction that issued their licenses.

The bill requires the DPH commissioner, by July 1, 2024, to publish an application for each DPH-issued occupational or professional license, permit, certification, and registration (collectively, “credential”) that collects the applicant information necessary for the department to recognize a covered license. The bill prohibits DPH from charging a fee to any covered license holder who applies to the department for a credential.

Under the bill, after DPH determines that an applicant is eligible for license recognition under the SCRA, it must issue to him or her a specially designated credential for the applicable occupation or profession. DPH must record the credential in its registry of credentials for that particular scope of practice and discipline. The credential is subject to laws on disciplinary action that apply to other DPH-issued credentials.

Generally, the credential expires when the military no longer requires the person’s residency in the state. But if the person has submitted a complete application to the department for an appropriate license, registration, or permit to practice, the credential expires when DPH makes a final determination on the application.

EFFECTIVE DATE: Upon passage, except a conforming change takes effect July 1, 2024.

***Background — Covered Licenses***

Under the SCRA, a covered license is any professional license or certificate, other than a license to practice law, that (1) is in good standing with the issuing licensing authority and (2) the servicemember or spouse has actively used during the two years immediately before his



or her relocation (50 U.S.C. § 4025a).

Under the SCRA, if the servicemember or spouse is eligible to practice under an interstate compact that Connecticut is part of, he or she is subject to the compact's provisions, including establishing eligibility to practice, not the SCRA.

### ***Background — Existing State Law***

Existing law generally requires DPH to issue occupational or professional licenses, permits, certifications, or registrations to an active-duty service member or the person's spouse, under certain conditions (e.g., the person holds a valid credential from another jurisdiction; has a certain amount of experience; is in good standing; and pays any credentialing fees) (CGS § 19a-14d).

### **§ 36 — HOMEMAKER-COMPANION AGENCY TRANSITION PLAN DEADLINE**

*Extends by four months the deadlines for OPM to report on a plan to transfer the oversight of homemaker-companion agencies from DCP to DPH*

Existing law requires the Office of Policy and Management (OPM) secretary, in consultation with the DCP and DPH commissioners, to develop a plan to transfer homemaker-companion agency registration and oversight responsibilities from DCP to DPH. The bill extends from August 1, 2024, to December 1, 2024, the deadline for the secretary to report on the plan to the Aging, General Law, and Public Health committees.

EFFECTIVE DATE: Upon passage

### **§ 37 — MEDICAL ASSISTANTS**

*Adds to the list of organizations from whom a clinical medical assistant may be certified for purposes of qualifying to administer vaccines in non-hospital settings*

By law, clinical medical assistants meeting specified certification, education, training, and supervision requirements may administer vaccines in any setting other than a hospital.

The bill adds the American Medical Certification Association (AMCA) to the list of organizations from whom a clinical medical

assistant may receive certification for this purpose. It makes a corresponding change by adding the AMCA to the list of organizations from whom the Department of Public Health (DPH) must annually obtain a list of state residents certified as medical assistants.

Under existing law, to qualify to administer vaccines, medical assistants may also be certified by the American Association of Medical Assistants, National Healthcareer Association, National Center for Competency Testing, or American Medical Technologists.

EFFECTIVE DATE: Upon passage

### **§ 38 — MARITAL AND FAMILY THERAPIST LICENSURE**

*Increases, from 12 to 24 months, the duration of the postgraduate experience generally required for MFT licensure*

The bill increases, from 12 to 24 months, the duration of the postgraduate experience generally required for initial licensure as a marital and family therapist (MFT). (This change generally corresponds to a recent change in federal law allowing MFTs who meet certain criteria to bill Medicare independently for their mental health services.)

Under existing law, this postgraduate experience must include at least (1) 1,000 hours of direct client contact meeting certain requirements and (2) 100 hours of postgraduate clinical supervision by an MFT.

EFFECTIVE DATE: July 1, 2024

### **§ 39 — TRIBAL ACCESS TO STATE'S ELECTRONIC VITAL RECORDS SYSTEM**

*Requires DPH, upon the request of the Mashantucket Pequot or Mohegan tribe, to grant the tribe access to the state's birth and death registries in DPH's electronic vital records system, and sets related procedures and requirements*

The bill requires DPH, upon the request of the Mashantucket Pequot or Mohegan tribe, to grant the tribe access to the state's birth and death registries in DPH's electronic vital records system. This access must allow the tribe, instead of a municipality, to register births and deaths that occur on tribal land. These tribe-issued birth or death certificates must be recognized as valid in the state, as long as they meet specified requirements in state law and regulations for registering, indexing,

maintaining, issuing, correcting, and amending them.

The bill requires any entity or official responsible for filing birth or death certificates with a municipality to cooperate and fulfill its filing obligations with a requesting tribe in the same way as it would with a municipality. They are subject to the same enforcement terms for failure to do so as they would be with municipalities.

Under the bill, if DPH determines that a tribe has failed to comply with any requirements referenced above (e.g., for registering or indexing) or has submitted filings that do not conform with these requirements, it may notify the tribe by certified mail, return receipt requested. The notice must include the noncompliant conduct and the specific laws or regulations that were allegedly violated. DPH must give the tribe an opportunity to demonstrate compliance and submit a plan of correction. DPH may terminate the tribe's access to the electronic birth and death registries, or remove their nonconforming filings, if the tribe does not show compliance or fully implement a DPH-approved correction plan within 30 days after receiving the notice.

The bill specifies that it does not give DPH jurisdiction over a requesting tribe or its tribal office responsible for issuing and maintaining birth or death certificates. It also does not limit DPH's authority to (1) grant or restrict a requesting tribe's access to the state's birth or death registries consistent with bill's provisions or (2) remove any nonconforming filings from the registries.

EFFECTIVE DATE: Upon passage

#### **§ 40 — MASTER SOCIAL WORKER LICENSURE**

*Allows a master social worker licensure candidate's degree to be from a program that is in the process of getting accredited, before the spring 2028 semester*

By law, an applicant for a master social worker license must have a master's degree in social work. The bill allows the degree to be from a program that (1) is in the process of getting accredited by the Council on Social Work Education and (2) was offered from the spring 2024 semester and before the spring 2028 semester. Under current law, the program must already be accredited.

Existing law requires applicants educated outside of the country to have passed an educational program that the council deems equivalent.

EFFECTIVE DATE: Upon passage

#### **§ 41 — HAIRDRESSER AND COSMETICIAN LICENSURE TESTING ACCOMMODATIONS**

*Requires the DPH commissioner to notify hairdresser and cosmetician licensure applicants that they may be eligible for certain testing accommodations*

The bill requires the DPH commissioner to notify hairdresser and cosmetician licensure applicants approved to take the written licensure examination that they may be eligible for testing accommodations under the federal Americans with Disabilities Act or other accommodations determined by the state Examining Board for Barbers, Hairdressers and Cosmeticians. Under the bill, these accommodations may include (1) using a dictionary while taking the licensure examination or (2) additional time to complete it.

EFFECTIVE DATE: October 1, 2024

#### **§ 42 — FLUOROSCOPY BY ADVANCED PRACTICE REGISTERED NURSES**

*Allows APRNs meeting certain training, experience, and examination requirements to use fluoroscopy for diagnostic and therapeutic procedures, if they do so in collaboration with a physician trained in radiation protection, and while wearing a radiation safety badge*

The bill authorizes advanced practice registered nurses (APRN) to use fluoroscopy to guide diagnostic and treatment procedures if they (1) meet certain training, experience, and examination requirements (see below); (2) only do so in collaboration with a physician who is trained in radiation protection; and (3) wear a radiation safety badge during the procedure.

For this purpose, “collaboration” is (1) a mutually agreed upon relationship between the APRN and a physician who is educated, trained, or has relevant experience related to the APRN’s work and (2) the continuous availability of in-person communication between them. A “radiation safety badge” is a badge typically worn on the front of a person’s body that monitors exposure to radiation and displays the

exposure level.

EFFECTIVE DATE: October 1, 2024

***Training, Experience, and Testing Requirement***

Under the bill, to use fluoroscopy, an APRN must do the following:

1. complete 40 hours of relevant instruction that includes radiation biology and physics, exposure reduction, equipment operation, image evaluation, quality control, and patient considerations;
2. complete 40 hours of supervised clinical experience that includes a demonstration of patient dose reduction, occupational dose reduction, image recording, and equipment quality control; and
3. pass a DPH-prescribed test.

Under the bill, documentation that an APRN has met these requirements must be kept at the APRN’s worksite and be available to DPH upon request.

**§§ 43-60 — TECHNICAL CHANGES**

*Makes technical changes in various statutes*

The bill makes technical changes in various public health-related statutes.

EFFECTIVE DATE: Upon passage (§§ 43-53) or October 1, 2024 (§§ 54-60).

**§ 61 — NATUROPATH SCOPE OF PRACTICE COMMITTEE**

*Requires DPH to conduct a scope of practice review on whether naturopathic physicians should be allowed to prescribe, dispense, and administer prescription medication and if so, whether DPH should establish qualifications for this or develop a naturopathic formulary*

The bill requires the DPH commissioner to conduct a scope of practice review, under the existing process for scope of practice review committees, to determine whether (1) naturopathic physicians should be allowed to prescribe, dispense, and administer prescription medication and (2) if so, DPH should establish educational, examination, or other qualifications for this or develop a naturopathic

formulary. The commissioner must report the committee's findings and recommendations to the Public Health Committee by January 1, 2025.

Existing law establishes a process to review requests from health care professions seeking to establish or revise a scope of practice prior to consideration by the legislature. Within available appropriations, DPH appoints members to scope of practice review committees. The committees consist of (1) the DPH commissioner or her designee (who serves as the committee chairperson and in a non-voting capacity); (2) two members representing the profession making the request; and (3) two members recommended by each person or entity that submitted a written impact statement to represent the professions directly impacted by the request. DPH may also appoint additional members representing health care professions with a close relationship to the underlying scope of practice request (CGS § 19a-16e).

EFFECTIVE DATE: Upon passage

## **§ 62 — MEDICAL IMAGING AND RESPIRATORY CARE PRACTITIONER SHORTAGE TASK FORCE**

*Extends by one year the reporting deadline for a task force on ways to address the shortage of certain practitioners*

PA 23-97, § 44, created a task force to study ways to address the state's shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners. The bill extends by one year, from January 1, 2024, to January 1, 2025, the deadline for the task force to report its findings and recommendations to the Public Health Committee.

EFFECTIVE DATE: Upon passage

## **§ 63 — CONNIE WORKING GROUP**

*Moves up by one year the deadline for OHS to create a working group to make recommendations on the regulations, policies, and procedures related to participation in the Statewide Health Information Exchange ("Connie")*

sSB 1, as amended and passed by the Senate, requires the Office of Health Strategy executive director to create a working group to make recommendations on the office's regulations, policies, and procedures related to participation in the Statewide Health Information Exchange.

This bill moves up the deadline for her to do so from September 1, 2025, to September 1, 2024.

EFFECTIVE DATE: Upon passage

**BACKGROUND**

***Related Bills***

sSB 9 (File 381), § 1, favorably reported by the Public Health Committee, contains similar provisions on DPH authority to impose a \$25,000 civil penalty against health care institutions (see § 32 of this bill).

SB 346 (File 165), favorably reported by the Veterans’ and Military Affairs Committee, requires state entities to recognize covered licenses in compliance with the federal Servicemembers Civil Relief Act (see § 34 of this bill).

sHB 5488 (File 423), §§ 1, 4, & 7-30, favorably reported by the Public Health Committee, contains similar provisions as §§ 37-61 of this bill.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
Yea 25 Nay 11 (03/22/2024)

Judiciary Committee

Joint Favorable  
Yea 27 Nay 1 (04/29/2024)