

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5290

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

**Title:** HEALTH STATUTES.

**Vote Date:** 3/22/2024

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/1/2024

**File No.:** 404

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## **SPONSORS OF BILL:**

The Public Health Committee

## **REASONS FOR BILL:**

This bill makes various changes to statues and programs related to the Department of Public Health (DPH).

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Manisha Juthani, MD, Commissioner of DPH:**

Commissioner Juthani thanked the Committee for raising the Department's bill and strongly supports the requested changes. In her testimony, Dr. Juthani explained in detail each section of the bill, as well as the reasons for the requested changes or modifications. The areas addressed are as follows:

1. Birth certificates
2. Land use in an aquifer
3. School Based Health Centers
4. Food Variances
5. Online license renewals
6. Medical Order for Treatment (MOLST) program
7. Dental anesthesia
8. Water operators in training
9. Alkaline hydrolysis
10. Administering Epinephrine
11. Private wells confidentiality
12. Suspect asbestos material
13. Environmental Health Specialists

**CT Department of Energy & Environmental Protection (DEEP):**

DEEP supports Section 16 of this bill that allows local health departments to share laboratory results regarding private and semipublic wells with state agencies.

**Beverly Streit-Kefalas, Probate Court Administrator:**

In her testimony, Ms. Streit-Kefalas addressed sections 1,2 and 7. Regarding Section 1, the court supports the new procedure to allow for the request of a birth certificate not later than a child's first birthday rather than having to wait until the child's first birthday. The court also supports Section 2 which provides access to birth certificates by both legal guardians and legal custodians of children. Regarding Medical Orders for Life-Sustaining Treatment (MOLST) in Section 7, the court supports the goal to increase its use, but does not believe infrequent use is due to the witness signature requirement. MOLST offers validity and authenticity at a critical time in a person's life and the court supports this safeguard. The court takes no position on the other sections of the bill.

**Antoinette Chick Spinelli and Mark Bernacki, CT Town Clerks Association (CTCA), Co-Chairs Legislative and Elections Commission:**

CTCA supports Section 2 which adds "legal custodian" having access to a child's birth certificate. This change will give families the needed assistance to provide for the minor under their care. In many cases, and in other states, a legal custodian has the same legal status as guardian.

**NATURE AND SOURCES OF SUPPORT:**

**Connecticut Hospital Association (CHA):**

CHA supports the elimination of the witness signature from the MOLST. This form provides an individual the right to accept or refuse medical treatment, even treatment that may extend their life. The requirement to have a witness sign this form has proven to be a barrier for those who wish to participate in the program. Even the MOLST Advisory Council has recommended removing this requirement from the statute.

**Mag Morelli, President of LeadingAge CT:**

Potential use of the MOLST form is considered after a thoughtful and deliberate conversation between a patient and their medical practitioner. Connecticut's MOLST Advisory Committee has been working for years to determine the most appropriate and effective use of this form and the Committee has recommended removing the requirement for a witness signature. Ms. Morelli notes that Connecticut is one of a very few states to require the signature of a witness. This requirement has proven to be a barrier to a patient's wish to participate in the program and LeadingAge supports its removal.

**James McGaughey, Patient Representative on the MOLST Advisory Committee:**

Mr. McGaughey supports removal of a witness signature to a MOLST. He pointed out that as with other medical orders, the provider signing the order can simply document the rationale for the order in clinical notes.

**Jonathan Green, Legislative Chair, CT Funeral Directors Association (CFDA):**

CFDA supports Sections 10,11,12 and 13 of this bill that relate to alkaline hydrolysis, which is a form of flameless cremation using water, alkaline chemicals, heat and sometimes pressure

to accelerate the decomposition of a body in a specialized chamber. Since this process uses less fuel and has less of a carbon footprint, it provides an opportunity for the consumer to select a more environmentally friendly form of cremation. CFDA also supports treating this form of decomposition with the same regulations as required for cremation. CFDA stresses that alkaline hydrolysis should be conducted on the grounds of a funeral home for public health and safety reasons.

**Thomas Tierney, Tierney Funeral Home, CT Aquamation:**

Mr. Tierney submitted testimony mirroring the comments of Mr. Green.

**John Hillgen Chair, Committee on Anesthesia for the CT State Dental Association (CSDA):**

Dr. Hillgen testified that the CSDA and the CT Society of Oral & Maxillofacial Surgeons (CSOMS) have been working with the DPH to update dental regulations to make them clearer and increase patient access and safety. The existing regulations have created an undue burden on the DPH as well as providers. Dr. Hillgen pointed out that currently, all required medications and equipment are explicitly stated in the regulations. CSDA and CSOMS support the recommendation to remove the medication and equipment lists from the regulations and rather, place them on the DPH website. This will allow for more timely changes as needed thereby increasing patients' safety. Regarding the need for DPH review and approval to allow the use of anesthesia for a dental procedure, DR. Hillgen pointed out the unintended consequences of redundant and unnecessary review applications for additional locations when the same provider has already been approved for one location. The recommended changes in this bill will provide for a waiver of any unnecessary evaluation for an already permitted provider.

**Martin Boorin, Diplomate, American Dental Board of Anesthesiology:**

Dr. Boorin strongly supports the removal of the requirement for on-site evaluators to observe two sedations during the on-site evaluation. This requirement has been a significant burden to providing access to care for thousands of children and adults with special needs. Dr. Boorin also supports the removal of on-site approval for an already permitted provider.

**David Barton, Dentist Anesthesiologist:**

Dr. Barton shares that he is often overwhelmed with frequent requests from dental offices for assistance in treating their patients. Most of these requests come from offices that deal with underserved communities and families enrolled in HUSKY Dental Plans. It takes approximately 6 to 9 months to finish the anesthesia permitting process for a facility. Another significant barrier is asking the dental practice to find two test patients whose procedures require that they be put to sleep, and this is required with each new inspection. This results in patients who need the sedation waiting months while also compromising their care.

**Eleven additional dental professionals submitted testimony in support of the changes discussed in the above testimony.**

**Elizabeth Garra, CT Water Works Association (CWWA):**

CWWA supports Section 3 that clarifies that water companies must be notified of any change of use in an aquifer protection area or watershed land. CWWA also supports Section 9 that codifies an existing practice that authorizes DPH to issue certificates for water treatment or water distribution system operators while in training.

## **NATURE AND SOURCES OF OPPOSITION:**

### **Robert Miller, Director of Health, Eastern Highlands Health District (EHHD):**

Mr. Miller strongly opposes Section 16 of this bill that would place conditions on the disclosure of private well water quality test results. Such action would result in the EHHD's inability to share important public information and conduct health investigations in a timely effective manner. This information should be freely available to the public. Placing conditions on the release of this important information is counterproductive to our mission of empowering people with the information they need to protect themselves from adverse environmental conditions.

### **Seleka Kerr, on behalf of the CT Association of Directors of Health (CADH) Board of Directors:**

CADH strongly opposes Section 16 of this bill that establishes a new category of confidential information placing an administrative burden on already strained local health departments. In addition, withholding this information is unethical and goes against the core mission of public health. This information ought to be freely available to the public not just special interested parties as currently proposed.

### **Anton Trojanowski, Registered Sanitarian, (RS), President of the CT Environmental Health Association (CEHA):**

RS and Registered Environmental Health Sanitarian (REHS) are not synonymous terms. RS is a state credentialed designation whereas REHS is a national credential. Many inspectors in our state hold the RS designation but not the REHS. The change proposed in this bill would put at risk the authority of many state inspectors to provide services. CEHA would support this bill if it included both titles RS/REHS or sanitarian/environmental specialist to create equal distinction rather than replacing sanitarian with environmental health specialist.

### **The following individuals submitted testimony in opposition to section 16 for the reasons stated by Mr. Trojanowski:**

- Mindy Chambrelli, Registered Sanitarian R.S./ R.E.H.S.
- Brian Falkner R.S. and Caleb Cowles, MPH, R.S.

**Reported by: Kathleen Panazza**

**Date: March 28, 2024**