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## **OLR Bill Analysis**

### **sHB 6618**

#### ***AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES.***

#### **SUMMARY:**

This bill makes numerous substantive and minor changes to Department of Public Health (DPH)-related statutes and programs. These changes address health professional licensing, discipline, continuing education, and rehabilitation; vital statistics; foundlings; sexually transmitted diseases and partner therapy; needle exchange; vaccines; child day care; youth camps; stem cell peer review; reportable diseases and emergency illnesses and conditions; clinical laboratories; certificate of need; opiate dependency treatment; breast and cervical cancer; maternity homes; and emergency medical services. It also eliminates various reporting requirements.

It also makes technical and conforming changes.

**EFFECTIVE DATE:** October 1, 2011, except for the provision deleting an EMS reporting requirement (§ 33), which takes effect upon passage.

#### **§ 1 — HEALTH PRACTITIONER DISCIPLINE**

The bill allows a health practitioner licensing board or commission, or DPH to take disciplinary action against a practitioner's license or permit if the individual was subject to disciplinary action, similar to action that can be taken in Connecticut, by an authorized professional disciplinary agency of any state, the District of Columbia, a U.S. possession or territory, or a foreign country. The board, commission or DPH can rely on the findings and conclusions made by that other jurisdiction's agency. The bill specifies that the board, commission or DPH must not allow a collateral attack on the findings and conclusion of that out-of-state agency.

**§§ 3-5 — ASSISTANCE PROGRAM FOR HEALTH PROFESSIONALS**

By law, state or local health care professional societies and organizations can establish an assistance program for health professionals with a chemical dependency, emotional or behavioral disorder, or physical or mental illness. The program is an alternative, voluntary, and confidential rehabilitation program. It includes mandatory, periodic evaluations of each participant's ability to practice with skill and safety and without posing a threat to the health and safety of any person or patient in the health care setting.

The bill adds nursing home administrators to those health care professionals eligible for the assistance program. It also requires any licensed health care professional or institution with information appearing to show that a health care professional is or may be unable to practice with reasonable skill and safety because of (1) physical illness or loss of motor skills, including deterioration because of aging; (2) emotional disorder or mental illness; or (3) chemical dependency to file a petition with DPH within 30 days of receiving such information. It must be filed on DPH forms and signed and sworn to. Currently, mandatory reporting is required only for physicians and physician assistants.

**§ 6 — RESTRICTING, SUSPENDING OR LIMITING LICENSES OR PERMITS**

The bill allows DPH to restrict, suspend, or otherwise limit the license or permit of a health professional according to an interim consent order entered during the individual's investigation.

**§§ 7 & 8 — FOUNDLINGS**

The bill defines "foundling" as (1) a child of unknown parents or (2) an infant voluntarily surrendered in a hospital. Except for an infant voluntarily surrendered in the hospital, if the foundling is later identified and a birth certificate is obtained, the bill requires the birth certificate be substituted for the report of foundling.

It also requires a hospital to prepare a report of foundling for any

infant voluntarily surrendered in the facility. If a birth certificate has already been filed in the state birth registry, the report must substitute for the original birth certificate, which must be sealed and confidentially filed with DPH. The original birth certificate cannot be released except upon a court order.

### **§§ 9 & 10 — REGISTRARS OF VITAL STATISTICS**

The bill requires a town's newly elected or appointed registrar of vital statistics to notify the DPH commissioner in writing within 10 days after taking office. The town's first selectman or chief elected official of must notify DPH of any vacancy within 10 days after it occurs.

The bill requires the registrar of vital statistics to notify DPH in writing within 10 days after appointing an assistant registrar or a vacancy occurring.

### **§ 11 — BIRTH CERTIFICATES**

The bill adds conservators appointed to oversee an individual's personal affairs to those who can obtain a certified copy of birth and fetal death records and certificates less than 100 years old. It also removes title examiners' ability to obtain such records.

### **§ 12 & 13 — EXPEDITED PARTNER THERAPY**

This bill allows a prescribing practitioner who diagnoses a patient as having a sexually transmitted chlamydia or gonorrhea infection to prescribe and dispense oral antibiotics to (1) the patient and (2) the patient's partner or partners. It allows the practitioner to do so without physically examining the patient's partner or partners. A practitioner who prescribes or dispenses antibiotics in this manner is not in violation of the practitioner's standard of care. The law defines a "prescribing practitioner" as a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse, nurse-midwife, or veterinarian licensed in Connecticut to prescribe medicine within his or her scope of practice (CGS § 20-14c).

It allows the DPH commissioner, in consultation with the consumer

protection commissioner, to adopt regulations to implement this provision.

The bill also clarifies that municipal health departments, state facilities, physicians, and public or private hospitals and clinics may examine or treat a minor for venereal disease. Current law allows physicians and facilities to examine and provide such treatment.

Under current law, unchanged by the bill, these activities may be conducted without parental consent and must be kept confidential by the physician or health facility, including sending a bill for services, except for purposes of reporting cases of venereal disease to local health departments. (These reports are kept confidential.) But, if the minor treated for venereal disease is under age 12, the physician or facility must report his or her name, age, and address to the commissioner of children and families.

#### **§ 14 — NEEDLE AND SYRINGE EXCHANGE PROGRAM**

The bill updates DPH's needle and syringe exchange program by specifying that DPH establish programs in the three cities having the highest number of human immunodeficiency virus (HIV) infections among injection drug users, rather than in their health departments. Currently, the standard is the highest number of AIDS cases among intravenous drug users. It clarifies that the program provides for free and confidential, rather than anonymous, exchanges of needles and syringes. By law, first-time applicants to an exchange program receive an initial packet of 30 needles and syringes. The bill eliminates a provision that the program assure, through program-developed and DPH-approved protocols, that a person receive only one such initial packet over the program's life.

The bill requires any organization conducting the exchange program, rather than the local health department, to report on the program's effectiveness to DPH. DPH must establish requirements for programs to monitor (1) return rates of distributed needles and syringes, (2) program participation rates, and (3) the number of participants who enter treatment as a result of the program and their

status. The bill deletes a required evaluation of behavioral changes of program participants, such as needle sharing and condom use, and the incidence of intravenous drug use to see if there is a change because of the program.

The bill also eliminates the requirement that DPH compile all information on the needle exchange programs and report to the Public Health and Appropriations committees.

### **§ 15 — CONTINUING EDUCATION FOR CHIROPRACTORS**

By law, chiropractors applying for license renewal must participate in continuing education programs. This bill specifies that for registration periods beginning on and after October 1, 2012, DPH, in consultation with the Board of Chiropractic Examiners, must issue a list of up to five mandatory continuing education topics that are required for the two subsequent registration periods following their issuance. This list must be issued by October 1, 2011 and biennially afterwards.

### **§ 16 — VACCINE WAIVER**

The bill allows the DPH commissioner to issue a temporary waiver to the adequate immunization schedule for any vaccine for which the federal Centers for Disease Control and Prevention recognizes a nationwide supply shortage.

### **§ 17 — CHILD DAY CARE SERVICES PROVIDED BY RELATIVES**

The bill specifies that child day care services provided by relatives, whether by formal or informal arrangements, are exempt from licensure. It also clarifies that care provided on a drop-in basis in retail establishments is exempt from licensure if the parents remain in the same store as the child.

### **§ 18 — YOUTH CAMPS**

The bill increases the maximum civil penalty DPH may impose on those operating a youth camp without a license from \$500 to \$1,000 for a first offense and \$750 to \$1,500 for a second or subsequent offense.

**§ 19 — CHILD DAY CARE HOME AND GROUP DAY CARE HOME FEES**

The bill clarifies that the \$500 day care center fee and the \$250 group day care home fee must accompany an initial licensure or renewal application for such facilities or DPH cannot grant or renew the license.

**§ 20 — FAMILY DAY CARE HOMES**

***Assistants and Substitute Staff Members***

Under the bill, DPH must approve any a person acting as an assistant or substitute staff member to a person or entity operating a family day care home. Applications for approval must (1) be made to the DPH commissioner on department forms, (2) contain information required by regulations, and (3) include a \$20 fee. The application form must have a notice that false statements made in the application are punishable as a Class A misdemeanor (false statements in the second degree).

DPH, within available appropriations, must require initial applicants as family day care home assistants or substitute staff to undergo state and national criminal history records checks. Currently, each initial applicant or prospective employee of the home is subject to these checks, within available appropriations. The DPH commissioner must also request a check of the state child abuse registry.

The bill establishes a \$20 fee for initial staff approvals or renewal of a staff approval. Approvals are issued or renewed for two-year terms. (It is unclear if these approvals are for the assistants or substitute staff mentioned above, or a different category of staff.)

***Family Day Care Home License Fee***

The bill reduces the fee from \$80 to \$40 for an initial or renewed four-year family day care home license.

**§ 21 — WORKERS' COMPENSATION-"SUFFICIENT EVIDENCE"**

The law requires applicants for a license or permit necessary to operate a business to present "sufficient evidence" of compliance with

the workers' compensation insurance coverage requirements. The bill allows applicants for DPH licenses and permits, instead of only Department of Consumer Protection licenses and permits, to meet this requirement by providing the (1) name of the applicant's insurer, (2) policy number, and (3) effective coverage dates, certified as truthful and accurate, as an alternative to presenting a hard copy of the insurance certificate.

## **§ 22 — STEM CELL RESEARCH PEER REVIEW COMMITTEE**

The bill authorizes compensation for Stem Cell Research Peer Review Committee members from the Stem Cell Research Fund for reviewing grant applications submitted by institutions. The DPH commissioner must establish the compensation in consultation with the Department of Administrative Services and the Office of Policy and Management.

## **§§ 23-26 — EMERGENCY ILLNESSES AND HEALTH CONDITIONS**

### ***List of Emergency Illnesses and Health Conditions***

The law requires the DPH commissioner to (1) annually issue a list of reportable diseases and reportable laboratory findings and (2) amend it as she deems necessary. The bill adds emergency illnesses and health conditions to the required listing. It defines "reportable diseases, emergency illnesses and health conditions" as the diseases, illnesses, conditions, or syndromes the DPH commissioner designates as required by law. These lists must be distributed to the state's licensed physicians and clinical laboratories. The bill requires a health care provider to report each case of an emergency illness and health condition in his or her practice to the local health director where the case occurs and to DPH within 12 hours of recognizing it. Currently, providers must do this in cases of reportable diseases.

### ***Clinical Laboratories***

The bill requires a clinical laboratory to report each finding of any disease identified on DPH's list of reportable laboratory findings to the department within 48 hours of its discovery. A laboratory that reports an average of over 30 findings per month must make the reports

electronically in a DPH-approved format. Those reporting an average of less than 30 a month must submit the reports in writing, by telephone, or in a DPH-approved electronic format. These reports are confidential and not available for public inspection except for medical or scientific research purposes. DPH must provide a copy of all such reports to the health director where the affected person lives, or, if not known, the town where the specimen originated.

The bill defines “clinical laboratory” as any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological, or other examinations of human body fluids, secretions, excretions, or excised or exfoliated tissues, for (1) providing information to diagnose, prevent, or treat any human disease or impairment; (2) assessing human health, or (3) finding the presence of drugs, poisons, or other toxicological substances.

The bill authorizes a local health director or his or her authorized agent, or DPH, when receiving a report of an emergency illness and health condition, to contact the reporting health care provider and then the person with the reportable finding to get the information necessary to effectively control further spreading of the disease. The local health director and DPH currently have this authority with regard to listed reportable diseases and laboratory findings.

### ***Preparation of a Dead Body***

The law imposes additional requirements on an embalmer or funeral director when preparing a body for cremation or burial when death resulted from a listed reportable disease. The bill applies these additional requirements to deaths due to a listed emergency illness and health condition.

### ***Nonmaterial Fact Concerning Real Property***

By law, a nonmaterial fact concerning real property does not have to be disclosed in a real estate transaction. The bill expands the definition of “material fact” to include an occupant of real property who has or had an emergency illness and health condition instead of only an

occupant who is or has been infected with a disease on the reportable disease list.

## **§§ 27, 28 & 35 — CERTIFICATE OF NEED (CON)**

### ***Filing Deadline***

Under current law, a CON applicant must publish notice in a newspaper at least 20 days before filing the CON application that it plans to submit to the Office of Health Care Access (OHCA) division of DPH. This bill sets a deadline for actually filing the CON application—within 90 days after publishing the notice of the application. It also eliminates a requirement that OHCA publish notice of a properly filed CON application with the secretary of the state.

### ***CON Exemption***

By law, an outpatient surgical facility seeking to transfer or change ownership or control does not need a CON if OHCA determines that

1. before the transfer or change of ownership or control, the facility was (a) owned and controlled exclusively by physicians either directly or through a limited liability company (LLC), a corporation, or a limited liability partnership (LLP) exclusively owned by physicians , or (b) under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a physician and
2. after the transfer of ownership or control changes, physicians or physician-owned LLCs, corporations, or LLPs own and control at least a 60% interest in the facility.

The bill adds to this exemption podiatrists owning and controlling an outpatient surgical facility.

The bill also makes technical changes to the CON law.

## **§ 30 — OPIATE- DEPENDENCY TREATMENT**

The bill authorizes the DPH commissioner, in consultation with the Department of Mental Health and Addiction Services (DMHAS) commissioner, to implement policies and procedures allowing licensed

health care providers with prescriptive authority to prescribe medications to treat opiate-dependent individuals in licensed free standing substance abuse facilities. This must be done in compliance with federal law. The DPH commissioner can authorize this while in the process of adopting such policies and procedures in regulation. She must print notice of the intent to adopt the regulations in the *Connecticut Law Journal* within 30 days after these policies and procedures are implemented. They remain valid until the regulations are adopted.

By law, health care providers with prescriptive authority include physicians, dentists, podiatrists, optometrists, physician assistants, advanced practice registered nurses, nurse-midwives, and veterinarians (see CGS § 20-14b).

### **§ 31 — MATERNITY HOMES**

The bill removes maternity home licensing fees from DPH statutes because their licensing authority was transferred to the Department of Children and Families by PA 09-3.

### **§ 32 — BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT REFERRAL PROGRAM**

The bill makes changes to the Breast and Cervical Cancer Early Detection and Treatment Referral Program.

Under current law, DPH must provide unserved or underserved populations, within existing appropriations and through contracts with health care providers, (1) clinical breast examinations, (2) screening mammograms and pap tests, (3) a 60-day follow-up pap test for victims of sexual assault, and (4) a pap test every six months for women who have tested HIV positive. “Unserved or underserved populations” are women who are (1) at or below 200% of the federal poverty level, (2) without health insurance that covers breast cancer screening mammography or cervical cancer screening services, and (3) 19 to 64 years of age.

The bill changes the definition of “unserved or underserved populations” by raising the minimum age from 19 to 21. It also

eliminates the 60-day follow-up pap test for victims of sexual assault.

It deletes a requirement that DPH report annually to the Public Health and Appropriations committees on the state's rate of breast cancer and cervical cancer morbidity and mortality rates and participation in breast and cervical cancer screening.

**§ 33 & 37 — EMERGENCY MEDICAL SERVICES**

The bill eliminates the requirement that the DPH commissioner annually report to the Public Health Committee on the number of emergency medical services (EMS) calls received during the year; response times; level of EMS required; names of EMS providers responding; and the number of passed, cancelled, and mutual aid calls.

It also removes from the EMS Advisory Board's membership the regional medical services coordinators. PA 10-117 repealed the requirement that regional EMS councils, or the DPH commissioner in regions without a council, appoint a regional EMS coordinator.

**§ 34 — OFFICE OF MULTICULTURAL HEALTH**

The bill eliminates the requirement that DPH annually report on the activities of the Office of Multicultural Health to the governor, General Assembly, the Permanent Commission on the Status of Women, the Latino and Puerto Rican Affairs Commission, the Indian Affairs Commission, and the African-American Affairs Commission. It also eliminates the requirement that DPH hold community workshops and other means to disseminate its findings.

**§ 36 — LICENSED PRACTICAL NURSES**

The bill specifies that a licensed practical nurse may carry out the orders of a physician assistant, podiatrist, or optometrist as well as a physician or dentist, under the direction of a registered nurse.

**§ 40 — REPEALED SECTIONS**

Thee bill repeals (1) an annual report submitted to the Public Health and Education committees by the Committee on School-Based Health Clinics on recommended changes to improve health care through

access to such clinics; (2) the Statewide Adolescent Health Council, and (3) provisions governing child day care services in retail stores.

**§§ 2, 29, 38, 39 — TECHNICAL CHANGES**

These sections make technical changes.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 26      Nay 2      (04/01/2011)