
OLR Bill Analysis

sHB 5514

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

SUMMARY:

This bill makes numerous substantive changes to Department of Public Health (DPH)-related statutes and programs. For example, the bill requires at least one automatic external defibrillator (AED) at each higher education institution's athletic department, and at least one person trained in AED use and in cardiopulmonary resuscitation (CPR) to be on premises during intercollegiate sport practices, training, or competition.

The bill increases the maximum penalty, from \$100 to \$10,000 per violation, for violations of laws relating to installers and cleaners of subsurface sewage disposal systems (e.g., septic systems). It allows homeless youth meeting certain criteria and emancipated minors to receive their birth certificates.

The bill also makes changes affecting vital records, consent for minors to marry, the Connecticut Tumor Registry, tuberculosis patients, the Oral Public Health director, rape crisis centers, private residential well testing, out-of-state physicians at youth camps, and massage therapist licensure.

The bill also makes minor, technical, and conforming changes.

EFFECTIVE DATE: October 1, 2012

§ 20 – AED AT HIGHER EDUCATION INSTITUTIONS

The bill requires at least one AED at each athletic department of higher education institutions. The AED must be provided and maintained in a central location on the premises used by the athletic

department (i.e., those premises used for intercollegiate sport practice, training, or competition, including athletic buildings or rooms, gymnasiums, athletic fields, or stadiums).

The bill also requires higher education athletic departments to:

1. make the AED's location known and accessible to its employees and student-athletes during all hours of intercollegiate sport practice, training, and competition;
2. ensure that at least one licensed athletic trainer or other person who is trained in CPR and AED use, in accordance with the standards of the American Red Cross or American Heart Association, is on the athletic department premises during all hours of intercollegiate sport practice, training and competition;
3. maintain and test the AED according to the manufacturer's guidelines;
4. promptly notify a local emergency medical services provider after each use of such an AED; and
5. by January 1, 2013, develop and implement a policy consistent with these provisions concerning the availability and use of an AED during intercollegiate sport practice, training and competition.

The bill defines "intercollegiate sport" as a sport played at the collegiate level with eligibility requirements for student-athletes' participation that are established by a national association for the promotion or regulation of collegiate athletics.

§§ 9-10 – SEPTIC SYSTEM INSTALLERS AND CLEANERS

The bill increases the maximum penalty, from \$100 to \$10,000 per incident, for violations of laws governing installers and cleaners of septic systems and other subsurface sewage disposal systems.

The bill also removes the condition in current law defining such systems' installers or cleaners as people who "regularly" offer such

work to the general public. This explicitly allows DPH to take action against someone who violates these laws even if the person is not regularly engaged in such work.

§§ 12-14 – ACCESS TO BIRTH CERTIFICATES FOR HOMELESS YOUTH AND EMANCIPATED MINORS

The bill allows certified homeless youth (see below) and emancipated minors to access or receive their birth certificates. Current law does not allow minors access to their birth certificates (but their parents, guardians, and certain other family members can obtain birth certificates for them).

Certified Homeless Youth

The bill defines a certified homeless youth as a 15- to 17- year old person, not in the physical custody of a parent or legal guardian, who is a homeless child or youth as defined in specified federal law (see BACKGROUND), and certified as homeless by one of the following:

1. a school district homeless liaison;
2. the director, or director's designee, of an emergency shelter program funded by the U.S. Department of Housing and Urban Development; or
3. the director, or director's designee, of a runaway or homeless youth basic center or transitional living program funded by the U.S. Department of Health and Human Services.

Under the bill, when a certified homeless youth is requesting his or her birth certificate, the youth must be accompanied by the person certifying him or her as homeless, as described above. The youth must present the written request to:

1. the office of the registrar of the town of the youth's birth;
2. the office of the registrar of the town where the youth's mother resided at the time of the youth's birth;
3. if the birth certificate has been electronically filed, any registrar

of vital statistics in the state with DPH-authorized access to the electronic vital records system; or

4. DPH's Vital Records Office.

The bill requires the certified homeless youth to present to the registrar or DPH sufficient identifying information as DPH regulations may require. The person certifying the youth as homeless must also present to the registrar or DPH sufficient identifying information to meet the certification requirements.

§ 1 – FETAL DEATH CERTIFICATES

The bill eliminates the requirement that fetal death certificates conform to the same standards and requirements as birth certificates regarding the mother's marital status and acknowledgement of paternity. The current requirements include that (1) information about the mother's marital status be recorded on a confidential portion of the birth certificate; (2) acknowledgement of paternity be filed in DPH's paternity registry; and (3) the father's name be entered on the birth certificate or birth record when the mother is not married.

§§ 2-3 – MARRIAGE

§ 2 – *Marriage Licenses*

The bill provides that if a marriage license is signed and sworn to by the applicants on different dates, the application date is deemed to be the later date, rather than the earlier one (by law, marriage licenses expire after 65 days).

§ 3 – *Permission for Minors to Marry*

The bill eliminates the authority of non-custodial parents to consent to a minor's marriage, and makes a conforming change.

§ 4 – TUMOR REGISTRY

The bill requires that reports to the Connecticut Tumor Registry include pathology reports, along with other information required by existing law.

By law, the Connecticut Tumor Registry includes reports of all

tumors and conditions that are diagnosed or treated in the state for which DPH requires reports. Hospitals, various health care providers, and clinical laboratories must provide such reports to DPH for inclusion in the registry.

§ 5 – TUBERCULOSIS PATIENTS

The bill allows the DPH commissioner to enter into a reciprocal agreement with another state for the interstate transportation and treatment of patients with tuberculosis.

§ 6 – ORAL PUBLIC HEALTH DIRECTOR

The bill eliminates the requirement that the Office of Oral Public Health director have a graduate degree in public health, instead requiring experience in public health. By law, the director must also be a dentist or dental hygienist licensed in Connecticut.

§ 7 – RAPE CRISIS CENTERS

The bill eliminates a reference to rape crisis centers needing to meet DPH criteria for service provision in the statute on confidential communications between sexual assault counselors and victims. Current law includes this reference but does not specifically authorize DPH to set such criteria.

§ 8 – RADIONUCLIDES IN PRIVATE RESIDENTIAL WELLS

The bill eliminates local health directors' authority to require private residential well testing for all radionuclides (i.e., radioactive contaminants), instead allowing them to require testing for specific substances: arsenic, radium, uranium, radon, or gross alpha emitters.

By law, local health directors can only require such testing if there are reasonable grounds to suspect that contaminants are present, such as deposits in bedrock or proximity to areas where such substances are present in groundwater. The law also allows them to require such testing for pesticides, herbicides, or organic chemicals.

§ 11 – PHYSICIANS AT YOUTH CAMPS

The bill allows any physician or surgeon licensed in good standing

in another state to practice here as a youth camp physician for up to nine weeks, without a Connecticut license. Current law requires them to be board-certified in pediatrics or family medicine if the other state's licensure standards are not equivalent to ours.

§ 12 – AMENDMENTS TO VITAL RECORDS

The bill restricts the types of amendments that can be made to vital records concerning changes that occur after the records are prepared. It still allows amendments to reflect legal name changes or changes to the cause of death. It also continues to allow the creation of replacement birth certificates for changes to parentage or gender. The bill does not allow other types of amendments for changes that occurred after the records are prepared (e.g., address changes).

§§ 15-18 – LEADINGAGE CONNECTICUT

The bill makes technical changes reflecting that the Connecticut Association of Not-For-Profit Providers for the Aging has been renamed LeadingAge Connecticut, Inc.

§ 19 – MASSAGE THERAPIST LICENSES

By law, to receive a massage therapist license, the applicant must have graduated from a school of massage therapy meeting certain requirements. The bill requires the school to have had, upon the applicant's graduation, a current school code assigned by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

Licensure applicants must also have passed the National Certification Examination for Therapeutic Massage and Bodywork, an exam offered by NCBTMB. The bill specifies that NCBTMB's national examination for state licensing option (a different exam) does not satisfy the law's examination requirement for licensure.

BACKGROUND

Federal Definition of Homeless Youth

In the federal public health and welfare statute, "homeless children and youths" are defined, for purposes of certain education programs,

as individuals who lack a fixed, regular, and adequate nighttime residence. This includes:

1. children and youths who are (a) sharing other people's housing due to loss of housing, economic hardship, or a similar reason; (b) living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; (c) living in emergency or transitional shelters; (d) abandoned in hospitals; or (e) awaiting foster care placement;
2. children and youths with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation;
3. children and youths living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
4. migratory children (i.e., migratory agriculture workers, or their children or spouses, or migratory fishers, meeting certain requirements) who qualify as homeless because the children are living in circumstances described above (42 U.S.C. § 11434a).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/30/2012)