

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 12-197—sHB 5514
Public Health Committee

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

SUMMARY: This act makes numerous substantive changes to Department of Public Health (DPH)-related statutes and programs. For example, the act 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 act 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). The act allows advanced practice registered nurses (APRNs) to certify, sign, or otherwise document medical information in specified situations that previously required a physician's signature, certification, or documentation. It creates an advisory council on organ and tissue donation education and awareness.

The act also makes changes affecting vital records; 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; massage therapist licensure; the Interagency and Partnership Advisory Panel on Lupus; dentists' continuing education; alcohol and drug counselor licensure; physiatrists (rehabilitation physicians); high school water treatment courses; acupuncturists; the Pharmaceutical and Therapeutics Committee; the Health Information Technology Exchange of Connecticut; physician assistants; APRN licensure; and Department of Developmental Services (DDS) self-advocates. It also makes minor, technical, and conforming changes.

A section-by-section analysis appears below.

EFFECTIVE DATE: October 1, 2012, except where noted below.

§ 1 – FETAL DEATH CERTIFICATES

The act 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. These requirements include, among other things, 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.

OLR PUBLIC ACT SUMMARY

§ 2 – MARRIAGE LICENSES

The act 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 – TUMOR REGISTRY

The act requires that reports to the Connecticut Tumor Registry include pathology reports, along with other information required by 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, health care providers, and clinical laboratories must provide such reports to DPH for inclusion in the registry.

§ 4 – TUBERCULOSIS PATIENTS

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

§ 5 – ORAL PUBLIC HEALTH DIRECTOR

The act 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.

§ 6 – RAPE CRISIS CENTERS

The act 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. Prior law included this reference but did not specifically authorize DPH to set such criteria.

§ 7 – RADIONUCLIDES IN PRIVATE RESIDENTIAL WELLS

The act 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 in groundwater, including deposits in bedrock or proximity to areas where such substances are present in groundwater. The law also allows local health directors to require testing of private residential wells for pesticides, herbicides, or organic chemicals.

§§ 8 & 9 – SEPTIC SYSTEM INSTALLERS AND CLEANERS

OLR PUBLIC ACT SUMMARY

The act 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 act also removes the condition in prior 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.

§ 10 – PHYSICIANS AT YOUTH CAMPS

The act allows any physician or surgeon licensed in good standing in another state to practice in Connecticut as a youth camp physician for up to nine weeks, without a Connecticut license. Prior law required them to be board-certified in pediatrics or family medicine if the other state's licensure standards were not equivalent to ours.

§§ 11-14 – LEADINGAGE CONNECTICUT

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

§ 15 – 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 act 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 act specifies that NCBTMB's national examination for state licensing option (a different exam) does not satisfy the law's examination requirement for licensure.

§ 16 – AED AT HIGHER EDUCATION INSTITUTIONS

The act requires at least one AED at each athletic department of higher education institutions. The AED must be provided and maintained in a central location not more than ¼ mile from the premises used by the athletic department (i.e., those premises used for intercollegiate sport practice, training, or competition, such as athletic buildings or rooms, gymnasiums, athletic fields, or stadiums).

The act 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

OLR PUBLIC ACT SUMMARY

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 act 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.

§ 17 – INTERAGENCY AND PARTNERSHIP ADVISORY PANEL ON LUPUS

The act extends, from October 1, 2012 to July 1, 2013, the deadline for the Interagency and Partnership Advisory Panel on Lupus to submit to DPH and the Public Health Committee its initial comprehensive lupus education and awareness plan.

§ 18 – CONTINUING EDUCATION FOR DENTISTS

By law, with some exceptions, licensed dentists must complete at least 25 hours of qualifying continuing education every two years.

Prior law required the DPH commissioner, in consultation with the Dental Commission, to biennially issue a list of up to five mandatory topics for continuing education activities licensed dentists must complete during the following two-year registration period. The act requires the DPH commissioner's list to include 10 topics, rather than up to five, and requires licensees' continuing education to include at least one contact hour of training or education in any five of these 10 topics.

§ 19 – ALCOHOL AND DRUG COUNSELORS

The act changes certain requirements for licensure as an alcohol and drug counselor. Prior law generally required someone seeking licensure to have a master's degree from an accredited institution of higher education, with a minimum of 18 graduate semester hours in counseling or related subjects. The act retains the general requirement for a master's degree and 18 such graduate semester hours, but no longer requires the 18 hours to be completed as part of the master's program (in other words, it allows someone who has a master's degree in another field to become licensed, if he or she also has 18 graduate semester hours related to counseling). The act also makes a conforming change.

Prior law also required someone seeking licensure as an alcohol and drug counselor to be certified by DPH as an alcohol and drug counselor or meet the

OLR PUBLIC ACT SUMMARY

certification requirements. The act instead allows someone to become licensed even if he or she has not met one of the requirements for certification—specifically, the requirement to complete 360 hours of commissioner-approved education, including at least 240 hours relating to the knowledge and skill base associated with the practice of alcohol and drug counseling.

To become licensed, the person still must meet the other certification eligibility requirements, which include:

1. completing 300 hours of supervised practical training in alcohol and drug counseling that the commissioner deems acceptable,
2. completing three years of supervised paid work or an unpaid internship that the commissioner deems acceptable that involved working directly with alcohol and drug clients (a master’s degree can be substituted for one year of such experience), and
3. passing a DPH-prescribed examination.

EFFECTIVE DATE: Upon passage

§§ 20 & 21 – PHYSIATRISTS AS PAIN MANAGEMENT SPECIALISTS

By law, certain individual and group health insurance policies that are delivered, issued for delivery, renewed, amended, or continued in Connecticut must provide access to a pain management specialist and coverage for pain management treatment ordered by such specialist.

For this purpose, the law defines a “pain management specialist” as a physician credentialed by the American Academy of Pain Management or a board-certified anesthesiologist, neurologist, oncologist, or radiation oncologist with additional training in pain management. The act adds board-certified physiatrists with such additional training to this list. (Physiatrists are physicians who specialize in physical medicine and rehabilitation.)

EFFECTIVE DATE: Upon passage

§§ 22-41 – APRN CERTIFICATIONS

The act allows an advanced practice registered nurse (APRN) to certify, sign, or otherwise document medical information in specified situations that, under prior law, generally required a physician’s signature, certification, or documentation. Several of the certifications covered by the act involve situations where someone must provide medical information to establish an exemption from otherwise applicable requirements (e.g., certifications that someone is ill or incapacitated and thus needs an extension for applying for certain tax relief programs).

Specifically, the act allows APRNs to do the following:

1. certify that a high school student’s participation in physical education is medically contraindicated because of the student’s physical condition, thus excusing the student from physical education requirements (§ 22);
2. certify that a student enrolling in a higher education institution has had a confirmed case of measles, rubella, mumps, or varicella, or that immunization would be medically contraindicated, thus exempting the

OLR PUBLIC ACT SUMMARY

- student from the requirement to show proof of having been immunized against such diseases (§ 23);
3. certify that a student's presence at a higher education institution, although the student is not immunized against measles or rubella, would not present a clear health danger to others, thus preventing the student from being excluded from school or confined in an infirmary or other medical facility at the school (§ 24);
 4. certify that a student's physical condition medically contraindicates vaccination against meningitis, thus exempting the student from the general requirement that students who live in on-campus housing at public or private colleges or universities be vaccinated against the disease (§ 25);
 5. certify that someone is totally disabled and thus unable to appear before the town assessor to provide evidence of eligibility for property tax exemptions available to service members, veterans, blind or totally disabled persons, and certain family members of such people (§ 26);
 6. certify that someone is ill or incapacitated, for purposes of the person applying for an extension related to various tax relief or tax credit programs, including the property tax freeze program for the elderly (§ 27), elderly or disabled renters' tax relief program (§ 28), municipal optional property tax freeze for seniors program (§ 29), and "circuit breaker" property tax program for the elderly or disabled (§ 30);
 7. for purposes of laws prohibiting utility shut-offs in certain circumstances, (a) indicate on the hospital discharge papers for a child up to 24 months old that electric or gas service is a necessity for the child's health and well-being (§ 31) or (b) certify that a resident at the dwelling is seriously ill (§ 32);
 8. certify that it would not be injurious to the health of a handicapped person or disabled veteran to work extended hours in manufacturing, mechanical, or mercantile establishments, restaurants, and various other settings (§§ 33-35);
 9. document that someone has a physical or mental impairment that is chronic or expected to be long-term or permanent and that leaves the person unable to work full-time, for purposes of the person's eligibility for unemployment compensation while only available for part-time work (§ 36);
 10. certify that someone with partial incapacity is unable to perform his or her usual work but is able to perform other work, for purposes of calculating workers' compensation benefits (§ 37);
 11. certify a political subdivision employee's proposed organ or bone marrow donation and the probable duration of the person's recovery, for purposes of the person seeking medical leave for the donation (§ 38);
 12. certify the occurrence of a qualifying event (e.g., a medical condition expected to result in death within a year) for purposes of accelerated benefits under a life insurance policy (§ 39);
 13. provide a statement that a policy owner is of sound mind and under no constraint or undue influence, before a life settlement provider can enter

OLR PUBLIC ACT SUMMARY

- into a life settlement contract with a policy owner who is also the insured and who is terminally or chronically ill (§ 40);
14. determine that a policy owner's physical or mental disability prevents the person from working full-time, for purposes of an exception to the general prohibition on someone entering into a life settlement contract before, when, or within two years of purchasing a life insurance policy (§ 40); and
 15. provide the APRN's identification number, signature, and billing contact information on the standard Health Care Financing Administration 1500 (HCFA 1500) health insurance claim form, for purposes of providing, along with various other information, the minimum information needed for a health care provider's claim for payment to be complete (§ 41).

§ 42 – WATER TREATMENT COURSE

The act exempts students enrolled in an accredited high school small water system operator certification course from the \$224 fee generally required for initial certification as a small water system operator.

§ 43 – ACUPUNCTURISTS

Initial Licensure Requirements

The act increases required didactic and clinical training for acupuncturist licensure applicants from 1,350 hours to 1,905 hours. It also increases required clinical training from 500 hours to 660 hours, as part of the total 1,905 required training hours. These increased requirements apply to applicants who complete their course of study on or after October 1, 2012.

Prior law required someone seeking acupuncturist licensure to pass a DPH-prescribed examination. The act alternatively allows applicants to pass all portions of the acupuncture certification examination required by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). In practice, DPH already requires applicants to pass the NCCAOM exam.

License Renewal

By law, acupuncturist licenses must be renewed every two years. Under the act, for registration periods beginning on and after October 1, 2014, acupuncturists seeking license renewal, after the first renewal, must (1) have NCCAOM certification or (2) have earned at least 30 contact hours of NCCAOM-approved continuing education within the preceding 24 months.

Attestation and Recordkeeping. Under the act, someone applying to renew his or her acupuncturist license, except for a first license renewal, must sign a statement, on a DPH-prescribed form, attesting that he or she has satisfied the act's certification or continuing education requirements. Presumably, this requirement does not apply before registration periods beginning on or after October 1, 2014.

The act also requires acupuncturist licensees to:

1. keep their attendance records or certificates of completion showing

OLR PUBLIC ACT SUMMARY

compliance with the continuing education or certification for at least five years after completing the continuing education or renewing their certification and

2. submit these records to DPH for inspection within 45 days after DPH's request.

Waiver or Extension. The act allows the DPH commissioner to grant a waiver of, or extension for, completing these continuing education or certification requirements for reasons of medical disability or illness. A licensee seeking such a waiver or extension must submit to DPH (1) an application, on a form the commissioner prescribes; (2) a licensed physician's certification of the disability or illness; and (3) any other documentation DPH may require.

The act allows the commissioner to grant a waiver or extension for up to one registration period (two years). She can grant additional waivers or extensions if the disability or illness continues beyond this period and the licensee reapplies to DPH.

License Reinstatement

The act also requires anyone whose acupuncturist license became void due to failure to renew it within 90 days after its expiration, and who applies to DPH for license reinstatement, to submit evidence documenting (1) valid NCCAOM acupuncture certification or (2) successful completion of 15 contact hours of continuing education within the year before applying for reinstatement.

§ 44 – ORGAN AND TISSUE DONATION ADVISORY COUNCIL

The act creates an advisory council on organ and tissue donation education and awareness. The council consists of government officials, health care professionals, representatives from donation and related organizations, and people with experience in organ and tissue donation and transplants, including a donor and a recipient. Among other things, the council must determine ways to increase the number of organ and tissue donations and set goals for increasing the number of registered donors. The council must annually report on its actions and recommendations.

Advisory Council

Under the act, the members of the council include:

1. the Department of Motor Vehicles (DMV) commissioner or her designee;
2. the DPH commissioner or her designee;
3. Donate Life Connecticut's executive director, or his or her designee;
4. a representative of each in-state organization that is a member of the Association of Organ Procurement Organizations;
5. a health care professional representing each in-state transplant center that is a member of the federal Organ Procurement and Transplantation Network;
6. the Connecticut Hospital Association's chief executive officer, or his or her designee; and

OLR PUBLIC ACT SUMMARY

7. five people with experience involving organ and tissue donation or transplants, including a recipient of a donated organ or tissue, a living donor, and a deceased donor's family member; one each appointed by the governor, the Senate President Pro Tempore, and the House Speaker, one appointed jointly by the House and Senate majority leaders, and one appointed jointly by the House and Senate minority leaders.

The act provides that council members serve without pay. The governor appoints the council's chairperson from among its members. Appointed members serve three-year terms, and may not serve more than two consecutive terms. Vacancies of appointed members are filled by the appointing authority.

The act requires the council to hold its first meeting by December 1, 2012. The council must meet (1) at least four times per year and (2) as requested by the chairperson or a majority of council members.

Council Duties and Reporting

The act requires the council to:

1. analyze education on organ tissue donation in the state,
2. determine the rate of organ and tissue donation registration in the state and establish periodic goals for increasing that rate (the DMV commissioner must provide the council with data on registered organ donors on a quarterly basis), and
3. advise the DPH and DMV commissioners on ways to increase organ and tissue donation rates in the state.

The act requires the council to report annually to the Public Health and Transportation committees, with the first report due July 1, 2013. The report must concern organ and tissue donation awareness in the state, and, at a minimum, (1) indicate what the council has done to increase donations and (2) recommend how to increase donation rates.

§ 45 – PHARMACEUTICAL AND THERAPEUTICS COMMITTEE

The act adds a child psychiatrist and an oncologist to the membership of the Pharmaceutical and Therapeutics (P & T) Committee, increasing the committee's membership from 14 to 16. The P & T committee, established pursuant to federal law, oversees the development and maintenance of the Department of Social Services' preferred drug list for Medicaid. The governor appoints P & T committee members, who serve two-year terms.

The act also reduces the frequency of required committee meetings, from at least quarterly to at least biannually. By law, the committee may also meet at other times at the discretion of the chairperson and committee members.

§ 46 – HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT (HITE-CT)

Annual Report

HITE-CT is a quasi-public agency designated as the state's lead agency for

OLR PUBLIC ACT SUMMARY

health information exchange. Existing law requires the HITE-CT chief executive officer to annually, from February 1, 2011 until February 1, 2016, report to the governor and the General Assembly on (1) any private or federal funds received during the preceding year and how they were spent, (2) grant recipients and amounts, and (3) the current status of health information technology and exchange in the state. The act requires the report to also include information on the development of privacy practices and procedures to notify patients about the collection and use of patient health information in the statewide health information exchange.

HITE-CT Employees

By law, the authority can employ assistants, agents, and other employees as necessary. Under prior law, they were exempt from the classified service and not employees as defined in the collective bargaining law. The act instead provides that these individuals are not state employees as defined in the state employee collective bargaining, retirement, or personnel administration laws.

The act provides that any necessary or appropriate personnel practices and policies the authority establishes concerning hiring, promotion, compensation, retirement, and collective bargaining do not have to follow state law on state employee retirement or personnel administration, in addition to collective bargaining, as under existing law.

By law, the authority is not an employer as defined under the state employee collective bargaining law. The act also specifies that the authority is not an appointing authority as defined in the state employee personnel administration law.

EFFECTIVE DATE: Upon passage

§ 47 — FLUOROSCOPY AND PHYSICIAN ASSISTANTS

By law, physician assistants (PAs) must generally meet certain coursework and supervised clinical experience requirements and pass a DPH-prescribed examination in order to use fluoroscopy to guide diagnostic and therapeutic procedures.

Under prior law, a PA engaged in the use of fluoroscopy for such purposes or who used a mini C-arm in conjunction with the fluoroscopy before October 1, 2011 could continue to do so without the required coursework and experience, as long as he or she passed the DPH exam by July 1, 2012. The act extends this deadline to September 1, 2012. If the PA does not pass the required examination by this deadline, he or she must meet the training, experience, and testing requirements in order to perform these procedures.

EFFECTIVE DATE: Upon passage

§ 48 — APRN LICENSING

Among other requirements, prior law required someone seeking APRN licensure, if first certified by one of certain specified national certifying bodies after December 31, 1994, to have a graduate degree in nursing or a related field

OLR PUBLIC ACT SUMMARY

recognized for certification as a nurse practitioner, clinical nurse specialist, or nurse anesthetist by one of those certifying bodies.

The act generally requires all applicants, not just those first certified after December 31, 1994, to have a graduate degree in nursing or a related field as specified above. It also allows someone to become licensed as an APRN without holding such a graduate degree if he or she (1) at the time of application, is currently licensed as an APRN by another state that requires a master's in nursing or a related field and (2) on or before December 31, 2004, completed an APRN program recognized by such a national certifying body for certification as a nurse practitioner, clinical nurse specialist, or nurse anesthetist.

§§ 49-52 — DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) SELF-ADVOCATES

The act makes changes regarding the eligibility of DDS self-advocates for paid sick, vacation, personal, and holiday leave. (DDS self-advocates work part time.) Under prior law, up to 11 general workers who DDS employed as self-advocates were eligible for paid sick, vacation, personal, and holiday leave, in accordance with specified provisions of law (1) requiring the Department of Administrative Services (DAS) commissioner to establish regulations concerning the accrual, granting, and prorating of sick leave with pay for part-time state employees and (2) allowing him to establish regulations concerning the accrual, prorating, and granting of vacation leave, as well as the granting of holiday pay, to part-time employees.

The act instead specifies that up to 11 such DDS self-advocates are:

1. eligible for prorated sick leave, in accordance with DAS regulations;
2. eligible for prorated vacation and personal leave; and
3. must be given time off with pay, for the number of hours they would have been scheduled to work, for any legal holiday that falls on a day that they would regularly be scheduled to work.

EFFECTIVE DATE: Upon passage

§ 53 – AMENDMENTS TO VITAL RECORDS

The act 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 act does not allow other types of amendments for changes that occurred after the records are prepared (e.g., address changes).

BACKGROUND

Related Acts

PA 12-39 contains identical provisions to section 43 of this act concerning acupuncturists.

OLR PUBLIC ACT SUMMARY

OLR Tracking: JO:JH:PF:ro