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## **OLR Bill Analysis**

### **sHB 5537**

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

#### **SUMMARY:**

This bill makes numerous substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs.

The bill changes the definition and regulation of environmental laboratories, including expanding the type of testing such labs may conduct and allowing DPH to impose penalties for violating laboratory laws, regulations, or standards.

The bill extends the process for voluntary acknowledgements of paternity to include such acknowledgements of adult children. It allows school nurses to access the immunization registry to determine which students are overdue for immunizations. It expands the DPH commissioner's authority to waive regulatory requirements.

The bill makes several changes to the emergency medical services (EMS) statutes. For example, it (1) adds paramedic intercept services to the list of licensed providers, (2) removes licensing requirements for EMS staffing agencies that do not own EMS vehicles, and (3) requires EMS organizations to file strike contingency plans if they receive notice from their employees' labor organization of an intention to strike.

The bill also makes changes affecting outpatient surgical facilities; the office of multicultural health; burial depth and proximity to homes; nursing facility management services; childhood lead testing; nursing homes; sale of water company land; the DPH commissioner's authority to issue emergency summary orders; the Connecticut Tumor Registry; the fine for violating lead abatement statutes; and DPH's authority to

contract with other states.

The bill also makes changes to several licensed or certified professions, including hairdressers, professional counselors, and nuclear medicine technologists. A section-by-section analysis follows.

EFFECTIVE DATE: October 1, 2014, unless otherwise noted below.

### **§1 — OUTPATIENT SURGICAL FACILITIES**

The bill resolves a statutory conflict regarding certain reporting requirements for outpatient surgical facilities, thus specifying that the facilities are subject to these requirements.

Under the bill, outpatient surgical facilities must respond to a biennial Office of Health Care Access (OHCA) questionnaire which asks for the (1) facility's name, location, and operating hours; (2) type of facility and services provided; and (3) number of clients, treatments, patient visits, and procedures or scans performed per year. OHCA can also require additional reporting of outpatient data as it deems necessary, beginning no later than July 1, 2015.

### **§§ 2 & 3 — ACKNOWLEDGEMENTS OF PATERNITY**

The bill establishes specific requirements for voluntary acknowledgements of paternity of an adult child (age 18 or older). In addition to the current process, it requires the adult child to provide a notarized affidavit affirming his or her consent to the acknowledgment.

It creates a specific process for amending an adult child's birth certificate to reflect an acknowledgment of paternity. Under current law, if DPH receives such an acknowledgment from both of a child's unwed parents, the department must include on, or amend, the child's birth certificate to show that paternity. DPH must also change the child's name on the birth certificate if doing so is indicated on the acknowledgment of paternity form.

Under the bill, if DPH receives an acknowledgment of paternity involving an adult child, the department must receive a notarized

affidavit from him or her before it can amend the certificate to reflect the paternity. In the affidavit, the person must affirm his or her agreement to amending the birth certificate as it relates to the acknowledgment of paternity.

In addition, the bill prohibits DPH, without a court order, from amending an adult child's birth certificate to reflect a name change.

#### **§ 4 — SCHOOL NURSE ACCESS TO IMMUNIZATION REGISTRY**

The bill gives school nurses access to DPH's childhood immunization registry, to allow the nurses to (1) determine which children in their jurisdiction are overdue for scheduled immunizations and (2) provide outreach to help get them vaccinated. The bill grants this access to school nurses who are required to verify students' immunization status in both public and private schools (pre-K to grade 12). Local and district health directors already have access to this information for the same purpose.

#### **§ 5 — OFFICE OF HEALTH EQUITY**

The bill renames the Office of Multicultural Health within DPH as the Office of Health Equity. The bill specifies that the office's work is focused on population groups with adverse health status or outcomes, and that these groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness, or geographic area of residence.

The bill also makes various minor and technical changes to the office's statutory responsibility.

#### **§ 6 — BURIAL DEPTH AND PROXIMITY TO DWELLINGS**

The bill reinstates restrictions on burial depth and burying a body near a dwelling that were repealed in 2012. The bill's provisions are substantially similar to those repealed in 2012, except for the authorized penalties.

Thus, the bill generally prohibits burying a body within 350 feet of a residential dwelling unless (1) the body is encased in a vault made of

concrete or other impermeable material or (2) a public highway intervenes between the burial place and the dwelling. But the restriction does not apply to:

1. cemeteries established on or before November 1, 1911;
2. cemeteries that, when established, were more than 350 feet from any dwelling house; or
3. land adjacent to a cemetery described in (1) or (2) that has been made part of the cemetery, with the DPH commissioner's written approval (the approval must describe the land in detail and be recorded in the town's land records).

The bill also prohibits burials in which the top of the container is less than (1) one and a half feet below ground for containers made of concrete or other impermeable material or (1) two and a half feet below ground for other containers.

Violations are punishable by a fine of up to \$100 per day.

#### **§ 7 — QUALITY RATING FOR NURSING FACILITY MANAGEMENT SERVICES**

The bill requires nursing facility management service certificate holders to work to maintain their facility's five-star quality rating given by the federal Department of Health and Human Services under Medicare. Under the bill, if a certificate holder's quality rating declines by at least two stars, the holder must submit a written improvement plan to the DPH commissioner within 30 days. The plan must assess patient acuity and describe (1) the holder's plan to increase registered nurse staffing hours at the facility, (2) staff retraining, and (3) interventions to improve quality measures that are below the state average.

#### **§§ 8-10 — CHILDHOOD LEAD TESTING**

Under current law, when a local health director receives a report from a health care institution or clinical laboratory that a child has been tested with a blood lead level of at least 10 micrograms of lead

per deciliter of blood (10 µg/dL) or other abnormal body lead level, the director must inform the parents or guardians about (1) the child's potential eligibility for the state's Birth to Three program and (2) lead poisoning dangers, ways to reduce risks, and lead abatement laws.

The bill codifies current practice by requiring local health directors to also provide this information when they know of a child with a confirmed blood lead level of at least 5 µg/dL. It specifies that the information must be provided after the director receives an initial report of an abnormal blood lead level.

The bill eliminates the requirement for the DPH commissioner to prepare a quarterly summary of abnormal blood lead level reporting records.

Current law requires primary care providers who provide pediatric care, other than hospital emergency departments, to screen children for lead at designated times. The bill specifically requires testing rather than screening. It also requires these providers, when the testing occurs, to provide the parents or guardian with educational materials or anticipatory guidance information on lead poisoning prevention in accordance with an existing advisory committee's recommendations.

#### **§ 11 — ELECTRONIC SIGNATURES FOR MEDICAL RECORDS IN NURSING HOME FACILITIES**

The bill allows chronic or convalescent nursing homes and rest homes with nursing supervision to use electronic signatures for patient medical records, as long as the facility has written policies to maintain the signatures' privacy and security.

#### **§§ 12, 17-27, & 52 — EMERGENCY MEDICAL SERVICES**

The bill makes a series of changes and additions to EMS statutes and related laws, including many minor and technical changes. Substantive changes are discussed below.

#### **§ 12 — *Inspection of EMS Vehicles***

Current law requires ambulances and other rescue vehicles used by ambulance or rescue services to be registered with the Department of

Motor Vehicles (DMV). As part of this process, these vehicles must be inspected every two years by DPH to ensure that they meet safety and equipment standards. The vehicles are also inspected by the DMV.

The bill updates terminology to refer to ambulances, invalid coaches, and intermediate or paramedic intercept vehicles used by EMS organizations. Instead of DPH inspections, it allows the inspections to be performed by state or municipal employees, or DMV-licensed motor vehicle repairers or dealers, who are qualified under federal regulations.

The bill specifies that these inspections must be conducted in accordance with federal regulations. It also requires a record of each inspection to be made in accordance with those regulations.

Federal regulations specify the required components of the inspection of commercial motor vehicles and related recordkeeping (49 C.F.R. §§ 396.17, 396.21). They also specify inspectors' qualifications (49 C.F.R. §§ 396.19, § 396.25). For example, inspectors must have completed an approved training or certification program or have at least one year of relevant training or experience.

**§§ 17-19 — Paramedic Intercept Services**

The bill requires paramedic intercept services to be licensed or certified by DPH. It defines them as paramedic treatment services provided by an entity that does not provide the ground ambulance transport.

Under the bill, the requirements for paramedic intercept services are generally similar to those in existing law and the bill for ambulance services. For example:

1. licensure applicants must show proof of financial responsibility and hold set amounts of insurance;
2. licenses must be renewed annually;
3. DPH must generally hold a hearing to determine the need for

the service before granting a permit for new or expanded EMS in any region;

4. DPH can take various forms of disciplinary action against services that fail to maintain standards or violate regulations, after notice and an opportunity to show compliance, and services have the right to appeal adverse decisions;
5. paramedic intercept services must report specified information about their service delivery to DPH on a quarterly basis; and
6. the commissioner must (a) establish rates that paramedic intercept services can charge and (b) adopt regulations concerning rate-setting.

**§§ 17 & 19 — Management Service Organizations; Qualifications of Employees or Contracted Personnel**

The bill removes DPH's authority to license management service organizations, currently defined as employment organizations that do not own or lease ambulances or other emergency medical vehicles and that provide EMTs or paramedics to an EMS organization.

Current law requires licensed or certified ambulance services to secure and keep medical oversight by a sponsor hospital for all their EMS personnel, whether they or a management service employs them. The bill instead specifies that all licensed or certified EMS organizations must secure and maintain medical oversight by a sponsor hospital. It requires all such EMS organizations to ensure that:

1. their emergency medical personnel, whether employees or contracted through an employment agency or personnel pool, have the appropriate and valid DPH license or certification and
2. any employment agency or personnel pool from which they obtain personnel meets the law's required general and professional liability insurance limits and that all people working or volunteering for the EMS organization are covered by that insurance.

**§ 19 — Services Operated by State Agencies**

The bill requires DPH to certify ambulance or paramedic intercept services operated and maintained by state agencies, if they show satisfactory proof that they meet the commissioner's minimum standards for training, equipment, and personnel.

Under the bill, any ambulance or paramedic intercept service operated and maintained by a state agency on or before October 1, 2014 is deemed licensed or certified if it notifies DPH's Office of Emergency Medical Services, in writing, of its operation and attests to being in compliance with applicable statutes and regulations. If it charges for services, it is deemed licensed; otherwise it is deemed certified.

The bill allows an ambulance or paramedic intercept service operated and maintained by a state agency, and that is a primary service area responder (PSAR), to add one emergency vehicle every three years without necessarily having to demonstrate need at a public hearing. A hearing is still required if another PSAR files a timely written objection with DPH.

**§§ 17, 25 — Interfacility Transport**

By law, an ambulance used for interfacility critical care transport must meet requirements set forth in regulations for a basic-level ambulance, including requirements on medically necessary supplies and services. The ambulance may be supplemented by certain licensed health care providers who have specified training or certification in advanced life support. The bill extends these provisions to transport of patients between all licensed health care institutions, rather than just between hospitals as under current law.

The bill allows licensed general or children's general hospitals to use ground or air ambulance services other than the PSAR for emergency interfacility transports of patients when (1) the PSAR is not authorized for the level of care the patient needs, (2) the PSAR lacks the equipment needed to transport the patient safely, or (3) the transport would take the PSAR out of its service area for more than

two hours and there is another ambulance service with the appropriate medical authorization level and proper equipment available. The bill gives the patient's attending physician authority to decide when it is necessary to use the PSAR or another ambulance service for an expeditious and medically appropriate transport.

**§ 21 — Emergency Medical Responder Certification By Endorsement**

As is already the case with EMTs and paramedics, the bill allows the DPH commissioner to issue an emergency medical responder (EMR) certification to an applicant who presents satisfactory evidence that he or she:

1. is currently certified in good standing in any New England state, New York, or New Jersey;
2. has completed an initial training program consistent with federal standards; and
3. faces no pending disciplinary action or unresolved complaints.

It also allows the commissioner to issue an EMR certification to an applicant who presents satisfactory evidence that he or she:

1. is currently certified in good standing by a state that maintains licensing requirements that the commissioner determines are at least equal to Connecticut's,
2. has completed (a) an initial department-approved training program which culminated with a written and practical exam or (b) a program outside the state adhering to national education standards and that includes an examination, and
3. faces no pending disciplinary action or unresolved complaints.

**§ 21 — EMS Instructor Certification**

The bill allows the commissioner to issue an EMS instructor certificate to an applicant who presents:

1. satisfactory evidence that he or she is currently certified as an EMT in good standing;
2. satisfactory documentation, referencing national education standards, regarding his or her qualifications as an EMS instructor;
3. a letter of endorsement signed by two currently certified instructors;
4. documentation of having completed written and practical exams prescribed by the commissioner; and
5. satisfactory evidence that he or she faces no pending disciplinary action or unresolved complaints.

**§ 21 — Temporary Emergency Medical Technician (EMT) Certificate**

Under current law, the DPH commissioner can issue a temporary EMT certificate to an applicant presenting satisfactory evidence that (1) he or she was certified by DPH as an EMT before becoming a licensed paramedic and (2) his or her EMT certification has expired and paramedic license is void for failure to renew. The bill allows the commissioner to issue a temporary certificate if either of these conditions is met.

**§ 21 — Paramedic Training**

The bill requires applicants for paramedic licensure to complete a paramedic training program, rather than a mobile intensive care program. Current law defines “mobile intensive care” as prehospital care involving invasive or definitive skills, equipment, procedures, and other therapies.

By law, the person must also complete an exam. Requirements differ for applicants by endorsement.

**§ 23 — Scope of Practice**

Existing law specifies that the scope of practice of certified or

licensed EMTs, advanced EMTs, and paramedics can include treatment methods not specified in state regulations if they are (1) approved by the Connecticut EMS Medical Advisory Committee and DPH commissioner and (2) administered at the medical control and direction of a sponsor hospital. The bill extends these provisions to certified or licensed EMRs and EMS instructors.

### **§ 26 — EMS Organization Strikes**

Under existing law, health care institutions must file a strike contingency plan with the DPH commissioner when their employees' union notifies them of its intention to strike. The bill adds the same requirement for licensed or certified EMS organizations. It sets similar conditions to those that already apply for nursing homes and residential care homes in this situation. Thus, among other things:

1. the EMS organization must file the plan no later than five days before the scheduled strike,
2. the commissioner can issue a summary order to any EMS organization that fails to comply,
3. a noncomplying organization is subject to a civil penalty of up to \$10,000 per day,
4. the organization can request a hearing to contest the penalty,
5. the commissioner must adopt regulations establishing plan requirements, and
6. the plan is exempt from disclosure under the Freedom of Information Act.

### **§ 27 — EMS During Declared State of Emergency**

The bill requires the DPH commissioner to develop and implement a "Forward Movement of Patients Plan" for use during governor-declared states of emergency. The plan must address mobilizing state EMS assets to help areas whose local EMS and ordinary mutual aid resources are overwhelmed. The plan must include (1) a procedure for

requesting resources, (2) authority to activate the plan, and (3) the typing of resources, resource command and control, and logistical considerations.

The bill specifies that when the commissioner authorizes an EMS organization to act under the plan, her established emergency rates apply. These include rates for certified emergency medical service, paramedic intercept service, invalid coach, and temporary transportation needs for specified events or incidents.

**§ 52 — Policies While Adopting Regulations**

The bill repeals a statute (CGS § 19a-179d) that allows the DPH commissioner to implement policies and procedures concerning training, recertification, and licensure or certification reinstatement of EMRs, EMTs, advanced EMTs, and paramedics, while in the process of adopting them in regulation.

**§ 13 — SALE OF CLASS II WATER COMPANY LAND**

The bill removes a current restriction on the DPH commissioner's authority to grant permits for the sale, lease, or transfer of Class II water company land, by allowing her to grant such permits even if the land is not part of a parcel containing Class III land. As under existing law, Class II land sold, leased, or transferred must meet certain other requirements (e.g., the applicant must demonstrate that the transaction will not have a significant adverse impact on the purity and adequacy of the public drinking water supply).

By law, there are three classes of water company land with different restrictions on the sale or other disposition of each class (CGS § 25-37c). Generally, Class I land is water company property that is closest to a supply source, e.g., within 250 feet of a reservoir. Class II land is other property that is (1) within a watershed or (2) off a watershed but within 150 feet of a reservoir or a stream that flows into a reservoir. Class III land is other unimproved off-watershed land.

**§ 14 — MEDICAL EXAMINATION OF NURSING HOME FACILITY PATIENTS**

The bill requires chronic and convalescent nursing homes and rest homes with nursing supervision to complete a comprehensive medical history and examination for each patient upon admission, and annually after that. It requires the DPH commissioner to prescribe the medical examination requirements in regulations, including tests and procedures to be performed.

The bill specifies that a urinalysis, including protein and glucose qualitative determination and microscopic examination, must not be required as part of the post-admission tests at these facilities. Existing DPH regulations require an annual urinalysis for patients in these settings (Conn. Agency Regs. § 19-13-D8t(n)).

### **§ 15 — EMERGENCY SUMMARY ORDERS**

Current law allows the DPH commissioner to issue a summary order to the licensee of a home health care agency or homemaker-home health aide agency if she finds that the health, safety, or welfare of a patient necessitates emergency action. The bill extends the commissioner's authority to issue these orders to include all DPH-licensed institutions (e.g., hospitals, nursing homes, outpatient clinics).

As under existing law, the bill allows the commissioner to issue such an order pending completion of disciplinary proceedings. The order can:

1. revoke, suspend, or limit the institution's license;
2. prohibit the institution from taking new patients or ending relationships with current patients; or
3. compel compliance with applicable law or DPH regulations.

### **§ 16 — AUTHORITY TO WAIVE REGULATIONS**

Under certain conditions, the bill authorizes the DPH commissioner to waive regulations affecting any DPH-licensed institution. She already can waive physical plant requirements for residential care homes.

The bill allows the commissioner to:

1. waive regulations affecting an institution if she determines that doing so would not endanger the health, safety, or welfare of any patient or resident;
2. impose waiver conditions assuring patients' or resident' health, safety, and welfare; and
3. revoke the waiver if she finds that health, safety, or welfare has been jeopardized.

She cannot grant a waiver that would lead to a violation of the state fire safety or building code. She can adopt regulations establishing a waiver application procedure.

#### **§ 28 — ORAL HYGIENE TRAINING FOR NURSING HOME FACILITIES**

The bill generally requires nursing home facilities to provide at least one hour of annual training in oral health and oral hygiene techniques to all licensed and registered direct-care staff and nurse's aides who provide direct patient care.

The requirement does not apply to Alzheimer's special care units or programs.

#### **§ 29 — INFLUENZA AND PNEUMOCOCCAL POLYSACCHARIDE VACCINES**

The bill expands the types of flu and pneumococcal vaccines hospitals may administer to patients under certain conditions by eliminating the requirement that such vaccines be polysaccharides. Pneumococcal vaccines are used to help prevent pneumococcus. According to the Center for Disease Control and Prevention, pneumococcus is a common cause of pneumonia, meningitis and middle ear infections in young children.

#### **§ 30 — PUBLIC SWIMMING POOL GUIDELINES**

The bill allows the DPH commissioner to establish public swimming pool construction and maintenance guidelines without adopting the

guidelines as regulations. In doing so, it exempts such guidelines from Uniform Administrative Procedure Act requirements.

## **§ 31 — CONNECTICUT TUMOR REGISTRY**

### ***Reporting***

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. The bill eliminates such reporting requirements for the following health professionals:

1. athletic trainers;
2. physical, occupational, and message therapists;
3. psychologists;
4. behavior analysts;
5. marriage and family, alcohol and drug, and professional counselors;
6. master and clinical social workers;
7. radiographers, radiologic technologists, and radiologist assistants;
8. midwives;
9. nurse's aides;
10. dental hygienists;
11. optometrists and opticians;
12. respiratory care practitioners and perfusionists;
13. pharmacists;
14. veterinarians;
15. electrologists; and

16. hearing instrument specialists and speech and language pathologists.

Under the bill, doctors, chiropractors, naturopaths, podiatrists, nurses, dentists, and emergency medical service providers must still report to the registry.

The bill also broadens the information required in the reports to include, when available, the usual kind of work the patient does and the type of business to which the work relates. By law, the report must include, when available: (1) demographic data; (2) diagnostic treatment and pathology reports; (3) operative reports and reports of hematology, medical oncology, and radiation therapy consultations or abstracts of the reports or consultations; and (4) other information DPH may prescribe.

By law, a hospital, clinical laboratory, or specific health care provider must provide such a report within six months of the patient's diagnosis or first encounter for tumor treatment. The bill expands this reporting requirement to include annual updates to DPH for the patient's lifetime. It eliminates a requirement that the commissioner promulgate a list of data items required in such reports.

### ***Contracts***

Currently, DPH may contract for tissue sample storage, holding, and maintenance. The bill broadens the department's contracting authority by allowing it to contract for the receipt, storage, holding, or maintenance of certain data, files, or tissue samples.

### ***Cancer Reporting Enforcement***

Currently, hospitals, clinical laboratories, and health care providers must report cancer cases within nine months after first contact with the patient. The bill eliminates the nine-month reporting deadline. A hospital, clinical laboratory, or health care provider that fails to report as required in regulations the bill authorizes the DPH commissioner to adopt can face civil penalties of up to \$250 per business day.

### ***Reimbursement, Expenses, and Civil Penalties***

If a hospital, clinical laboratory, or provider fails to comply with the tumor registry reporting requirement, the law (1) requires reimbursement to DPH for actual expenses it incurs if the failure resulted in DPH performing the reporting requirements instead and (2) subjects the hospital, laboratory, or provider to a civil penalty of up to \$500 for each failure to disclose a reportable tumor.

The bill extends the amount of time, from up to 14 days to at least 14 days, that the hospital, laboratory, or health provider has to respond in writing to a deficiency notice from DPH before the department may assess such reimbursements, expenses, and civil penalties.

### ***Regulations***

The bill eliminates the DPH commissioner's authority to adopt regulations concerning cancer patients' occupational histories and instead gives her broad authority to adopt regulations to implement the registry requirements.

### **§§ 32-33 — CONTRACTS WITH OTHER STATES**

The bill allows DPH to enter into contracts with other states for facilities, services, and programs to support its mission to prevent and suppress disease.

It also adds other states to the list of entities with which DPH may solicit and accept any grant of or contract for money, services, or property and from which it may (1) receive, hold, and use real estate and (2) receive, hold, invest, and disburse money.

### **§ 34 — PHYSICIAN CONTINUING EDUCATION CREDIT WAIVERS**

The law allows the commissioner to grant waivers of continuing education credits for physicians who serve on the Connecticut Medical Examining Board, a medical hearing board, or otherwise assist the department in specific ways. The bill extends this authority to the commissioner's designee. Physicians may earn up to 10 continuing education hours for service to the department.

EFFECTIVE DATE: Upon passage

**§ 35 — OPTICIAN APPRENTICESHIP REQUIREMENTS**

The bill allows DPH to accept apprenticeship hours completed in another state towards meeting optician licensure requirements.

**§§ 36-38 — LICENSED WORK EXPERIENCE IN LIEU OF CERTAIN REQUIREMENTS**

The bill allows an applicant for licensure as a psychologist, professional counselor, or social worker who is licensed or certified in another state to substitute out-of-state work experience for certain licensure requirements. The substitutions may be made only if the commissioner finds that such experience is equal to or greater than the Connecticut licensure requirements. Under the bill, applicants for licensure as a:

1. psychologist may substitute two years of out-of state work for the required one-year of experience;
2. professional counselor may substitute three years of out-of-state work for the 3,000 hours of post-graduate-degree-supervised experienced requirement; and
3. social worker may substitute three years of out-of-state work for the 3,000 hours of post-master's social work experience requirement.

**§ 39 — HAIRDRESSERS**

The bill increases the minimum education requirement for hairdresser licensure from eighth to ninth grade completion.

EFFECTIVE DATE: Upon passage

**§ 40 — BEHAVIOR ANALYSTS**

The bill specifies that a board certified behavior analyst or assistant behavior analyst may provide special education services to children with autism spectrum disorder without being licensed as a speech pathologist.

EFFECTIVE DATE: Upon passage

#### **§ 41 — MENINGOCOCCAL VACCINE**

The law requires all students living in on-campus housing at a private or public college or university in Connecticut to be vaccinated against meningitis. The bill additionally requires students, starting with the 2014-2015 school year, to submit evidence that they received a meningococcal conjugate vaccine within five years of enrollment. (There are two types of meningitis vaccines. In practice the conjugate vaccine required by the bill is the preferred vaccine for people under age 55.)

The law exempts from the vaccination requirement a student who gets a certificate from a physician or advanced practice registered nurse stating that, in his or her opinion, the vaccine is medically contraindicated. The bill also allows a student to get such a certificate from a physician assistant.

EFFECTIVE DATE: Upon passage

#### **§ 42 — BONE DENSITOMETRY LICENSING REQUIREMENTS**

The bill specifies that a technologist who (1) operates a bone densitometry system under a licensed physician's supervision, control, and responsibility and (2) is certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists, does not need to be licensed as a radiographer.

#### **§ 43 — DENTAL HYGIENISTS**

The bill changes the (1) circumstances in which a dental hygienist who applies to reinstate a voided license must submit evidence of completing continuing education or a dental board exam and (2) types of education that certain applicants may use to fulfill the reinstatement requirements.

Under current law, a dental hygienist whose license has been void (1) for two years or less must submit evidence that he or she completed at least 24 contact hours of qualifying continuing education during the two years prior to applying for reinstatement or (2) for more than two years must submit evidence of completing a dental board exam during

the year before applying for reinstatement. The bill instead requires an applicant to submit the continuing education evidence or, if he or she has not been in active practice for more than two years, submit evidence of completing a dental board exam or other DPH-approved refresher course.

#### **§ 44 — ENVIRONMENTAL LABORATORIES CERTIFICATION PROGRAM**

By law, DPH approves and certifies environmental laboratories, which test various types of samples for bacteria, inorganics, organics, and radiochemicals. The bill makes several changes to the environmental laboratory certification program.

##### ***Laboratory Definition and Scope***

The bill specifies that environmental laboratories (1) include any outdoor area where testing occurs, and (2) are used for microbiological, chemical, radiological or other analyte (i.e. component) testing of various substances. Current law states that such labs are used for biological, chemical, physical, or other examination of various substances. The bill expands the list of material such labs may test to include (1) construction, renovation, and demolition building materials; (2) animal and plant tissues; and (3) any other matrix (i.e., substance or medium containing a measurable component, including drinking or waste water). It eliminates air, hazardous waste, food, and food utensils from the list.

##### ***Testing Certification***

The bill requires the commissioner to determine whether it is necessary for the protection of public health or the environment to require environmental laboratory registration and certification in order to conduct analyte testing. If the commissioner deems it necessary, the laboratory must obtain registration and certification prior to testing. The bill prohibits anyone from operating, managing, or controlling an environmental laboratory without the requisite registration and certification.

The bill requires the commissioner to annually publish a list

containing the matrices and analytes for which testing certification is required.

It requires an application for registration and analyte testing certification to be made on DPH forms and include a \$1,250 fee. DPH must conduct a health and safety inspection of the environmental laboratory prior to granting registration and certification.

### ***License Renewals***

By law, a renewal is necessary (1) biennially, (2) before any change in ownership or director is made, and (3) prior to any major expansion or alteration in quarters. The bill also (1) requires a renewal application if a laboratory changes its quarters, and (2) eliminates the renewal application requirement when a laboratory changes its director. The bill also makes clarifying and conforming changes to the licensure process.

The bill eliminates the license-fee exemption for laboratories that only provide services and information to its owners or operators.

### ***Penalties and Enforcement***

The bill requires DPH to establish one or more civil penalty schedules that may be imposed for violating the laws, regulations, or standards governing environmental laboratories. It also grants the commissioner authority to revoke or otherwise limit the license of any environmental laboratory that fails to meet relevant standards or regulations.

The bill authorizes the commissioner, after reviewing and determining that an environmental laboratory has violated the laws or regulations, to impose a daily civil penalty of up to \$5,000 per violation and issue other orders necessary to protect the public health. The commissioner must provide the laboratory with an opportunity for a hearing. Under the bill, government immunity is not a defense against such a penalty. In determining the fine, the commissioner must consider the (1) degree of threat to public health or the environment, (2) amount necessary to achieve compliance, and (3) the environmental

laboratory's history of compliance. If the laboratory fails to pay the fine, the commissioner may revoke its license and certification.

The bill (1) gives the commissioner authority to order an unregistered environmental laboratory to close and (2) allows the commissioner to request the attorney general to petition the Superior Court for an order to aid in environmental laboratory law or regulation enforcement.

#### **§ 45 — LEAD ABATEMENT FINES**

The bill increases the fine for violating lead abatement licensure and certification statutes or regulations, from \$1,000 per violation to \$5,000 per violation per day, to conform to federal regulations (CFR § 745.327). It also allows DPH to subject a violator to certain disciplinary actions, including revoking a license or certification.

#### **§ 46 — HEARING INSTRUMENT SPECIALISTS CORRECTION**

The law requires a hearing instrument specialist to complete at least 16 hours of continuing education before DPH renews his or her biennial license. Under current law, the continuing education must include courses offered or approved by the National Board of Certification in Hearing Instrument Sciences (NBCHIS), American Academy of Audiology, American Speech-Language Hearing Association, or any DPH-approved successor organizations. The bill removes the NBCHIS from the list of entities who may offer and approve such courses and replaces it with the International Hearing Society.

#### **§ 47 — NUCLEAR MEDICINE TECHNOLOGIST LICENSE EXEMPTION**

The bill exempts nuclear technologists working under the supervision of a licensed physician from medical licensure.

EFFECTIVE DATE: Upon passage

#### **§ 50 — PHYSICAL THERAPIST ASSISTANT**

The bill allows the DPH commissioner, from October 1, 2014 to July 1, 2015, to issue a physical therapist assistant license to any applicant

who (1) presents evidence that he or she was eligible to register as a physical therapist assistant on or before April 1, 2006, and (2) pays a \$150 fee.

**§ 51 — ALCOHOL AND DRUG COUNSELOR LICENSURE**

The bill broadens the type of graduate courses an applicant for an alcohol and drug counselor license may count towards his or her education requirements. Current law requires applicants to complete at least 18 graduate semester hours in counseling or counseling-related subjects. The bill allows an applicant to also use 18 graduate semester hours in a different subject approved by the commissioner to fulfill this requirement, provided he or she began the coursework before July 1, 2013 and completed it before October 1, 2014.

EFFECTIVE DATE: Upon passage

**§ 52 — REPEALER**

The bill repeals laws that:

1. require DPH to establish a program to distribute HIV and AIDS informational pamphlets, films, and public service announcements (CGS § 19a-121c);
2. require DPH to establish an AIDS Task Force, provide grants for HIV and AIDS study, and run youth programs and services concerning HIV and AIDS (CGS §§ 19a-121e - 19a-121g); and
3. appear to allow general, moderate, or deep anesthesia in an office or unlicensed facility that has appropriate certification, including a doctor's office. By law, physicians' offices may only perform light or moderate sedation.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/27/2014)