



**Connecticut Department of Public Health**

**Testimony Presented Before the Public Health Committee**

**March 14, 2014**

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**House Bill 5537: An Act Concerning The Department of Public Health's Recommendations  
Regarding Various Revisions To the Public Health Statutes**

The Department of Public Health (DPH) supports House Bill 5537 and would like to thank the Public Health Committee for raising the Department's bill. Below is a description of each of the sections of the bill.

**Section 1.** Outpatient surgical facilities are statutorily mandated by CGS Sec. 19a-654(c) to submit certain data and information to the Office of Health Care Access (OHCA). The data and information obtained under Sec. 19a-654(c) is used by the Office to fulfill its statutory duties. As currently written, Sec. 19a-493b(c) conflicts with Sec. 19a-654(c) by exempting outpatient surgical facilities from the data and information reporting requirements. The proposed statutory change will eliminate the conflict between Sec. 19a-654(c) and Sec. 19a-493b(c). Additionally, as currently written, Sec. 19a-493b(c) makes reference to Sec. 19a-655 through 19a-658 and 19a-600, all of which have been repealed. The bill will eliminate these obsolete references.

**Sections 2 and 3.** These sections contain revisions that will extend the voluntary process of acknowledging paternity of a child to cases in which the child has reached the age of 18. Currently, there is no mechanism in place to establish paternity for a child that has reached the age of majority. Yet we have members of the public contacting DPH, wanting to list a father on an adult child's birth certificate, with seemingly legitimate reasons for doing so. To remedy this problem, DPH is proposing language that would explicitly allow parents of children 18 years of age and older, to use the voluntary acknowledgement process to establish paternity when there is no other father listed on the birth certificate. Additional provisions are being proposed that would require the adult child to consent to the paternity action. Also, name changes would not be permitted through this process, but rather would need to be legally changed through a court procedure.

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**Section 4.** This section will amend the childhood immunization registry statute to allow school nurses “view only” access to the Connecticut Immunization Registry Tracking System (CIRTS). This will enable the school nurses to access student immunization records to monitor student compliance with immunization requirements for school entry.

**Section 5.** This section makes technical changes to the Office of Multicultural Health statutes, including changing the name of the Office of Multicultural Health to the Office of Health Equity. The Office of Multicultural Health was established within the Department of Public Health in 1998 with the responsibility to improve the health of all Connecticut residents by eliminating differences in disease, disability and death rates among ethnic, racial and cultural populations. In recent years, the term “multicultural health” has been replaced in common parlance with the term “health equity,” in part because of the national conversation sparked by the Affordable Care Act on the concept of health as a human right, and equitable “outcomes” as opposed to “problems.” DPH has increasingly adopted the language of health equity to better reflect its emphasis on equitable health and health outcomes, and the proposed change best reflects the Department’s mission statement and strategic priority of promoting health equity.

**Section 6.** This section reestablishes in statute the minimum cover requirements for burials that were first codified in 1949. The statutes concerning depth of burials, and burial proximity to dwellings were repealed in 2012, removing the safeguards for standardized burial practices. Burials in cemeteries require sufficient cover to ensure nuisance conditions are avoided and to prevent grave disruptions by animals. The majority of burials in Connecticut utilize burial vaults; however some burials (i.e., green burials) do not. Connecticut has historically restricted the placement of burials not utilizing burial vaults relative to their proximity to dwellings. This legislative proposal seeks to re-codify these important statutes.

**Section 7.** This section requires a nursing facility management service that is contracted by nursing homes to provide a plan for improvement to DPH if the nursing home’s five star quality rating declines by two or more stars. This will allow DPH to hold the facility management services company accountable if their services become substandard and will assist in ensuring that quality care is maintained. The five star quality rating is calculated by the United States Department of Health and Human Services’ Medicare program and was put in place to help consumers, their families, and caregivers compare nursing homes.

**Sections 8, 9 and 10.** These sections make revisions to the childhood lead poisoning prevention program statutes. Revisions in Section 8 pertain to the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening. In April 2013, the Advisory Committee adopted the Centers for Disease Control and Prevention’s recommended “reference value” of 5 micrograms per deciliter for lead in blood for children under the age of six. The new reference value is based on a broad range of scientific evidence illustrating the ill effects of lead exposure in young children at rather low levels. Upon receipt of a childhood blood lead report of a venous level of 5 mcg/dl or more, a director of health will

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provide the parents or caregivers of that child with educational materials. The statutory revision reflects current policy and practice already implemented statewide. Section 9 repeals outdated language concerning childhood blood lead level reporting. The DPH maintains a web-based disease surveillance system which is used to compile both blood lead reports, and environmental actions taken on properties. The system is more robust than the former paper-based system. Local directors of health or their staff enter the data into the system on an ongoing basis. Reports can be generated, when needed, based on a variety of parameters and metrics. The revisions made within Section 10 clarify the meaning of the original legislation passed in 2007. The intention of both legislators and DPH was to have pediatricians test children for lead exposure at least two times prior to turning three years of age – one time in their first year of life, and another time in their second year of life. “Screening” was misinterpreted by many practitioners as a means to determine risk, and then to test a child afterward.

**Section 11.** This section requires a nursing home to develop policies and procedures to maintain patient privacy and security when using electronic medical records and electronic signatures.

**Section 12.** This section affords Emergency Medical Services (EMS) agencies greater flexibility in having their vehicles inspected. Currently, authorized EMS vehicles (Ambulances, Non-Transport, and Invalid Coaches) are required to be inspected by both the Department of Motor Vehicles (DMV) and DPH. The bill would allow ambulances to be inspected by a certified dealer that specializes in working with these types of vehicles in lieu of an inspection by DMV. The EMS agency would present certification of such inspection during the DPH inspection. This is the same procedure that fire departments currently follow for the inspection of their apparatus. The change will create a more efficient procedure that is not unnecessarily duplicative and will allow ambulance companies the convenience of a local inspection. This will also reduce the amount of time that an ambulance will be required to spend off line.

**Section 13.** This section pertains to the sale, transfer or assignment of water company lands. It removes the requirement that when Class II water company land is being sold, leased or assigned that it contain land in Class III. This proposal is being requested by DPH in conjunction with the Water Planning Council.

**Section 14.** This section would require each chronic and convalescent nursing home and rest home with nursing supervision to complete a comprehensive medical history and medical examination for each patient upon admission, but specifies that a yearly urinalysis, as mandated in section 19-13-D8t(n)(1)(A)(ii) of DPH's regulations, is not required. The Department respectfully requests adding “and annually thereafter” to line 593 after the words “...patient’s admission”

**Section 15.** This section specifies a residential care home's responsibilities in assisting a patient who is being discharged and in finding him or her appropriate placement. This section also clarifies what is to be included in residents' discharge plans.

**Section 16.** This section authorizes the commissioner of public health to issue a summary order to all institutions as defined in CGS Sec. 19a-490 in cases when emergency action is required. Current law only allows the Department to issue summary orders on home health care agencies and homemaker-home health agencies and nursing homes.

**Section 17.** This section allows DPH to waive provisions of its regulations for any institution as defined by CGS Sec. 19a-490 if the commissioner determines that such waiver would not endanger the health, safety, or welfare of any resident. Providing waiver authority to the DPH will allow the agency discretion to waive regulations that may be outdated and overly burdensome to a facility. The Department respectfully requests deleting the words "the physical plant requirements of" in line 657.

**Sections 18 through 25.** These sections make changes to the emergency medical services (EMS) statutes. Section 18 makes technical changes to the definitions found in CGS Sec. 19a-175. Sections 19 and 20 incorporate paramedic intercept service into the EMS licensing statutes. This change will permit billing for this service and ensure these types of services are following applicable statutory requirements. Sections 18 and 20 also delete the term "management service organizations" from CGS Sec. 19a-175 and 19a-180. Management service organizations are staffing agencies for emergency medical services personnel. Such organizations do not provide any regulated EMS service other than to provide personnel, i.e. they are not an emergency response or transport service. DPH does not regulate healthcare professions' temporary employment or staffing agencies. Healthcare organizations that are contracting with staffing agencies are responsible for their employees meeting minimum standards and statutory compliance, including employees of EMS services. Section 20 also codifies DPH's oversight of state run EMS services. Sections 21 to 25 establish statutory authority for certification of emergency medical responder, emergency medical technician, and emergency medical services instructors.

**Section 26.** Section 18 revises the definition of inter-facility critical care transport to include healthcare facilities. Section 26 allows a health care facility to select interfacility transportation services by the most medically appropriate provider, modernizing the statute and reflecting current industry practice. The ambulance industry's practice of interfacility transfers has evolved with the improvement and advancement of EMS medical training. Due to the advanced and sometimes specialized medical needs of patients, the primary service area responder may not be equipped or trained to a level capable of assuming patient care responsibility.

**Section 27.** This section mandates ambulance services to have a contingency plan for potential strike activities. The language is similar to CGS Sec. 19a-497 which imposes similar requirements on health care facilities.

**Section 28.** This section allows a certified EMS organization to apply to the Department to allow for billing of non-emergency transportation during a disaster for a period of 7 days. EMS in Connecticut is divided into 2 categories: licensed EMS organizations and certified EMS organizations. Current law only authorizes the Department to set rates for certified EMS organizations to bill for an emergency transport. Some examples of non-emergency transport include: transport of patients from a hospital being evacuated to nursing homes and other hospitals, or from a nursing home without power to another nursing home or shelter.

**Section 29.** This section mandates licensed and registered direct care staff in a nursing home to complete training in oral health and oral hygiene techniques. Oral health is a vital component to overall health and well-being throughout the lifespan; however it is often an overlooked aspect of an older adult's general health. Severe gum disease is associated with chronic diseases including diabetes, heart disease, stroke and respiratory disease. Advancing age, limited access to routine dental care, inability to maintain good oral hygiene and medications that cause dry mouth put older adults at risk for a number of oral health problems. These problems are amplified in older adults residing in nursing home facilities, as physical and cognitive impairments make oral self-care difficult or impossible.

**Section 30.** This section makes revisions to CGS Sec. 19a-14b to require analytical measurement service providers (i.e., laboratories) and approved radiological businesses to report radon results to DPH and require residential mitigation service providers (i.e., radon mitigation contractors) to uniformly report residential radon mitigation system installations throughout Connecticut. This will provide meaningful data and allow the Department to better address issues related to elevated radon levels and ensure that mitigations systems are properly installed.

**Section 31.** This section deletes the word "polysaccharide" from CGS Sec. 19a-490k, which will allow hospitals to vaccinate patients with pneumococcal vaccines other than the pneumococcal polysaccharide vaccine without a physician's order. Currently there is more than one type of pneumococcal vaccine and this legislation will allow hospitals to use both the pneumococcal polysaccharide and the new conjugate vaccine (PCV-13) to protect patients from invasive pneumococcal disease (IPD).

**Section 32.** This section revises CGS Sec. 19a-89b to provide the DPH with the authority to continue to utilize existing public swimming pool design guidelines. These guidelines establish minimum standards for the proper construction and maintenance of public swimming pools. By utilizing these guidelines, the DPH is able to keep pace with the changes in pool equipment and construction technology.

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**Section 33.** This section allows the Department to enter into a contract for receipt, storage, and maintenance of data and files of the Connecticut Tumor Registry. The National Cancer Institute's SEER Program, which is the primary funding source for the Connecticut Tumor Registry, encourages its registries to warehouse data at a shared SEER data center. This section also incorporates occupation and industry language found in CGS Sec. 19a-73 and repeals CGS Sec. 19a-73. Additional changes are clarifying in nature.

**Sections 34 and 35.** These sections authorize the commissioner of public health to enter into a contract with another state and to accept funding from another state. As contracting authority with another state is not currently explicitly listed under the commissioner's powers, DPH has had to decline several recent opportunities to partner with other states to share services in a manner that would be more efficient and economical for the agency. As with all of DPH's contracts, these contracts would comply with the state's standard contract language and review process.

**Section 36.** This section authorizes a commissioner's designee to assign waivers of continuing education credits for physicians who serve as expert reviewers in physician investigations.

**Section 37.** This section authorizes DPH to accept apprenticeship hours completed outside of Connecticut toward meeting optician licensure requirements.

**Sections 38, 39 and 40.** These sections authorize the Department to accept licensed work experience in lieu of clinical internship hours for clinical psychologists, professional counselors and social workers who have been licensed and practicing in other states and who are applying for licensure in Connecticut based on holding an out-of-state license.

**Section 41.** This section clarifies that hairdressers must have completed at least a 9th grade education. This is consistent with the current requirements for barber licensure.

**Section 42.** This section clarifies that services provided by applied behavior analysts in accordance with CGS Sec. 10-76ii do not fall within the scope of practice of a speech and language pathologist.

**Section 43.** This section amends CGS Sec. 10a-155b to require that each student who resides in on-campus housing at a college or university have documentation of receiving a meningococcal conjugate vaccine not more than 5 years prior to enrollment.

**Section 44.** This section restores language that was inadvertently repealed during the 2013 session and will allow appropriately credentialed individuals to continue to perform bone densitometry testing.

**Section 45.** This section clarifies license reinstatement requirements for dental hygienists to be consistent with current standards.

**Section 46.** This section revises CGS Sec. 19-29a to clarify and update the current practices of the Environmental Laboratory Certification Program. The section deletes the testing parameters in which certification is no longer being granted. The language provides the DPH with flexibility to certify and regulate additional testing parameters in the future. Additionally, the proposal authorizes the Department to impose a civil penalty for violations associated with CGS Sec. 19a-29a or applicable regulations.

**Section 47.** This section makes changes to the lead licensure and certification penalty statute, including a revision to reflect a \$5,000 penalty per day per violation as required by EPA. Connecticut has been authorized by the United States Environmental Protection Agency (EPA) to administer and enforce a lead-based paint program since June 23, 1998.

**Section 48.** This section amends the name of the national organization that has authority for continuing education activities for hearing instrument specialists.

**Section 49.** This section adds nuclear medicine technologists to the list of professionals who are exempt from having to hold a medical license. Nuclear medicine technologists were recognized in statute last year.

**Section 50** is a technical change related to the repeal of CGS Sec. 19a-691 in section 51.

**Section 51.** This section repeals CGS Sec. 19a-121e to 19a-121g, inclusive, which are outdated statutes pertaining to the Department's HIV prevention program. Sec. 19a-121e was passed in 1988 and prescribes the composition of an AIDS Task Force. This statute is no longer necessary because the DPH convenes and co-chairs the CT HIV Planning Consortia (CHPC), which aligns with requirements of federal funders (HRSA and CDC). The CHPC includes representatives that reflect the population of people living with HIV in Connecticut and relevant service providers. The Consortia develops a comprehensive statewide plan that includes recommendations to address HIV prevention and care services for people living with HIV. The group has its own by-laws and processes to develop the state plan that is used by DPH and others to recommend HIV-related service delivery priorities and approaches. CGS Sec. 19a-121f relates to grants for programs established for the study or treatment of HIV or AIDS. The DPH administers state and federal HIV funding through standard procurement mechanisms that align with federal requirements and/or the latest science related to the prevention and/or treatment of HIV. CGS Sec. 19a-121g, regarding a program of services for AIDS-affected children and youths, was established prior to the expansion of mental health services available to children through Medicaid, and during a time when HIV was highly stigmatized. The funding for the programs established through this statute was previously eliminated from the state budget. The services

for the population specified in the statute are now available through Medicaid or other insurance coverage.

This section also repeals CGS Sec. 19a-691, which suggests that it is permissive to administer moderate/deep or general anesthesia in a doctor's office. However, this is not permitted as stated in CGS Sec. 19a-493(b), which only allows an outpatient surgical facility or hospital to perform such procedures. CGS Sec. 19a-493(b) allows doctor's offices to perform minor surgical procedures using light or moderate sedation.

This section also repeals certain statutes in conformance with changes made in other sections of the bill.

In addition, the Department respectfully requests a repeal of CGS Sec. 19a-121c. This is an outdated statute that requires DPH to establish a public information program for the distribution of materials such as pamphlets, films, and public service announcements on HIV and AIDS. Technological advancements have changed the way in which HIV/AIDS public information is disseminated. Although the Department continues to disseminate brochures and other educational items related to HIV/AIDS, the approach is evolving and the statute is unnecessary.

Thank you for your consideration of the Department's views on this bill.