

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 14-231—sHB 5537
Public Health Committee
Judiciary Committee

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

SUMMARY: This act makes numerous substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

The act changes the definition and regulation of environmental laboratories; expands the type of testing such laboratories may conduct; and allows DPH to impose penalties for violating laboratory laws, regulations, or standards.

The act allows school nurses to access DPH's childhood immunization registry to determine which students are overdue for immunizations. It (1) establishes continuing education requirements for psychologists, (2) expands the DPH commissioner's authority to waive regulatory requirements, and (3) extends the process for voluntary acknowledgements of paternity to include such acknowledgements of adult children.

The act 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 act also makes changes affecting outpatient surgical facilities, the office of multicultural health, the DPH commissioner's ability to contract with other states, the Connecticut Tumor Registry, lead abatement fines, 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, funeral homes, Unified School District #3, vaccine administration in hospitals and home health care or homemaker-home health aide agencies, meningitis vaccinations for college students, patient direct access to laboratory test results, medical orders for life-sustaining treatment, the Department of Mental Health and Addiction Services (DMHAS) data collection, and the Department of Developmental Services' residential facility revolving loan fund.

The act also makes changes to several licensed or certified professions, including physicians, opticians, hearing instrument specialists, marital and family therapists, natureopaths, physical therapy assistants, physician assistants, psychologists, professional counselors, nurses, social workers, hairdressers and cosmetologists, behavior analysts, dental hygienists, radiologic technologists,

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tattoo technicians, and nuclear medicine technologists. A section-by-section analysis follows.

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

§ 1 — OUTPATIENT SURGICAL FACILITIES

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

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

It also creates a specific process for amending an adult child's birth certificate to reflect an acknowledgment of paternity. Under the act, 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 amend the birth certificate as it relates to the acknowledgment of paternity. The act also prohibits DPH, without a court order, from amending an adult child's birth certificate to reflect a name change.

By law, if DPH receives an acknowledgment of paternity from both of the unwed parents of a child under age 18, the department must (1) amend the child's birth certificate to show that paternity and (2) change the child's name on the birth certificate if doing so is indicated on the acknowledgment of paternity form.

§ 4 — SCHOOL NURSE ACCESS TO IMMUNIZATION REGISTRY

The act gives school nurses access to information in 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 act 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). It also requires DPH to update its regulations to specify how the information is made available to school nurses.

Local and district health directors already have access to this information for the same purpose.

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§ 5 — OFFICE OF HEALTH EQUITY

The act renames the Office of Multicultural Health within DPH as the Office of Health Equity. It 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. Prior law referred to health differences among ethnic, racial, and cultural populations.

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

§ 6 — BURIAL DEPTH AND PROXIMITY TO DWELLINGS

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

Thus, the act 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 act 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 (2) two and a half feet below ground for other containers.

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

§ 7 — NURSING FACILITY CORRECTION PLANS

The act allows the DPH commissioner to require a nursing facility licensee and nursing facility management service certificate holder to jointly submit a plan of correction, if she finds a substantial failure to comply with applicable law or regulations.

By law, if a licensed health care institution is found after a DPH inspection to be in noncompliance with state statutes and regulations, it must submit to DPH a written plan of correction with specified information within 10 days of receiving notice of the noncompliance. An institution failing to submit a plan that meets the law's requirements may be subject to disciplinary action.

§§ 8 & 9 — CHILDHOOD LEAD TESTING

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

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

It also makes minor related changes.

§ 10 — ELECTRONIC SIGNATURES FOR MEDICAL RECORDS IN NURSING HOME FACILITIES

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

§§ 11, 16-26, 47, 50, 51, & 72 — EMS

The act makes a series of changes and additions to EMS statutes and related laws, including updates to terminology and many minor and technical changes.

§§ 11 & 47 — Inspection of EMS Vehicles

By law, ambulances and other EMS vehicles must be registered with the Department of Motor Vehicles (DMV). As part of this process, prior law required these vehicles to 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 act updates terminology to refer to ambulances, invalid coaches, and intermediate or paramedic intercept vehicles used by EMS organizations. It exempts motorcycles equipped to handle medical emergencies from the requirement to be inspected every two years in this manner. (These motorcycles remain subject to other safety requirements.)

Instead of DPH inspections, the act 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 act 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 CFR §§ 396.17 & 396.21). They also specify inspectors' qualifications (49 CFR §§ 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.

§§ 16-18 & 50 — Paramedic Intercept Services

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The act 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 act, the requirements for paramedic intercept services are generally similar to those in existing law and the act 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. the services must report specified information about their service delivery to DPH on a quarterly basis;
6. the commissioner must (a) establish rates that these services can charge and (b) adopt regulations concerning rate-setting;
7. with certain exceptions, anyone who receives emergency medical treatment or transportation services from a paramedic intercept service is liable for the reasonable and necessary cost of those services, even if the person did not agree or consent to the liability; and
8. certain illegal acts are penalized as class C misdemeanors (see Table on Penalties), such as knowingly making a false statement in a license application.

§§ 16 & 18 — Management Service Organizations; Qualifications of Employees or Contracted Personnel

The act removes DPH's authority to license management service organizations, previously defined as employment organizations that did not own or lease ambulances or other emergency medical vehicles and that provided emergency medical technicians (EMTs) or paramedics to an EMS organization.

Prior law required licensed or certified ambulance services to secure and maintain medical oversight by a sponsor hospital for all their EMS personnel, whether they or a management service employed them. The act 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.

§ 18 — Services Operated by State Agencies

The act 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 act, 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 by September 1, 2014, 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 act 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 from the same or an adjoining town files a timely written objection with DPH.

The act also specifies that ambulance or paramedic services operated or maintained by state agencies are subject to the same requirements as other such services regarding transport of people in wheelchairs, such as using a device to secure individuals in wheelchairs while transferring them from the ground to the vehicle and vice versa.

§§ 16 & 24 — 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 and certification in advanced life support. The act extends these provisions to transport of patients between all licensed health care institutions, rather than just between hospitals as under prior law.

The act 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 the:

1. PSAR is not authorized for the level of care the patient needs,
2. PSAR lacks the equipment needed to transport the patient safely, or
3. 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 act 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.

§ 20 — Emergency Medical Responder Certification by Endorsement

As is already the case with EMTs and paramedics, the act allows the DPH

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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 certificate 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.

§ 20 — Temporary EMT Certificate

Under prior law, the DPH commissioner could 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 had expired and paramedic license was void for failure to renew. The act allows the commissioner to issue a temporary certificate if either of these conditions is met.

§ 20 — EMS Instructor Certification

The act sets standards in law for the issuance of EMS instructor certificates. It allows the commissioner to issue such a 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 examinations prescribed by the commissioner; and
5. satisfactory evidence that he or she faces no pending disciplinary action or unresolved complaints.

Existing regulations set certification standards, which overlap in some respects the act's requirements.

§ 22 — 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

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control and direction of a sponsor hospital. The act extends these provisions to certified or licensed EMRs and EMS instructors.

§ 25 — EMS Organization Strikes

By 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 act 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 file a plan meeting the applicable requirements,
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.

§ 26 — EMS During Declared State of Emergency

The act 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 act 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 incidents.

§ 72 — Policies While Adopting Regulations

The act repeals a statute (CGS § 19a-179d) that allowed 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 these policies and procedures in regulation.

§ 12 — SALE OF CLASS II WATER COMPANY LAND

The act broadens the DPH commissioner's authority to grant permits for the sale, lease, assignment, or change in use 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, she can grant such a permit only

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if certain other conditions apply (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.

§ 13 — EXAMINATION OF NURSING HOME FACILITY PATIENTS

The act requires nursing homes to complete a comprehensive medical history and examination for each patient upon admission, and annually after that. (Federal and state regulations already require this.) The act requires the DPH commissioner to prescribe the medical examination requirements in regulations, including tests and procedures to be performed.

It 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)).

§ 14 — EMERGENCY SUMMARY ORDERS

Existing law allows the DPH commissioner to issue a summary order, pending completion of disciplinary proceedings, 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 act 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 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; and
3. compel compliance with applicable laws or DPH regulations.

Under the act, before the commissioner can issue a summary order revoking or suspending a hospital's license, she must prepare a detailed plan for relocating its inpatients and the provision of comparable services to its outpatients. She must prepare the plan in collaboration with the hospital and at least one health provider from the hospital's geographic area.

§ 15 — AUTHORITY TO WAIVE REGULATIONS

The act allows the DPH commissioner to:

1. waive regulations affecting any DPH-licensed institution if she determines

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- that doing so would not endanger the health, safety, or welfare of any patient or resident;
2. impose waiver conditions assuring patients' or residents' 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.

Existing law already authorizes her to waive physical plant requirements for residential care homes under these same conditions.

§ 27 — ORAL HYGIENE TRAINING FOR NURSING HOME FACILITIES

The act generally requires nursing home facilities to provide 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. They must provide at least one hour of training within the first year after the hiring date and annual training thereafter.

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

§§ 28 & 49 — INFLUENZA AND PNEUMONIA VACCINES

The act broadens the types of influenza and pneumococcal (pneumonia) vaccines that (1) hospitals and (2) nurses employed by licensed home health care or homemaker-home health aide agencies can administer to patients without a physician's order. Prior law allowed only the administration of influenza and pneumococcal polysaccharide vaccines. (In practice, health care providers use other vaccine types, such as conjugate vaccines.) Existing law requires hospitals and nurses to administer the vaccines (1) after assessing any contraindications and (2) in accordance with the facility's physician-approved policy.

§§ 29 & 72 — CONNECTICUT TUMOR REGISTRY

Reporting Requirements

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 (hereafter referred to as "mandated reporters") must provide such reports to DPH for inclusion in the registry.

For health care providers, the act limits the reporting requirement to physicians, chiropractors, naturopaths, podiatrists, nurses, nurse's aides, dentists, dental hygienists, and emergency medical service providers. Prior law extended the reporting requirement to athletic trainers, physical and occupational therapists, alcohol and drug counselors, radiographers and radiologic technologists, midwives, optometrists, opticians, respiratory care practitioners, perfusionists, pharmacists, behavior analysts, psychologists, marital and family therapists, social

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workers, professional counselors, veterinarians, massage therapists, electrologists, hearing instrument specialists, speech and language pathologists, and audiologists.

Report Content

The act requires that registry reports include, along with other information required by existing law, available information on the patient's occupation and industry. The act requires mandated reporters to annually report to DPH any updated patient information for the duration of the patient's lifetime. Existing law requires the submission of reports within six months after the diagnosis or first treatment of a reportable tumor.

The act also eliminates the requirement that DPH promulgate a list of required data items for inclusion in the registry.

Contracts

The act broadens DPH's contracting authority to include the receipt, storage, holding, or maintenance of data, files, or tissue samples. Prior law allowed DPH to contract only for the storage, holding, and maintenance of tissue samples.

Enforcement

The act eliminates the requirement that hospitals, clinical laboratories, and health care providers report cancer cases to DPH within nine months after the first patient contact. It instead requires mandated reporters to take such action in a timeframe specified by DPH regulations that the act authorizes the commissioner to adopt.

By law, DPH may take certain enforcement actions against a mandated reporter that fails to comply with registry reporting requirements, including (1) assessing a civil penalty or (2) performing registry services for which the hospital, clinical laboratory, or health care provider must reimburse the department. DPH cannot assess such a civil penalty or reimbursement until it provides the mandated reporter with a written notice and gives them the opportunity to respond. The act gives a mandated reporter a minimum, rather than a maximum, of 14 business days to send a written response to DPH.

Regulations

The act eliminates the DPH commissioner's authority to adopt regulations concerning the occupational history of cancer patients, instead authorizing her to adopt regulations to implement the registry. It also eliminates a provision requiring hospital medical records to include the complete occupational history of a patient newly diagnosed with cancer.

§§ 30 & 31 — CONTRACTS WITH OTHER STATES

The act specifically allows the DPH commissioner to:

1. enter into contracts with other states for facilities, services, and programs and

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2. solicit and accept from another state any grant of or contract for money, services, or property.

The act also adds other states to the list of entities with which the department may (1) receive, hold, and use real estate and (2) receive, hold, invest, and disburse money, securities, supplies, or equipment to protect and preserve the public health and welfare. The department must (1) do this only for the purpose the other state designates and (2) include in its annual report any property received from another state, the names of its donors, its location and use, and any unexpended balances.

§ 32 — PHYSICIAN CONTINUING EDUCATION WAIVERS

The act allows the DPH commissioner's designee, instead of only the commissioner, to waive up to 10 contact hours of continuing medical education (CME) for a physician who (1) engages in activities related to his or her service as a member of the Connecticut Medical Examining Board or a medical hearing panel or (2) helps DPH with its duties to its professional boards and commissions. By law, a physician must complete 50 contact hours of CME every two years in order to renew his or her license.

EFFECTIVE DATE: Upon passage

§ 33 — OPTICIAN LICENSURE REQUIREMENTS

The act specifies that the optician apprenticeship required by law may be completed in Connecticut or another state.

By law, an optician must submit to DPH a written application and pass an examination in order to obtain a state license. Before taking the licensure examination, existing law requires an applicant, among other things, to serve as a registered, full-time apprentice for at least four calendar years under a licensed optician's supervision. The applicant must complete at least one year of the apprenticeship within the five years preceding the application date. The act also makes a technical change by deleting an obsolete reference to the Commission of Opticians.

§§ 34-36 — LICENSURE BY ENDORSEMENT FOR CERTAIN MENTAL HEALTH PROFESSIONALS

The act allows an applicant for DPH licensure as a psychologist, professional counselor, or clinical social worker who is licensed or certified in another state or jurisdiction to substitute out-of-state work experience for certain licensure requirements. Specifically, the act allows a:

1. psychologist to substitute two years of licensed or certified work experience for the required one-year of experience;
2. professional counselor to substitute three years of licensed or certified work experience for the required 3,000 hours of post-graduate, supervised experience, which includes at least 100 hours of direct supervision by a specified licensed mental health provider; and

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3. clinical social worker, three years of licensed or certified work experience for the required 3,000 hours of post-master's clinical social work experience, which includes at least 100 hours of direct supervision by a licensed clinical or certified independent social worker.

The DPH commissioner may allow such substitutions for professional counselors and clinical social workers only if she finds the applicant's work experience to be equal to or greater than the department's licensure requirements.

§ 37 — HAIRDRESSING AND COSMETOLOGY LICENSURE

By law, hairdressers and cosmeticians must be licensed by DPH under one licensure category. The act requires initial licensure applicants to successfully complete ninth grade, instead of eighth grade. Existing law, unchanged by the act, also requires such applicants to (1) complete at least 1,500 hours of study in an approved hairdressing and cosmetology school, (2) pass a DPH-prescribed examination, and (3) pay a \$100 fee.

EFFECTIVE DATE: Upon passage

§ 38 — BOARD CERTIFIED BEHAVIOR ANALYSTS

The act specifies that a (1) behavior analyst or (2) assistant behavior analyst certified by the Behavior Analyst Certification Board may provide special education services to a child with autism spectrum disorder without a speech pathologist license.

EFFECTIVE DATE: Upon passage

§ 39 — MANDATORY MENINGITIS VACCINATIONS FOR COLLEGE STUDENTS

By law, students who live in on-campus housing at private or public colleges or universities must be vaccinated against meningitis. Starting with the 2014-2015 school year, the act requires students initially enrolling to submit evidence that they received a meningococcal conjugate vaccine no more than five years before their enrollment date. (In practice, the conjugate vaccine is the preferred meningitis vaccine type for people under age 55.)

Existing law provides a medical exemption from the vaccination requirement for a student who presents a certificate from a physician or APRN stating that the student's physical condition medically contraindicates vaccination against meningitis. The act also allows a physician assistant to provide such a certification.

EFFECTIVE DATE: January 1, 2015

§ 40 — BONE DENSITOMETRY

The act restores a provision repealed by PA 13-208. It specifies that a radiographer license is not required for a radiologic technologist certified by the International Society of Clinical Densitometry or the American Registry of Radiologic Technologists if the individual is operating a bone densitometry

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system under the supervision, control, and responsibility of a licensed physician.

§ 41 — DENTAL HYGIENISTS

The act changes the requirements a dental hygienist must fulfill in order to reinstate a voided license. It requires an applicant to submit evidence to DPH that he or she completed at least 24 contact hours of qualifying continuing education during the two years immediately preceding the application date. Prior law required this only for an applicant whose license had been void for two years or less.

The act requires an applicant who has not actively practiced dental hygiene for more than two years to instead successfully complete an examination by the (1) National Board of Dental Hygiene or (2) North East Regional Board of Dental Examiners within one year immediately preceding the application date. Prior law required this for applicants whose license was void for more than two years. The act also allows such applicants to complete a DPH-approved refresher course in lieu of the above examinations.

§ 42 — ENVIRONMENTAL LABORATORIES

The act broadens the scope of DPH's environmental laboratory certification program. Under this program, the department registers and certifies private, municipal, and state-operated environmental laboratories that test drinking water, sewage, soil, and other environmental samples for contaminants.

Definition

The act specifies that an "environmental laboratory" is a facility or area, including an outdoor area, which conducts microbiological, chemical, radiological, or other analyte (i.e., component) testing of specified substances in order to provide information on (1) the sanitary quality, (2) the pollution amount, or (3) any substance prejudicial to the public health or environment.

The act broadens the definition to include environmental laboratories that perform such testing of (1) construction, renovation, and demolition building materials; (2) animal and plant tissues; and (3) any other matrix. Existing law already includes in the definition environmental laboratories that test:

1. drinking, ground, and sea waters;
2. rivers, streams, and surface waters;
3. recreational waters and swimming pools;
4. fresh water sources;
5. wastewaters, sewage, sewage effluent, or sewage sludge;
6. soil; and
7. solid waste

Under the act, the definition no longer specifically includes environmental laboratories that test hazardous waste, food, and food utensils.

The act defines "analyte" as a microbiological, chemical, radiological, or other matrix component being measured by an analytic test. A "matrix" is the substance or medium in which the analyte is contained, including drinking water

or wastewater.

Registration and Certification Requirements

The act requires the DPH commissioner to determine whether it is necessary for the protection of the public health or environment to require an environmental laboratory to register with DPH and obtain certification to conduct analyte testing in a matrix.

If she determines that such registration is necessary, the environmental laboratory must obtain DPH certification. The act prohibits any person from operating, managing, or controlling an environmental laboratory without registering with DPH and obtaining such certification if the:

1. laboratory conducts analyte testing to provide information on the (a) sanitary quality or (b) pollution amount of any substance prejudicial to the health or environment and
2. DPH commissioner determines that such registration and certification is required.

The act requires the DPH commissioner to annually publish a list of all analytes and matrices that require testing certification.

Existing law exempts from the registration and certification requirements, an environmental laboratory that only provides laboratory services or information for its owner or operator.

Applications

The act requires an applicant for analyte testing certification to submit the application on forms DPH provides and pay a \$1,250 application fee. Existing law already requires this for registration applications. The act extends the application fee to state-operated environmental laboratories, which were exempt under prior law.

The act specifies that a registration or certification application may be executed by a responsible officer, instead of the environmental laboratory's owner, if the owner authorizes the officer to do so.

The act specifies that DPH must issue a registration or certification for a minimum of 24 hours and maximum of 27 months from any application deadline the commissioner establishes.

By law, registrants must submit to DPH renewal applications biennially, within 24 months of the current registration. The act also requires the submission of a renewal application before any change is made to an environmental laboratory's quarters. Existing law already requires this for any major expansion or alteration of such quarters. The act eliminates the requirement that registrants submit renewal applications when a laboratory changes its director, but it still requires such action for any ownership change.

Enforcement

The act requires environmental laboratories to comply with all DPH standards, not just those in the Public Health Code. It requires DPH to establish one or more civil penalty schedules that may be assessed against an

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environmental laboratory that violates state laws or regulations. It also authorizes the DPH commissioner to revoke or limit an environmental laboratory's license for failing to comply with state laws or regulations.

The act authorizes the DPH commissioner to take certain actions against an environmental laboratory, including (1) imposing a civil penalty of up to \$5,000 per violation per day and (2) issuing other orders she deems necessary to protect the public health. She may do this only if she determines, after a review, investigation, or inspection, that the environmental laboratory violated state laws or regulations.

The commissioner must notify the laboratory of any imposed civil penalty and provide the laboratory with an opportunity for a hearing. The act expressly prohibits government immunity as a defense against such civil penalty.

When determining the civil penalty amount, the act requires the commissioner to consider the (1) degree of threat to the public health or environment, (2) amount necessary to achieve compliance, and (3) environmental laboratory's history of compliance. It allows an environmental laboratory to appeal a DPH order under the Uniform Administrative Procedure Act.

The act allows DPH to revoke an environmental laboratory's registration or certification if it fails to pay any imposed civil penalty. It also (1) allows the commissioner to order an unregistered environmental laboratory to cease operations and (2) requires the attorney general to petition to Superior Court for an order to aid in enforcing the environmental laboratory certification program.

§ 43 — LEAD ABATEMENT FINES

The act increases, from \$1,000 per violation to \$5,000 per day, the fine for violating lead abatement laws and regulations to conform to federal regulations. The act also specifies that violators may be subject to DPH disciplinary action, such as license revocation or suspension, censure, letter of reprimand, probation, or a civil penalty.

§ 44 — HEARING INSTRUMENT SPECIALISTS

By law, a hearing instrument specialist must complete at least 16 hours of continuing education every two years in order to renew his or her license. The act removes the National Board of Certification in Hearing Instrument Sciences from the list of organizations that may offer and approve continuing education courses and adds the International Hearing Society. Existing law also allows the American Academy of Audiology, American Speech-Language Hearing Association, or any DPH-approved successor organizations to offer and approve such courses.

§ 45 — NUCLEAR MEDICINE TECHNOLOGISTS

The act specifies that a nuclear medicine technologist working under the supervision and direction of a licensed physician is not practicing medicine and therefore is not required to obtain DPH licensure as a physician or surgeon.

EFFECTIVE DATE: July 1, 2014

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§ 48 — PHYSICAL THERAPY ASSISTANTS

The act allows the DPH commissioner to license a physical therapy assistant (PTA) without an examination before July 1, 2015, if the applicant (1) presents satisfactory evidence that he or she was eligible to register as a PTA on or before April 1, 2006 and (2) pays a \$150 fee. (DPH notified the public that it adopted PTA licensing regulations on April 1, 2006.)

Existing law allows DPH to license anyone without an examination who (1) was a registered PTA before April 1, 2006 or (2) is licensed or registered as a PTA in another state or country with similar or higher requirements than Connecticut.

§ 52 — APRN INDEPENDENT PRACTICE REQUIREMENTS

PA 14-12 allows a licensed advanced practice registered nurse (APRN) who has practiced in collaboration with a licensed physician for at least three years to practice independently. The act specifies that an APRN must complete at least 2,000 hours of such collaborative practice before engaging in independent practice.

The act requires an APRN to notify DPH in writing of his or her intention to practice independently before doing so. Once engaged in such practice, an APRN must (1) document his or her completion of the above collaborative practice requirement, (2) maintain such documentation for at least three years after completing the requirement, and (3) submit the documentation to DPH within 45 days of the department's request.

EFFECTIVE DATE: July 1, 2014

§ 53 — APRN CONTINUING EDUCATION REQUIREMENTS

The act amends PA 14-12 by expanding the continuing education (CE) requirements for APRNs to include at least one contact hour each in:

1. infectious diseases, including AIDS and HIV;
2. risk management;
3. sexual assault;
4. domestic violence;
5. cultural competency; and
6. substance abuse.

PA 14-12 generally requires APRNs, when applying for their annual license renewal, to attest in writing that they have earned at least 50 contact hours of CE in the previous 24 months. (A contact hour is at least 50 minutes of CE education and activities.) The CE must (1) be in his or her practice area, (2) reflect his or her professional needs in order to meet the public's health care needs, and (3) include at least five contact hours in pharmacotherapeutics.

EFFECTIVE DATE: Upon passage

§ 54 — FOOD AND BEVERAGES IN FUNERAL HOMES

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The act allows funeral directors or anyone engaged in the funeral directing business to serve nonalcoholic beverages and packaged food to people making funeral arrangements or arranging for disposition of a deceased person's body at a funeral home. Existing regulations prohibit this practice (see Conn. Agencies Reg. § 20-211-28).

§ 55 — FUNERAL DIRECTING SCOPE OF PRACTICE

The act specifies that the scope of practice of funeral directing includes (1) consulting about disposition arrangements, (2) casketing human remains, (3) making cemetery and cremation arrangements, and (4) preparing funeral service contracts. Existing law already allows funeral directors to engage in a variety of activities related to funerals and the proper disposing of deceased bodies, including the handling, encasing, embalming, transporting, and interring of human bodies.

§ 56 — PSYCHOLOGIST CE REQUIREMENTS

The act generally requires licensed psychologists to complete at least 10 hours of CE during each one-year license registration period. The requirement applies to registration periods beginning on and after October 1, 2014. A licensee applying for his or her first renewal is exempt from this requirement.

Under the act, a psychologist who failed to renew his or her license on time and seeks to reinstate it at least a year after it became void must submit evidence documenting successful completion of 10 hours of CE within the year preceding the reinstatement application.

The act also provides that a licensee who fails to comply with the CE requirement may be subject to DPH disciplinary action, such as license revocation or suspension, censure, letter of reprimand, probation, or a civil penalty.

Qualifying CE Activities

Under the act, qualifying CE for psychologists must be related to the practice of psychology. The CE can include courses, seminars, workshops, conferences, and postdoctoral institutes offered or approved by:

1. the American Psychological Association,
2. a regionally accredited higher education institution graduate program,
3. a nationally recognized CE seminar provider,
4. the Department of Mental Health and Addiction Services; or
5. a professionally or scientifically recognized behavioral science organization.

The act defines a CE unit as 50 to 60 minutes of participation in accredited continuing professional education. It specifies that no more than five CE units per registration period may be completed through (1) online, distance learning, or home study or (2) a research-based presentation at a professional conference.

If a psychologist has earned a diploma (board certification) from the American Board of Professional Psychology during the registration period, he or she may substitute the diploma for that period's CE requirements.

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The act also allows the commissioner to accept CE activities that the licensee completed in another state or country.

Recordkeeping

The act requires licensees to obtain certificates of completion from the CE provider for all CE activities they complete. Licensees must keep them for at least three years after the corresponding license renewal, and submit them to DPH upon request.

Waivers or Extensions

The act allows the DPH commissioner to grant a CE waiver or an extension of time for a licensee who has a medical disability or illness. The licensee 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 such a waiver or extension for up to one registration period. She can grant additional waivers or extensions if the disability or illness continues beyond this period and the licensee reapplies to DPH.

The commissioner can also grant a waiver from the CE requirements to a licensee who is not engaged in any form of active professional practice during the registration period. To apply, the licensee must submit a notarized application to DPH, on a form the commissioner prescribes, before the end of the period.

The act prohibits a licensee granted a waiver (for either reason) from resuming professional practice unless he or she meets the act's CE requirements. Anyone granted a waiver must complete five hours of CE within the first six months of his or her return to active practice.

§ 57 — MARITAL AND FAMILY THERAPISTS

The act reduces, from five to three years, the amount of certified or licensed out-of-state work experience a marital and family therapist licensure applicant can substitute for Connecticut's clinical training requirements. It applies to applicants currently licensed or certified in another state, territory, or commonwealth, whose standards are not equivalent to or higher than Connecticut's.

§ 58 — PATIENT DIRECT ACCESS TO LABORATORY TEST RESULTS

The act requires a clinical laboratory to provide medical test results directly to a patient when the patient or the health care provider who ordered the testing requests it. Prior law generally did not allow the direct reporting of clinical laboratory test results to patients. DPH regulations allow such action if requested by the health care provider statutorily authorized to order the testing.

If a provider asks a patient to undergo repeated testing at regular intervals over a specified time period, existing law permits the provider to issue a single authorization allowing the laboratory to give all these test results directly to the

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patient.

§§ 59-61 — TECHNICAL CHANGES

The act makes technical changes in statutory provisions pertaining to:

1. the DPH advisory council on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS) and pediatric acute neuropsychiatric syndrome (PANS),
2. nursing home patients' rights regarding personal funds, and
3. death determinations and pronouncements by registered nurses employed by certain long-term care facilities.

§§ 62-65 & 72 — UNIFIED SCHOOL DISTRICT #3

The act repeals the statutes establishing Unified School District #3 and makes conforming statutory changes, to reflect the planned closure of the district. Unified School District #3 oversees the Birth-to-Three System's Early Connections program, the state-run Birth-to-Three provider. Early Connections is being phased out and the last child in the program will exit by the end of FY 14. All Birth-to-Three services will be provided by private agencies under contract with the Department of Developmental Services (DDS).

The Birth-to-Three program provides services to families with infants and toddlers who have developmental delays or disabilities.

EFFECTIVE DATE: October 1, 2014 for the repeal; July 1, 2014 for the conforming changes.

§ 66 — DDS REVOLVING LOAN FUND

The act allows DDS to enter a memorandum of understanding with the Connecticut Housing Finance Authority to administer DDS' residential facility revolving loan program.

Under the program, DDS makes loans to private nonprofit organizations for purchasing, building, and renovating community-based facilities for individuals with intellectual disabilities or autism spectrum disorder. Existing law already allows DDS to administer the program through a contract with a statewide private nonprofit housing development corporation organized for the purpose of expanding independent living opportunities for individuals with disabilities.

EFFECTIVE DATE: July 1, 2014

§ 67 — MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)

The act amends SA 14-5, which allows the DPH commissioner, within available appropriations, to establish a voluntary pilot program to implement the use of MOLST by health care providers. It defines a "legally authorized representative" as a patient's parent, guardian, or appointed health care representative.

The act also specifies that any implementing policies and procedures DPH

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adopts for recording MOLST must be:

1. developed after considering the physician orders for life-sustaining treatment paradigm and
2. signed by a witness, in addition to the patient or the patient's legally authorized representative

EFFECTIVE DATE: Upon passage

§ 68 — TATTOO TECHNICIANS

Licensure Requirements

PA 13-234 established a new DPH biennial licensure program for tattoo artists (called "tattoo technician"). Starting July 1, 2014, the law prohibits anyone from engaging in the practice of tattooing unless he or she is age 18 or older and obtains a Connecticut tattoo technician license or temporary permit. The act extends, from July 1, 2014 to January 1, 2015, the date by which (1) the licensure requirement applies and (2) licensure applicants must complete initial education and training requirements.

Temporary Permits

The act eliminates the DPH commissioner's authority to issue a 14-day temporary permit to a person licensed or certified to practice tattooing in another state who is in Connecticut to attend an educational event or participate in a product demonstration. The act instead allows a person who (1) provides tattoo instruction or (2) participates in a product demonstration or offers tattooing as part of a professional event to practice tattooing in Connecticut if he or she:

1. is licensed or certified to practice tattooing in another state, territory, or country that is the primary place where he or she practices tattooing, if such licensure or certification is required;
2. successfully completed, within the preceding three years, a course on preventing disease transmission and blood-borne pathogens that complies with federal Occupational Safety and Health Administration standards;
3. practices tattooing under the direct supervision of a licensed tattoo technician;
4. is not compensated for providing tattooing services, other than for (a) instructional services or (b) tattooing provided to people attending the professional event; and
5. provides instruction, demonstrates tattooing techniques, or offers tattooing only to event participants.

Any person or organization that holds or produces such a professional event that utilizes tattoo technicians who are not licensed in Connecticut must ensure compliance with the act.

EFFECTIVE DATE: Upon passage

§ 69 — NATUREOPATHY

Definition

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The act expands the statutory definition of natureopathy to include the science, art, and practice of healing by natural methods recognized by the Council of Natureopathic Medical Education (CNME). It comprises the diagnosis, prevention, and treatment of disease and health optimization by stimulation and support of the body's natural healing processes, as approved by the State Board of Natureopathic Examiners (SBNE) with the DPH commissioner's consent.

Prior law defined the practice of natureopathy as the science, art, and practice of healing by natural methods recognized by the CNME and approved by the SBNE with the DPH commissioner's consent.

Scope of Practice

The act expands the scope of practice of natureopathic physicians to include:

1. ordering diagnostic tests and other diagnostic procedures, as they relate to the practice of mechanical and material sciences of healing;
2. ordering medical devices and durable medical equipment; and
3. ear wax removal, spirometry (i.e., breathing testing), tuberculosis testing, and venipuncture for blood testing.

Existing law already allows natureopathic physicians to (1) provide counseling and (2) practice the mechanical and material sciences of healing. This includes, among other things, articular manipulation, corrective and orthopedic gymnastics, physiotherapy, nutrition, and treatment using natural substances and external applications.

§ 70 — PHYSICIAN ASSISTANTS

The act eliminates the requirement that a medical order or prescription form written by a physician assistant (PA) include the signature and printed name of his or her supervising physician. It also eliminates the requirement that a PA's prescription forms include his or her supervising physician's printed name, license number, address, and telephone number. The forms must continue to include the PA's name, signature, address, and license number.

§ 71 — DMHAS DATA COLLECTION

The act repeals Section 1 of PA 14-138, which specified that DMHAS methods for collecting statistical information for public and private agencies apply to all public and private agencies that provide care or treatment for psychiatric disabilities or alcohol or drug abuse or dependence, including those that are not state-operated or state-funded.

This provision also specified that the agencies or others involved in such treatment, and not the commissioner, must collect relevant statistical information and make it available. By law, this information includes the number of people treated, demographic and clinical information, frequency of admission and readmission, frequency and duration of treatment, level of care provided, and discharge and referral information.

EFFECTIVE DATE: Upon passage

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§ 72 — REPEALER

The act repeals statutory provisions:

1. requiring DPH to establish a program to distribute HIV and AIDS informational pamphlets, films, and public service announcements (CGS § 19a-121c);
2. requiring DPH to (a) establish an AIDS Task Force, (b) provide grants for HIV and AIDS study, and (c) run youth programs and services concerning HIV and AIDS (CGS §§ 19a-121e – 19a-121g);
3. regarding an obsolete accreditation requirement for unlicensed health care facilities that administer general, moderate, or deep anesthesia to patients (CGS § 19a-691); and
4. allowing a person to file a civil suit instead of using the Claims Commission process for certain damage claims against the commissioners of public health and developmental services and other state entities (CGS § 19a-24).

OLR Tracking: ND/JO:KM:JKL:ro