



Senate

General Assembly

File No. 269

January Session, 2015

Senate Bill No. 988

Senate, March 26, 2015

The Committee on Labor and Public Employees reported through SEN. GOMES of the 23rd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT UPDATING THE OCCUPATIONAL HEALTH CLINICS STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 31-396 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2015*):

3 As used in sections 31-396 to 31-403, inclusive:

4 (1) "Occupational disease" means any disease which is peculiar to an
5 occupation, or related to an occupation, in which an employee was or
6 is engaged and which is due to causes, in excess of the ordinary
7 hazards of employment which are attributable to such occupation, and
8 includes, but is not limited to, (A) any disease due to or attributable to
9 exposure to or contact with any radioactive material by an employee in
10 the course of his employment, (B) poisoning from lead, phosphorus,
11 arsenic, brass, wood alcohol or mercury or their compounds or from
12 anthrax or compressed air illness, (C) chronic diseases affecting organ
13 systems, including, but not limited to, the cardiovascular and

14 musculoskeletal systems, and [(C)] (D) any other diseases, contracted
15 as a result of the employment of a person, which is due to toxic or
16 hazardous chemicals, materials, gases or other substances identified by
17 the United States Department of Labor pursuant to occupational safety
18 and health standards contained in 29 CFR Chapter XVII, as from time
19 to time amended.

20 (2) "Occupational health clinic" means any public or nonprofit
21 medical facility [providing] that: (A) Provides diagnosis, treatment and
22 preventative services for patients with occupational diseases, [which]
23 (B) provides public, professional and clinical outreach and training
24 programs regarding such diseases, and (C) is licensed by the state for
25 such purposes. These services shall include, but shall not be limited to
26 outpatient care, medical surveillance, data collection, and the
27 assessment of work place exposure.

28 (3) "Auxiliary occupational health clinic" means any general
29 hospital, or any other medical facility which is approved by the Labor
30 Commissioner in accordance with regulations adopted pursuant to
31 section 31-401, which operates a corporate medicine program or an
32 employee wellness program which includes any of the following: [(1)]
33 (A) Routine commercial activities, such as preemployment
34 examinations, [(2)] (B) mandated examinations, such as Federal
35 Occupational Safety and Health Administration examinations, [(3)] (C)
36 routine workers' compensation cases, [(4)] (D) routine medical
37 evaluations involving establishment of product liability, [(5)] (E)
38 evaluations consigned to independent medical examiners, [(6)] (F)
39 employee physical programs, [(7)] (G) employee wellness programs, or
40 [(8)] (H) employee drug testing programs.

41 (4) "Occupational physician" means any doctor licensed to practice
42 medicine in the state [and found to be qualified to practice] who has
43 been certified or found eligible for certification in occupational
44 medicine by the American Board of Preventive Medicine.

45 (5) "Surveillance" means the detection by epidemiologic means of
46 disease states or significant laboratory abnormalities. Surveillance

47 activities may involve the interpretation of existing data or the active
48 pursuit of new data and disease associations, provided surveillance
49 activities shall not include preemployment related physicals, insurance
50 examinations or other data collection activities of a purely commercial
51 nature, may incorporate the experience of other states, particularly
52 those in the northeast, and may include technical support available
53 through the National Institute for Occupational Safety and Health.

54 Sec. 2. Section 31-397 of the general statutes is repealed and the
55 following is substituted in lieu thereof (*Effective October 1, 2015*):

56 (a) The Labor Commissioner, in consultation with the
57 Commissioner of Public Health, shall encourage the development of
58 occupational health clinics by making grants-in-aid to public and
59 nonprofit organizations. Such grants-in-aid shall be used to facilitate
60 the development and operation of such clinics, including, but not
61 limited to, preproject development, site acquisition, development,
62 improvement and operating expenses. Such [grant-in-aid] grants-in-
63 aid may be used for activities involved in occupational disease
64 evaluation, treatment and prevention, particularly when such activities
65 are not compensated by other sources. Priority for such grants-in-aid
66 may be given to organizations providing services for working age
67 populations, including, but not limited to, migrant and contingent
68 workers, where health disparities or work structure interfere with the
69 provision of occupational health care services. Such grants-in-aid shall
70 not be used to compensate any occupational health clinic for any
71 activities [which could be included in a corporate medicine or
72 employee wellness program, as defined in subdivision (3) of section
73 31-396] that utilize commercial services or involve grants or contracts
74 received from an outside party. The commissioner shall consult with
75 the Occupational Health Clinics Advisory Board prior to making any
76 such grant.

77 (b) For an organization to qualify for a grant-in-aid under sections
78 31-396 to 31-403, inclusive, as amended by this act, the occupational
79 health clinic to be operated shall meet all of the following criteria: (1)

80 Clinical directorship by a board certified or board eligible occupational
81 health physician; (2) membership in, application to or plans for
82 application to the Association of Occupational and Environmental
83 Clinics; (3) availability of industrial hygiene or related services; (4)
84 current involvement in or willingness to assist in the training of
85 occupational health professionals; (5) capability to comply with the
86 surveillance requirements and recommendations outlined in the report
87 on Occupational Disease in Connecticut of 1989; (6) agreement to work
88 with the Department of Public Health and the Labor Department to
89 reduce the burden of occupational disease; (7) provision of assistance
90 and medical consultative services to Connecticut OSHA; (8)
91 cooperation with the Department of Public Health, Labor Department,
92 Workers' Compensation Commission and state Insurance
93 Commissioner to transfer granted occupational medicine costs to
94 appropriate insurance and other private funding mechanisms; (9)
95 agreement to attempt to educate medical professionals on use of the
96 surveillance system; (10) agreement to compile and report surveillance
97 data; and (11) cooperation with the Department of Public Health,
98 Labor Department, Workers' Compensation Commission and state
99 Insurance Commissioner to carry out the purposes of sections 31-396 to
100 31-403, inclusive, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2015</i>	31-396
Sec. 2	<i>October 1, 2015</i>	31-397

LAB *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill updates various definitions under the occupational health clinic law, clarifies criteria for awarding grants for occupational health clinics, and makes other technical changes. The updates conform statute to current agency practice and therefore do not result in any fiscal impact to the state or municipalities.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**SB 988*****AN ACT UPDATING THE OCCUPATIONAL HEALTH CLINICS STATUTES.*****SUMMARY:**

This bill authorizes the labor commissioner, when awarding grants for occupational health clinics, to give priority to organizations providing services for working age populations, including migrant and contingent workers, where health disparities or work structure interfere with the provision of occupational health care services. Under current law, the commissioner can award grants to public and nonprofit organizations to develop and operate occupational health clinics. Neither the bill nor existing statute defines “contingent” worker.

The bill also makes minor changes to grant usage and to some definitions under the occupational health clinic law. It also makes technical changes.

EFFECTIVE DATE: October 1, 2015

GRANT USAGE

Under the bill, health clinic grants cannot be used to compensate a clinic for activities that utilize commercial services or involve grants or contracts received from an outside party. Under current law, and repealed by the bill, the grants cannot be used to compensate a clinic for activities which could be included in a corporate medicine or employee wellness program, as defined in law.

OCCUPATIONAL HEALTH CLINIC

The bill adds to clinic duties the provision of public, professional, and clinical outreach and training programs addressing occupational

diseases. By law, clinics must already provide diagnosis, treatment, and preventative services for patients with occupational diseases.

OCCUPATIONAL PHYSICIAN

Under current law, an occupational physician is a Connecticut-licensed medical doctor whom the American Board of Preventative Medicine (ABPM) finds qualified to practice occupational medicine. The bill changes the ABPM standard to “certified or found eligible for certification” by the ABPM.

ABPM’s website defines “eligible for board certification” as the first seven years after a physician completes an accredited residency training in a preventative medicine specialty area.

OCCUPATIONAL DISEASE

The bill expands the definition of “occupational disease” to include chronic diseases affecting organ systems, including cardiovascular and musculoskeletal systems.

COMMITTEE ACTION

Labor and Public Employees Committee

Joint Favorable

Yea 7 Nay 4 (03/12/2015)