



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

March 7, 2016

**Commissioner Raul Pino, M.D., M.P.H.
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Raised Bill #5537 - An Act Concerning Various Revisions To The Public Health Statutes

The Department of Public Health (DPH) provides the following information on House Bill #5537:

The Department supports sections 1 through 23, and thanks the committee for including these provisions in this bill:

Section 1 corrects a typographical error in CGS Section 19a-177(8)(D), which accidentally references chapter 386d and should instead reference chapter 368d.

Section 2 adds language to CGS Section 20-266p to prohibit practicing tattooing without obtaining a license. The absence of this prohibited activity in statute was brought to the Department's attention by local law enforcement after they received a complaint about someone practicing tattooing in a home setting without a license.

Section 3 updates language from Public Act 15-5 that expanded the mandatory reporting of impaired health care practitioners. This proposed revision clarifies that physicians and physician assistants are included among the health care professions mandated 1) to report when another health care professional is, or may be, unable to practice his or her profession with relative skill and safety; or 2) be reported if another health care practitioner has information that appears to show that they are unable to practice with reasonable skill or safety.

Section 4 provides for continuity of care for residents/patients who have been admitted to a nursing home facility and are receiving medication assisted treatment for opioid addiction by allowing a substance use treatment facility to deliver methadone and related substance use treatment to a facility. Currently, while the law permits the administration of methadone for pain management in a nursing home facility, it does not allow methadone administration in that same setting for medication assisted treatment for opioid addiction. In most situations, residents must be transported daily to the substance use facility to receive the methadone. This

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bill is resident/patient centered and will enhance a resident/patient's substance use treatment plan.

Section 5 makes changes to the statutes governing health care facilities by: a) revising the definition of a residential care home to ensure that individuals receiving long term services and supports through home and community based services have full access to the benefits of community living and the opportunity to receive services in the most appropriate setting; b) revising the definition of a mental health facility to align with the proposed behavioral health regulations, which will compress four bodies of regulations into one licensure category; and c) incorporating the definition of a nursing home or a nursing home facility into CGS Section 19a-490; incorporating this definition into 19a-490, Licensing of Institutions, provides consistency for healthcare institutions that are licensed by the Department.

Sections 6 and 7 provide for consistency in the definition of a nursing home facility and a residential care home to match the definitions in 19a-490.

Section 8 expands the MOLST pilot through October 2, 2017, providing the Department the opportunity to increase data collection and evaluation of outcomes related to the pilot.

Section 10 through Section 13 relate to protecting the public health and safety by enhancing infection control in dental settings. Over the past few years, the Department has seen a significant increase in the number of complaints involving poor infection control practices and unsanitary conditions in dental practices. A number of these complaints have led to disciplinary action against dental licenses.

- **Section 10** adds the topic of infection control in a dental setting to the required topics for mandatory continuing education for licensed dentists.
- **Section 11** adds the topic of infection control in a dental setting to the required topics for mandatory continuing education for licensed dental hygienists.
- **Section 12** makes failure to adhere to the National Centers for Disease Control and Prevention guidelines for infection control in dental care settings, which has been established by the Dental Commission as the standard, a grounds for disciplinary action against a dentist's license.
- **Section 13** adds a requirement that a dentist must ensure that a dental assistant has successfully completed the Dental Assisting National Board's infection control

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examination when delegating to a dental assistant, and provides a reasonable time for compliance.

Section 14 removes language that is now obsolete due to the creation of the relatively new licensure category of Masters Level Social Worker. When there was only the category of "Licensed Clinical Social Worker" this language allowed a person holding a doctoral or master's degree in social work to practice social work under professional supervision in order to gain the experience to become a Licensed Clinical Social Worker. The Masters Level Social Worker license is now required for a person with a doctoral or master's degree to practice social work under professional supervision.

Sections 15 through Section 19 update the names of the certifying and accrediting bodies for midwifery education programs. The new name for the body that accredits midwifery education programs is the Accreditation Commission for Midwifery Education. The new name for the body that certifies midwives is the American Midwifery Certification Board. Previously these two functions fell under the American College of Nurse-Midwives.

Section 20 corrects language within Public Act 15-242 that allows someone who was issued a hairdresser license in another state for which an examination was not required to be eligible for licensure in Connecticut. When the language was added, the hairdresser licensure fee was incorrectly cited as fifty dollars. This language will correct the statute and clarify that the fee for a hairdresser license is one hundred dollars.

Section 21 will authorize the Department to establish regulations concerning wells for semipublic use. The regulations will require testing of certain establishments that supply water to the public, but that are not currently regulated as a public water system. A semi-public well does not fall under the purview of a public water system which is defined as a system that supplies water to 25 or more people daily for at least 60 days per year. A semi-public well can supply hundreds and sometimes thousands of people in a day but they do not fall under the purview of a public water system because they either do not supply 25 or more people daily or do not supply people for 60 or more days per year. Examples of a semi-public well include a well supplying water at an agricultural fairground, or an office building with 24 people. The proposed revisions will also provide a local director of health with the authority to require testing of semipublic wells for contaminants of concern where the local director of health has reasonable grounds to require the testing. The testing of drinking water by a certified laboratory to ensure that it is free of contaminants will prevent the onset of acute or chronic illness associated with the consumption of contaminated water.

Section 22 modifies statute so as to ensure that couples cannot marry each other more than once. The laws regarding marriage were substantially changed in 2009 in order to accommodate same sex marriage. At that time, a new section was added, C.G.S. section 46b-

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20a, regarding who was eligible to marry. Subdivision (1) of the law allows someone to marry if they are not already married or in a similar legally recognized relationship, unless the parties to the marriage will be the same as the parties to such other marriage or relationship. This means that the same couple may marry multiple times. The law was likely written this way in order to overcome barriers that same sex couples encountered, and the varying rights that were granted to same sex couples from state to state. Though the law granted protections, it also created a system that fostered disorganized record keeping, and legal complications for marrying couples. Following the recent Supreme Court decision that allows same sex couples to marry nationwide, giving equal rights to all marrying couples, this provision is no longer as necessary. The Department is proposing its modification in order to improve marriage record keeping practices, and eliminate the potential legal complications that couples may encounter when determining the date of their marriage

Section 23 amends CGS Section 19a-55, which contains provisions governing Newborn Screening (NBS). The amendments are technical in nature, and relate to the addition of Adrenoleukodystrophy (ALD) testing as part of the panel of disorders screened for in Connecticut. This mandate for ALD testing is already in statute, and the amendments in Section 23 simply reflect the Department's progress in bringing this testing in-house and performing the necessary method validation before going live later this year.

The Department does not have concerns with the remaining sections of the bill, which are summarized below:

Section 24 allows for the maintenance of medical records by a chronic disease and children's hospital in an off-site location if such records are able to be retrieved within a twenty-four hour time period.

Section 25 revises the law regarding the delivery of bodies to an institution of higher education by clarifying the responsibilities of the acute care hospital that delivers the body.

Section 26 will allow a hospital to implement an order from a dietitian for a patient diet immediately as long as a physician signs off on such order within 72 hours.

Section 27 allows a woman who has given birth in a hospital to take possession of the placenta for personal use only, provided certain conditions are met. This is not a widespread practice, but it is important to certain populations. Since it is for personal use only, no public health risk is posed.

Section 28 defines a psychology technician and allows a licensed psychologist to utilize a psychology technician under their direct supervision. This language has been reviewed by the Board of Examiners of Psychologists, does not impede on any scope of practice, and results in no cost to the state.

Section 29 is related to the qualifying continuing medical education providers for physicians and physician assistants. The language updates the name of one organization and adds the Connecticut Osteopathic Medical Society as an organization authorized to provide qualifying continuing medical education activities.

Section 30 repeals outdated statutes.

The Department would like to thank the Committee for raising the Department's bill.

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