
OLR Bill Analysis

sHB 5163

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

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SUMMARY

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

1. various DPH programs, such as those on asthma monitoring and health care associated infections, and DPH reporting requirements, such as those for emergency medical services call data;
2. various DPH-credentialed professionals or entities, including dentists and dental hygienists, social workers, lead or asbestos training providers, funeral homes, and advanced practice registered nurses; and
3. other topics, such as record confidentiality, the school-based health center advisory committee, death certificates, health care institutional licensing and correction plans, and the food code.

EFFECTIVE DATE: October 1, 2018

§ 1 — TECHNICAL CHANGE

Makes a technical change by correcting a statutory citation

The bill makes a technical correction in a statutory citation in the tumor registry statute.

§§ 2 & 3 — NONDISCLOSURE OF PERSONNEL RECORDS

Prohibits DPH from disclosing personnel records it receives during an investigation

The bill prohibits DPH, unless required by federal law, from disclosing personnel records it receives during an investigation of a person DPH licenses, certifies, or regulates. It provides that such records are not subject to disclosure under the Freedom of Information Act (FOIA). These provisions already apply to patient medical records DPH receives during an investigation or disciplinary proceeding of such a person.

§ 4 — DENTAL HYGIENISTS

Allows dental hygienists with at least two years' experience to practice at a senior center without a dentist's general supervision

The bill permits dental hygienists with two years of experience to practice without a dentist's general supervision at senior centers. Hygienists with this experience can already practice without such supervision at DPH-licensed health care institutions; community health centers; group homes; schools; preschools operated by local school boards; Head Start programs; and programs offered or sponsored by the Women, Infants, and Children (WIC) program (collectively, "public health facilities").

As is already the case for such practice at other public health facilities, the bill requires hygienists practicing at senior centers to refer to a dentist any patients with needs outside of the hygienist's scope of practice (CGS § 20-126l(f)).

Under existing law, a dental hygienist may substitute eight hours of volunteer practice at a public health facility for one hour of continuing education, up to a maximum of five hours in a two-year period (CGS § 20-126l(g)).

§ 5 — SCHOOL-BASED HEALTH CENTER (SBHC) ADVISORY COMMITTEE

Adds three members to the school-based health center advisory committee

The bill adds three members to the SBHC Advisory Committee, increasing its membership to 20.

The bill adds to the committee the Department of Children and Families commissioner or her designee. It also adds two members, appointed by the DPH commissioner, from municipalities that operate SBHCs — one from a municipality with a population of at least 50,000 but under 100,000 people, and the other from a municipality with a population of at least 100,000. (Under existing law, the commissioner also appoints a third member who represents an SBHC sponsored by a local health department.)

By law, the committee advises the DPH commissioner on minimum service standards and other matters concerning SBHCs and expanded

school health sites.

§ 6 — DEATH CERTIFICATES

Expands access to data on a death certificate except for the decedent's social security number

The bill allows any adult to access all data listed on a death certificate, except it continues to restrict access to the social security number to only certain parties, as under current law. Under the bill, for deaths occurring on or after July 1, 1997, the administrative purposes section of a death certificate includes only the decedent's social security number, and only the following parties can access the full death certificate with that section:

1. the parties listed on the certificate (e.g., the funeral director, physician, and town clerk), for purposes of processing it; and
2. the surviving spouse, next of kin, and state and federal agencies authorized by federal law.

The bill requires DPH to remove or redact the social security number when providing a death certificate to any other individual, researcher, or state or federal agency.

Under current law, the administrative purposes section also includes the decedent's occupation, business or industry, race, Hispanic origin if applicable, and educational level, if known. (Presumably, such information will still be included on death certificates.) Current law allows (1) only the parties listed above to access the full information in the administrative purposes section and (2) researchers to access such information, other than the social security number.

§§ 7-9 — ASTHMA PROGRAM

Consolidates certain DPH reporting requirements related to asthma screening and makes related changes

Current law requires DPH to (1) maintain an asthma monitoring system, and annually report on the status and results of the system and statewide asthma plan and (2) report every three years on the asthma

screening information provided to DPH by school districts (i.e., the total number of students per school and per district with asthma upon enrollment and in specified grades). The bill eliminates the annual report and instead incorporates, into the triennial report, information on the activities of the asthma monitoring system.

It extends the due date for the next triennial report from October 1, 2019 to October 1, 2021. It requires DPH, starting by that date and every three years after that, to post on its website the activities of the asthma monitoring system, including the information the department collects from school districts.

The bill removes certain specific requirements for the asthma monitoring system, such as that (1) it include reports of asthma visits and the number of people with asthma, as voluntarily reported by health care providers and (2) the commissioner use the system to estimate the annual incidence and distribution of asthma in the state, including based on certain demographic criteria.

The bill also removes certain obsolete provisions and makes other technical changes.

§ 10 — SCHOOL SOCIAL WORKERS

Specifies that school social workers with the appropriate credentials may use that title

The bill specifies that if a licensed social worker holds a professional educator certificate with a school social worker endorsement, the person may use the title “school social worker” to describe his or her activities while working at a public or private school.

§ 11 — CORRECTION PLAN

Gives a health care institution more time to submit a correction plan after receiving a notice of noncompliance

Under existing law, a licensed health care institution must submit a correction plan to DPH if the department, after an inspection, issues a notice that the institution was out of compliance with applicable laws or regulations. The bill requires the institution to submit the plan within 10 business days after receiving the notice of noncompliance, rather than 10 calendar days as under current law.

§§ 12 & 13 — HEALTH CARE ASSOCIATED INFECTIONS

Expands the scope of DPH's mandatory reporting system for health care associated infections, adds to the membership of the advisory committee on such matters, and makes related changes

Mandatory Reporting System

The bill expands the scope of DPH's mandatory reporting system for health care associated infections to also include antimicrobial resistance. It specifies that the system must be based on nationally recognized and recommended standards.

In practice, under the current program, DPH collects data on health care associated infections at acute care and long-term acute care hospitals, inpatient rehabilitation facilities, and outpatient dialysis facilities. The bill appears to expand the program to include other health care facilities.

Current law requires DPH to (1) annually report to the Public Health Committee on the information collected through the system, (2) make such reports available online, and (3) post online information on health care associated infections to help the public learn about them and compare infection rates at Connecticut facilities. The bill eliminates the annual reporting requirement, and instead requires DPH to annually post online the information it collects through the mandatory reporting system. It requires such information to include:

1. the number and type of health care associated infections and antimicrobial resistance reported by each health care facility (current law requires the report to include the number and type of such infections, including certain specific types);
2. links to the National Centers for Disease Control and Prevention's health care associated infection data reports and the federal Centers for Medicare and Medicaid Services' (CMS) quality improvement program website (current law requires DPH's website to include a link to CMS's hospital compare website); and
3. information to help the public learn about health care associated

infections and antimicrobial resistance and how to prevent such infections and resistance.

Advisory Committee

Under current law, an advisory committee advises DPH on the health care associated infection monitoring program. To correspond with the expanded scope of the program, the bill renames the committee as the “advisory committee on health care associated infections and antimicrobial resistance.” It also adds the following 10 members to the committee, to be appointed by the DPH commissioner:

1. two members each representing outpatient hemodialysis centers, long-term acute care hospitals, nursing home facilities, and surgical facilities; and
2. one member each representing the Connecticut Infectious Disease Society and a clinical microbiology laboratory.

Current law requires the committee to meet at unspecified intervals. The bill instead specifies that the committee may meet upon the commissioner’s request. It modifies the purposes for which the committee may meet to include identifying, evaluating, and recommending reporting measures and processes designed to prevent antimicrobial resistance, not just health care associated infections as under current law.

The bill eliminates from the committee’s purview recommending appropriate methods to increase public awareness about how to reduce the spread of infections.

§ 14 — QUALITY OF CARE PROGRAM

Eliminates the requirement for the DPH commissioner to annually report on the department’s quality of care program

The bill eliminates the requirement for the DPH commissioner to annually report on DPH’s quality of care program to the governor and Public Health Committee. It also removes certain obsolete provisions on one-time reporting requirements.

§ 15 — DONATED PROPERTY

Eliminates a requirement that DPH report on certain matters related to donated property

The bill eliminates the requirement that DPH annually report on certain matters related to real estate or other property donated to the department, such as the donors' names and how the property is being used.

§ 16 — NURSING HOME AND RESIDENTIAL CARE HOME INFORMATION

Eliminates a requirement for DPH to annually publish a report on nursing homes and residential care homes and instead requires the department to post certain related information online

The bill eliminates a requirement for DPH to annually publish a report that lists and classifies all nursing homes and residential care homes in the state, and instead requires the department to post the information on its website.

It requires the posted information to include the number and effective date of the license and the address for each such facility. It does not require other information currently required for the published report, such as the total number of beds; number of private and semiprivate rooms; religious affiliation, and religious services offered, if any, in the facility; and per diem cost for private patients.

§ 17 — EMERGENCY MEDICAL SERVICES (EMS) DATA

Requires the DPH commissioner to adopt specified national standards for trauma data collection and provides that an existing reporting requirement applies annually starting by December 1, 2018

Existing law requires the DPH commissioner to report to the Emergency Medical Services Advisory Board on specified EMS call data categorized by municipality, such as the total number of calls by each ambulance or paramedic intercept service, the EMS level required for each call, and response times. The bill requires the commissioner to report the data annually, starting by December 31, 2018.

It also requires the commissioner, with the board's recommendation, to adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma

Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients.

§ 18 — DENTIST LICENSURE BY ENDORSEMENT

Allows DPH to issue a dentist license without examination to a dentist licensed in another state who has worked as such for the past five years, even if the other state does not require a practical examination for licensure

Under current law, DPH may issue a license, without examination, to a dentist licensed in another state or territory, provided the other jurisdiction's licensure requirements are similar or higher to Connecticut's. The bill instead allows DPH to issue a license without examination to a dentist licensed and practicing in another state or territory if he or she:

1. holds a license issued after examination by another state with licensing standards that, except for the practical examination, are commensurate with Connecticut's standards, and
2. has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for at least five years immediately preceding the application for licensure without examination.

§ 19 — LEAD TRAINING PROVIDERS AND ASBESTOS TRAINING PROVIDERS

Specifies that lead training providers and asbestos training providers must apply to renew their certificates during the anniversary month of their initial certification

By law, lead training providers and asbestos training providers must be certified by DPH, subject to annual renewal. The bill specifies that they must apply for renewal during the month of their initial certification.

§§ 20-23 — FOOD CODE

Exempts certain residential care homes from the food code's requirements and modifies the definition of a class 1 food establishment to, among other things, prohibit such an establishment from selling commercially prepackaged food that is not time or temperature controlled

PA 17-93 required DPH, by July 1, 2018, to adopt the Food and Drug Administration's Food Code as the state's food code for regulating

food establishments.

The bill exempts certain residential care homes from the food code's requirements. Specifically, it exempts such a home with 30 or fewer beds, as long as the home's administrator or his or her designee has passed a test as part of a food protection manager certification program approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its accreditation standards. The exemption does not apply to such a home that (1) enters into a service contract with a food establishment or (2) lends, rents, or leases any area of its facility to any person or entity for the purpose of preparing or selling food.

Under current law, there are four classifications of food establishments in the food code. The bill amends the definition of a class 1 establishment by prohibiting these establishments from:

1. serving a population that is highly susceptible to foodborne illnesses or
2. offering for retail sale prepacked food that is not time or temperature controlled, unless the food is prepared at the establishment.

The bill makes a minor change to the definition of a class 3 establishment and makes other minor and technical changes to certain provisions related to the food code.

§§ 24-29 — TECHNICAL CHANGES TO TERMINOLOGY

Replaces statutory references to "venereal disease" with references to "sexually transmitted disease"

The bill makes technical changes by replacing several statutory references to "venereal disease" with "sexually transmitted disease."

§§ 30-33 — FUNERAL HOME LICENSES AND INSPECTIONS

Updates terminology related to funeral home licensure and decreases the required frequency of DPH inspections of funeral homes

Under current law, a funeral service business may not operate unless it receives a DPH-issued inspection certificate. The bill replaces

the term “inspection certificate” with “funeral home license.”

It also decreases the required frequency of DPH inspections of funeral homes, from annually to at least once every three years.

§§ 34-39 — ADVANCED PRACTICE REGISTERED NURSES (APRNs) AND ADVANCE DIRECTIVES

Adds APRNs into the laws on living wills and other advance directives, authorizing them to perform certain functions that currently may be performed only by a physician

The bill incorporates APRNs into the laws on living wills and other advance directives. In doing so, it extends to APRNs the authority to perform certain functions that currently may be performed only by a physician or, in some cases, other specified providers.

For example, current law provides that a living will or appointment of a health care representative becomes operative when the document is given to the attending physician and the physician determines the person to be incapacitated. The bill provides that such a document also takes effect when given to a patient’s APRN who determines the person to be incapacitated.

The bill makes several corresponding and conforming changes. For example, it adds references to APRNs into the law’s standard forms for advance directives (e.g., form language stating that the patient’s APRN, not just physician as under current law, may rely on the document’s health care instructions and decisions made by the patient’s health care representative).

It provides in the forms that an APRN, not just a physician, may make the determination that a patient is suffering from a terminal condition, but it does not make a corresponding change to the existing definition of “terminal condition” for these purposes (see § 34).

Current law provides that, if a resident of a facility operated or licensed by the Department of Mental Health and Addiction Services or Department of Developmental Services seeks to execute a document appointing a health care representative, at least one witness must be a physician or clinical psychologist with specialized training in treating

mental illness or developmental disabilities, respectively. In both situations, the bill adds APRNs to the list of eligible witnesses (§ 37).

§ 40 — INSTITUTIONAL LICENSING APPLICATIONS

Prohibits DPH from requiring that a health care institution licensure application be notarized

The bill prohibits DPH from requiring that a health care institution licensure application be notarized.

§ 41 — CONFORMING CHANGE

Makes a conforming change

The bill makes a conforming change to reflect a statutory repeal in section 42.

§ 42 — REPEALER

Repeals certain outdated or obsolete statutes

The bill repeals laws requiring:

1. DPH and the Department of Social Services to create a media campaign to reduce teen pregnancy (CGS § 19a-59e),
2. a DPH permit for public exhibitions of still or motion pictures relating to sexually transmitted diseases (CGS § 21-7), and
3. the Office of Health Care Access to adopt regulations on specified matters concerning state professional standard review organizations (CGS § 38a-558).

The bill also repeals a law on public laundries that, among other things, (1) classifies a public laundry as a manufacturing establishment (thus setting limits on hours for certain workers at such establishments) and (2) prohibits public laundry employers from allowing employees to work if they have certain communicable diseases (CGS § 31-43).

BACKGROUND

Information on bills related to § 4 on dental hygienists and §§ 34-39 on advance directives

Related Bills

HB 5148, reported favorably by the Public Health Committee, allows pregnant women age 18 or older to exercise living wills and other advance directives.

sHB 5213, reported favorably by the Public Health Committee, allows dental hygienists with at least two years' experience to practice at child care centers without a dentist's general supervision.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 24 Nay 0 (03/23/2018)