

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5163

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

Title: HEALTH STATUTES.

Vote Date: 3/23/2018

Vote Action: Joint Favorable

PH Date: 3/5/2018

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To implement the Department of Public Health's (DPH) recommendations regarding various revisions to the public health statutes.

This bill: (1) makes a technical revision to the tumor registry statute to correctly reference Emergency Medical Service providers, (2) ensures personal records held by DPH are non-disclosable under the Freedom of Information Act (FOIA) to align with Sec. 31-128f of the general statutes, (3) adds "senior centers" to the list of what is considered a public health setting to expand access to dental care for older adults, (4) revises the membership of the School Based Health Center (SBHC) Advisory Committee to strengthen the committee and broaden the expertise available to members, (5) allows access to all data on a death certificate except for the decedent's social security number, (6) modifies statute to synchronize the reporting timeline of the DPH Asthma Program, (7) clarifies the use of the title of social worker to align with statutory language related to school psychologists, (8) allows a healthcare institution additional time to submit a plan of correction, (9) updates language regarding statistics on healthcare associated infections (HAIs), (10) repeals reporting requirements for the Commissioner and the Quality of Care Committee, which only meets on an as needed basis, (11) removes an outdated statutory requirement that mandates the Department to create an annual report of property received, the names of its donors, its location, and the use of the property along with unexpended balances on hand, (12) amends an outdated statute that requires the Department to print an annual book regarding nursing home facilities and residential care homes and instead requires DPH to post the information on its website, (13) establishes the date by which the Department must

send a report to the Connecticut Emergency Medical Services (EMS) Advisory Board (CEMSAB), (14) permits DPH to issue a license to a dentist who has held a license for at least five years and is in good professional standing in another state with similar licensing requirements, without requiring the applicant for licensure to take a practical exam, so experienced dentists looking to move to CT are not denied licensure, (15) allows lead training provider companies and asbestos training provider companies to renew their licenses on the anniversary of their initial certification, instead of their birthdates, to allow for seamless licensing, (16) makes technical changes and clarifies the classification of food establishments to assist local health departments in determining applicability of the FDA Food Code and ensure that exempt (residential care home) RCH facilities have at least one person with food safety knowledge, (17) replaces the term “venereal disease” with the term “sexually transmitted disease” throughout the statutes to reflect the most commonly used phrase for these set of diseases, (18) replaces the term “inspection certificate” with “funeral home license” to clarify and align with current practice, (19) ensures that an APRN can participate in all aspects of end of life care by incorporating them into the advance health care directive protocol, (20) eliminates the notary requirement for a licensure application to operate an institution to modernize the application process as it advances to an automated platform, (21) removes reference to a section of the general statutes which is repealed in this bill, and (22) repeals: (22a) Sec. 19a-59e of the general statutes because the department did not receiving funding to report to the General Assembly on a media campaign for the reduction of adolescent pregnancies, (22b) Sec. 38a-558 of the general statutes which requires the Office of Healthcare Access to create regulations, (22c) Sec. 31-43 of the general statutes because the requirement is inconsistent with the requirements of the Americans Disabilities Act and (22d) Sec. 21-7 of general statutes which is outdated because it requires an individual to obtain a permit when exhibiting still or motion pictures related to “venereal diseases”.

RESPONSE FROM ADMINISTRATION/AGENCY:

Raul Pino, Commissioner, The Department of Public Health (DPH): The Department supports the bill for the explanations outlined in the “reasons for bill” section above. The Department respectfully requests that section 20 be amended, as outlined in its testimony, to bring a definition into alignment with the latest version of the model food code.

Miriam Delphin-Rittmo, Ph.D., Commissioner, The Department of Mental Health and Addiction Services (DMHAS): The Department supports section 37 of the bill which will enhance the capacity of individuals (including those who reside in facilities operated by DMHAS) to create advanced healthcare instructions. The Department also supports section 40 of the bill which is a recommendation of the workgroup created under Special Act No. 17-21.

Jordan Scheff, Commissioner, The Department of Developmental Services (DDS): The Department supports section 40 of the bill, which is based on the recommendations of the Lean Licensure and Certification Workgroup (LCW) established pursuant to Special Act No. 17-21. Eliminating the requirement that healthcare institutions have their applications for licensure notarized is a welcome recommendation for DDS, given the increased reliance on electronic submission methods such as the use of the state’s eLicensing and Biznet systems. The Department finds that this bill, along with other Lean related proposals, are a step in the right direction for both the state agencies involved and private provider partners as they

continue to improve and evolve the service system by lessening administrative burdens and focusing more on the needs of individuals with intellectual disabilities.

NATURE AND SOURCES OF SUPPORT:

Brunilda Ferraj, Director of Policy Research and Organizational Initiatives, CT

Community Nonprofit Alliance: Brunilda Ferraj submitted testimony in support of section 40 of the bill, which is a recommendation of the work group established under Special Act No. 17-21. The collaborative work of the provider community and representatives from OPM, DCF, DDS, DMHAS, and DPH resulted in recommendations to lessen the administrative burden on community providers and make available valuable resources to continue serving people in need. She believes that the State should use the work group's lean process as a model to address other redundant and inefficient systems within state government in the future.

Mary Moran Boudreau, Executive Director, The Connecticut Oral Health Initiative:

Mary Moran Boudreau submitted testimony in support of sections 4 and 18 of the bill, explaining that oral health is essential to the overall health and well-being of older adults. DPH contracted a study through the Connecticut Oral Health Initiative, which found that of older adults, in long-term care facilities 26% had untreated tooth decay, 19% had no natural teeth and 10% were missing dentures, 43% rated the condition of their teeth as fair or poor, 29% needed dental care, 59% had no dental insurance (Medicare does not cover dental care), 40% had not seen a dentist in over a year and 20% had problems getting dental care. To further increase access to oral healthcare, Mary suggests the addition of "independent living centers" as a public health setting.

Mag Morelli, President of LeadingAge Connecticut:

Mag Morelli submitted testimony in support of sections 12-13 and 21 of the bill, but questioned whether the legislation should be clearer as to which types of facilities and/or providers will be required to report to the Department under the new definitions. DPH already has broad purview, where home health care agencies, nursing homes, residential care homes, and assisted living agencies would be included under "health care institution licensed under this chapter" which is referenced under the definition of "health care facility." LeadingAge supports the proposed exemption from the provisions of the food code for residential care homes with thirty or less beds and the testimony of the Connecticut Association of Residential Care Homes which calls for expanding the proposed exemption to all residential care homes.

Danielle Morgan, MSN, CNS, Family PMHNP, APRN-BC, Chair, Psychiatric

Subcommittee, Connecticut Advanced Practice Registered Nurse Society: Danielle Morgan submitted testimony in support of the bill and continuing to work (since the passage of SB 36) to get the regulatory and statutory language more consistent with various areas of now independent practice. She suggested a number of additional statutory updates that need to be addressed around insurance, worker's compensation, emergency certification and the Department of Consumer Protection.

Kal Patel, President, The Connecticut Association of Residential Care Homes: The Connecticut Association of Residential Care Homes supports section 21 of the bill believing many smaller homes would not be able to meet the requirements of Public Act 17-93, making them in violation of the law, without an exemption. Less than a quarter of residential care

homes in CT have over thirty beds, and the association believes that they may also have trouble complying with the requirement. The association therefore requests that the exemption be expanded to all residential care homes.

Lynn Rapsilber, DNP, ANP-BC, APRN, FAANP, Chair, Connecticut Coalition of Advanced Practice Nurses: Lynn Rapsilber submitted testimony in support of section 2 of the bill and asked that the coalition be included in work group. Lynn suggested changes to Statutes regarding the Department of Consumer Protection's references to APRNs.

Tony Sicignano BS, CNMT, RT(N), FSNMMI-TS, Technologist Advocacy Group – Connecticut: Tony Sicignano submitted testimony outlining a request for a technical change with the addition of "the Nuclear Medicine Technologist Certification Board." Tony believes the change is needed because there are now two Certification Boards, the American Registry of Radiologic Technologists (ARRT) and the Nuclear Medicine Technology Certification Board (NMTCB) that administer the certification exam. once certified, the Certified Nuclear Medicine Technologist (CNMT) must hold and maintain in good standing the certification issued by either the ARRT or the NMTCB.

Stan Soby, Vice President, Public Policy and External Affairs, Oak Hill: Stan Soby submitted testimony in favor of the bill and its inclusion to remove the requirement that licensure applications be notarized. This was one of the recommendations agreed upon and developed as part of, a larger plan to lessen the administrative burden on community providers, reduce waste and direct available valuable resources to continue serving people in need by the Licensure and Certification Workgroup, of which Stan was a member.

NATURE AND SOURCES OF OPPOSITION

Judith Sartucci, MSN, RN, Chairman and Charles Brown Jr., MPH, Board Secretary/Treasurer, Board of Health of the Central Connecticut Health District (CCHD): The Board of Health opposes section 21 of the bill, finding that it would be impossible to regulate whether the residential care home administrator or designee had taken the appropriate food protection certification program without having the code apply to their agencies. CCHD supports section 7 of the bill, believing that the modification to reporting would provide regular statewide data with which to continue collaborative planning for prevention and treatment of asthma.

Reported by: Richard Eighme

Date: April 10, 2018