



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

March 5, 2018

**Commissioner Raul Pino, M.D., M.P.H.
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**House Bill 5163 - An Act Concerning the Department of Public Health's Recommendations
Regarding Various Revisions to the Public Health Statutes**

The Department of Public Health (DPH) supports House Bill 5163, which makes various revisions to the statutes pertaining to public health. The Department would like to thank the Public Health Committee for raising the Department's bill, and for the opportunity to testify on these important changes.

Section 1 makes a technical revision to the tumor registry statute to correctly reference Emergency Medical Services providers.

Sections 2 and 3 would ensure that personnel records held by DPH are non-disclosable under the Freedom of Information Act (FOIA). Sec. 31-128f of the general statutes provides, in part, that a private employer shall not disclose the personnel records of an employee without written authorization. However, an exception is granted that permits the disclosure of personnel records to state agencies during the course of an agency investigation. On occasion, DPH has received FOIA requests for personnel records of private employees obtained during the course of departmental investigations.

Section 4 adds "senior centers" to the list of what is considered a public health setting. We believe this revision will expand access to dental care for Connecticut's rapidly aging population. An estimated 50% of older adults suffer from at least two chronic diseases and 70% of adults age 65 and older have periodontal disease, a chronic disease that, left unmanaged, can lead to tooth loss. Evidence suggests a link between periodontal disease and other chronic conditions such as heart disease, diabetes, malnourishment, and osteoporosis. To reduce comorbidities and the resulting health complications, the National Council on Aging recommends prevention services be offered through local aging services providers and organizations. These entities can help identify individuals at risk, provide services, and facilitate linkages. Adding senior centers to the list of public health settings will allow dental hygienists to provide preventive services and linkages to Connecticut's most vulnerable older adults at these sites.

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Section 5 revises the membership of the School Based Health Center (SBHC) Advisory Committee. The membership will now include representatives from the Department of Children and Families, an important state agency partner in the provision and oversight of SBHC services, along with representatives from two municipalities that operate school based health centers. Municipalities are important partners in the planning and implementation of services, including school based health centers, and are in a unique position to advise regarding trends and needs of their student populations. The Department believes these additions will strengthen the School Based Health Center Advisory Committee and will broaden the expertise available to its members.

Section 6 would allow access to all data listed on the death certificate except for the decedent's social security number. Under current law, any person eighteen years of age or older may purchase copies of any death record or access the data contained within such record, except for the information contained in the 'Administrative Purposes' section of the death certificate, which is restricted to certain eligible parties. The most sensitive information, such as cause and manner of death, is not part of the 'Administrative Purposes' section, and therefore is publicly available. Currently, the administrative purposes section includes the following data: race, ethnicity, education level, occupation/industry and social security number. This section will allow access to all information on the death certificate, except the decedent's social security number.

Sections 7 through 9 modify statute to better align the activities of the DPH Asthma Program. As a result, this will synchronize the timeline for two asthma reporting requirements so that only one report is generated.

Section 10 clarifies that a school social worker, who holds a professional educator certificate issued by the State Department of Education, is not required to be licensed by the Department of Public Health to use the title of school social worker. This will align the social work statute with similar language in the psychology statute related to school psychologists.

Section 11 allows a healthcare institution additional time to submit a plan of correction after receipt of a notice of noncompliance. Current statute mandates that an institution submit a plan of correction, which is a response to a notice of noncompliance identified during an inspection, within ten days, including weekends. This section extends the timeframe to ten business days.

Sections 12 and 13 update current statutory language regarding the state's program to identify, track, and publicly report statistics on healthcare associated infections (HAIs). Section 12 broadens the scope of HAI surveillance and reporting to include antimicrobial resistance, and expands the focus of the program beyond hospitals to include the full spectrum of healthcare facilities. This would include settings outside of licensed facilities, such as doctors' and dentists'

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offices, where much healthcare is delivered. Antimicrobial resistance includes, among other things, antibiotic resistance. The resistance of bacteria and other pathogens (e.g., viruses and fungi) to antimicrobial drugs is a very serious public health problem. Additionally, Section 12 expands the membership of the state HAI Committee to reflect the robust array of healthcare settings within the state and revises the scope of the committee's responsibilities related to advising the Department on Connecticut-specific surveillance. Section 13 streamlines the process and enhances the impact of reporting data by mirroring best practices based on nationally recognized and recommended standards. DPH will annually post the information provided through the mandatory reporting system on our website. This section also removes an outdated reporting requirement; it should be noted that the HAI program has been established and operating for ten years.

Section 14 repeals reporting requirements for the Commissioner and the Quality of Care Committee regarding the Quality of Care Advisory Program. These reports are to include activities of the Quality of Care Program, as well as a report that compares all licensed hospitals in the state based on quality of care measures developed under the Quality of Care Program. The Quality of Care Committee is only meeting on an as needed basis and, therefore, no information is available to prepare the reports.

Section 15 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. Through CORE-CT, the Department is able to share information on this topic on an as needed basis.

Section 16 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 our website. Currently, there is a section on the Department's website that directs a user to the elicensing webpage where they can access a list of these facilities. This provides greater access to the public and is a more efficient method of communication. Additionally, DPH is moving towards using elicensing for licensure renewals for health care institutions. Once this is implemented, the public will have the ability to review all information that pertains to a nursing home, including their last violation letter and plan of correction.

Section 17 establishes the date by which the Department must send a report to the Connecticut Emergency Medical Services (EMS) Advisory Board (CEMSAB). Information included in the report is obtained by EMS providers and includes total number of calls for emergency services, level of services required for each call, names of providers of each such level of emergency medical services furnished, response times, and the number of passed calls, cancelled calls and mutual aid calls. Additionally, this section directs the Commissioner, with the advice of the Connecticut Emergency Medical Services Advisory Committee (CEMSAC), to adopt the use of national standards set forth by the National Trauma Data Bank's National Trauma Data

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

Section 18 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. The Department has had to deny licensure to experienced dentists from other states who were looking to move to Connecticut because they did not fulfill Connecticut's requirement of having taken a practical examination. This examination may not have been required when the dentist was originally licensed in another state.

Section 19 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. These training providers are often companies or corporations and not individuals; thus they do not have a birthdate on which to renew. This revision will allow the licensing process to run seamlessly without a question as to whose birthdate is tied to the certification.

Sections 20 to 23 make technical changes and clarify the classification of food establishments that will be regulated under the FDA Food Code, once it becomes effective. Additionally, Section 21 establishes an exemption from the Code's provisions for certain residential care homes (RCH) based on their number of beds, while requiring that the RCH administrator or their designee have demonstrated basic food safety knowledge by passing a nationally approved food safety exam. Approval of these changes will assist local health departments in determining applicability of the FDA Food Code and ensure that exempt RCH facilities have at least one person with food safety knowledge.

The Department respectfully requests the following changes be made in Section 20 to modify subdivision (3) of Sec. 19a-36g, to bring a definition into alignment with the latest version of the model food code:

(3) "Class 1 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to foodborne illnesses and only offers [for retail sale (A) prepackaged food that is not time or temperature controlled for safety, (B)] (A) commercially packaged [processed] with time or temperature controlled for safety food in its original package; [that (i) is time or temperature controlled for safety and heated for hot holding, but (ii) is not permitted to be cooled, or (C)] (B) commercially packaged precooked time or temperature controlled for safety food that is heated, hot held, and served in the original package within four hours; or (C) food prepared in the establishment that is not time or temperature controlled for safety;

Sections 24 through 29 replace the term "venereal disease" with the term "sexually transmitted disease" throughout the statutes. "Venereal disease" is an antiquated term that has not been

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routinely used for many years. This change reflects the most commonly used phrase for these set of diseases and is the terminology recognized by patients, healthcare providers and the Centers for Disease Control and Prevention.

Sections 30 through 33 replace the term “inspection certificate” with “funeral home license” to clarify and align with current practice. Section 31 also changes the requirement for an annual funeral home inspection to a triennial inspection. The Department will continue to maintain the authority to inspect a funeral home if a complaint is filed, but we would no longer be required to inspect each funeral home every year. The annual inspection process has not yielded a sufficient number of major violations to warrant its continuation and is an unnecessary regulatory burden for both the funeral home and DPH. Adopting a triennial inspection process will free up resources to focus on complaints from consumers and other related issues that provide a greater benefit to the public.

Sections 34 to 39: Statutory revisions were made in 2016 to provide Advanced Practice Registered Nurses (APRN) with the ability to sign off on certain documents regarding end of life care. These sections ensure that an APRN can participate in all aspects of end of life care by incorporating them into the advance health care directive protocol. This activity is within the scope of practice for an APRN.

Section 40 eliminates the notary requirement for a licensure application to operate an institution, as defined in Sec. CGS 19a-490. Eliminating the notary requirement modernizes the application process as it advances to an automated platform through the elicensing system. This automated process will require an e-signature. This section was prompted by a recommendation that came from the Licensure and Certification Workgroup established pursuant to [SA 17-21](#).

Section 41 removes a reference to Sec. 31-43 of the general statutes, which is repealed in this bill.

Section 42 repeals several sections of statute, including:

- Sec. 19a-59e. This statute requires DPH to report to the General Assembly on a media campaign for the reduction of adolescent pregnancies. The Department never received funding to implement this program.
- Sec. 38a-558. This statute requires the Office of Healthcare Access to create regulations to allow state professional standard review organizations established under U.S. Public Law 92-603 to extend its review of certain inpatient services to services received by all patients.
- Sec. 31-43. This statute prevents someone from working in a public laundry if they have been affected by pulmonary tuberculosis, a scrofulous or venereal disease or a

communicable skin affection. This statute was created in 1949. This requirement is inconsistent with the requirements of the Americans Disabilities Act.

- Sec. 21-7. This statute requires a person to obtain a permit from the Department when exhibiting still or motion pictures related to “venereal diseases”. This law was passed in 1949 and is very outdated.

Thank you for your consideration of this information.