OLR Bill Analysis
sSB 920

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH’S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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Repeals provisions (1) authorizing DSS to administer the Connecticut AIDS Drug Assistance Program and Connecticut Insurance Premium Assistance Program and (2) establishing a Health Care Access Commission.

SUMMARY
This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

EFFECTIVE DATE: July 1, 2019, except that technical change (§ 41) on DPH’s EMS data collection system takes effect upon passage.

§ 1 — SCHOOL-BASED HEALTH CENTER (SBHC) ADVISORY COMMITTEE
Requires the DPH commissioner to make an appointment to the SBHC advisory committee if there is a spot that is vacant for at least one year and decreases the committee’s reporting frequency from annually to biennially.

Under existing law, the SBHC advisory committee includes (1)
several public officials or their designees and (2) 11 members appointed by the governor, legislative leaders, and DPH commissioner.

The bill requires the DPH commissioner to make an appointment to the committee if a spot is vacant for at least one year. If this occurs, the commissioner must notify the appointing authority of her choice at least 30 days before making the appointment.

By law, the advisory committee must report to the Public Health and Education committees. The bill decreases the required reporting frequency from annually to every other year. As under current law, the next report is due January 1, 2020.

§ 2 — DRINKING WATER STATE REVOLVING FUND (DWSRF) LOANS

Allows DPH to disregard the priority funding list when awarding DWSRF loans for an emergency that requires an eligible drinking water project to be immediately undertaken to protect public health and safety.

By law, DPH awards DWSRF program loans equal to 100% of eligible project costs to eligible drinking water projects, based on a priority list for funding it establishes and maintains.

The bill allows DPH to disregard the priority list for an emergency, including an unanticipated infrastructure failure, water contamination, or a water shortage that requires an eligible project to be immediately undertaken in order to protect the public’s health and safety. Current law allows DPH to disregard the priority list only if a public water supply emergency exists.

§§ 3, 4 & 23 — MODEL FOOD CODE

Extends by one year, from January 1, 2019 to January 1, 2020, the date by which DPH must implement the FDA’s Model Food Code and makes minor and technical changes related to these laws.

The bill extends by one year, from January 1, 2019, to January 1, 2020, the date by which DPH must adopt the federal Food and Drug Administration’s (FDA) Model Food Code as the state’s food code for regulating food establishments.
The bill also makes minor and technical changes related to the model food code laws.

§ 5 — NURSING HOME CHANGES IN OWNERSHIP

Requires a nursing home to notify DPH of a proposed ownership change at least 120 days, instead of 90 days, before the date of the ownership transfer.

The bill requires a nursing home to notify DPH of a proposed change of ownership at least 120 days, instead of 90 days as under current law, before the date the transfer will occur.

§§ 5 & 6 — MULTI-CARE INSTITUTIONS

Modifies the definition of “multi-care institution” to include hospitals that provide behavioral and other health care services and requires these hospitals to provide DPH with a list of their satellite units when completing licensure applications.

The bill modifies the definition of “multi-care institution” to include hospitals that provide behavioral and other health care services (e.g., walk-in clinic). It also requires these hospitals to provide DPH with a list of their satellite units when completing an initial or renewal license application.

By law, a multi-care institution also includes a psychiatric outpatient clinic for adults, free-standing facility for substance abuse treatment, psychiatric hospital, or a general acute care hospital that provides outpatient behavioral health services that (1) has more than one facility or one or more satellite units owned and operated by a single licensee and (2) offers complex patient health care services at each facility or satellite unit.

The bill defines a “satellite unit” as a location where the multi-care institution provides a segregated unit of services.

§ 7 — HEALTH CARE PRACTITIONER DISCIPLINE

Allows DPH and health care practitioner licensing boards or commissions to take disciplinary action against a practitioner who voluntarily surrendered or entered into an agreement not to renew or reinstate his or her license or permit in another jurisdiction.

The bill allows a health care practitioner licensing board or commission or DPH to take disciplinary action against a practitioner’s license or permit if the individual was subject to voluntary surrender or an agreement not to renew or reinstate his or her license or permit.
by an authorized professional disciplinary agency of any state, the federal government, the District of Columbia, a U. S. possession or territory, or a foreign country.

As under existing law, the board, commission, or DPH can rely on the findings and conclusions made by that other jurisdiction's agency in taking the disciplinary action.

§§ 8-12 — CONNECTICUT AIDS DRUG ASSISTANCE PROGRAM AND CONNECTICUT INSURANCE PREMIUM ASSISTANCE PROGRAM

Makes technical changes to reflect the transfer of administration of the Connecticut AIDS Drug Assistance Program and Connecticut Insurance Premium Assistance Program from DSS to DPH; generally requires program participants to enroll in Medicare Part D and allows DPH to pay Part D premium and coinsurance costs for participants.

PA 18-168 transferred administration of the Connecticut AIDS Drug Assistance Program (CADAP) and Connecticut Insurance Premium Assistance Program (CIPA) from the Department of Social Services (DSS) to DPH. The bill effectuates this transfer by removing references to CADAP in DSS-related statutes.

The bill also reinstates the requirement that program applicants and beneficiaries enroll in Medicare Part D, or demonstrate their ineligibility to do so. It allows the DPH commissioner to pay the premium and coinsurance costs of Medicare Part D coverage for these individuals. (PA 18-168 eliminated this requirement.)

By law, CADAP is a pharmaceutical drug assistance program that pays for certain FDA-approved medications to treat HIV and HIV-related conditions for eligible low-income residents. CIPA, which is funded through CADAP, provides health insurance premium assistance to eligible CADAP participants who have private insurance.

§§ 13-18 & 26 — DPH REGULATIONS

Modifies DPH regulatory requirements by permitting, rather than requiring, DPH to adopt regulations on various topics, including radon in drinking water and indoor air and medication administration by unlicensed personnel in residential care homes, among others.

The bill permits, rather than requires, DPH to adopt regulations:
1. on radon in drinking water that are consistent with the federal Environmental Protection Agency’s (EPA) national primary drinking water regulations (§ 13);

2. to establish radon measurement requirements and procedures for evaluating radon in indoor air and reducing elevated levels detected in public schools (§ 14);

3. requiring home health agencies, residential care homes, assisted living services agencies, and licensed hospice care organizations to provide training on Alzheimer’s disease and dementia to direct care staff (§ 16);

4. to ensure the safe provision of auricular acupuncture as an adjunct therapy to treat alcohol and drug abuse (§26); and

5. requiring residential care homes to designate unlicensed personnel to obtain certification to administer medication to residents who require such assistance (§ 15).

For the latter, if the department implements regulations on medication administration by unlicensed personnel, the bill requires, rather than allows, DPH to adopt policies and procedures while adopting the regulations.

Additionally, the bill permits DPH, in consultation with the Department of Mental Health and Addiction Services (DMHAS), to (1) amend its substance abuse treatment regulations, (2) implement a dual licensure program for behavioral health providers who provide mental health and substance abuse services, or (3) permit the use of saliva and urine drug screens at DPH-licensed facilities (§ 17). Current law requires DPH to implement all three of the above listed actions.

Lastly, the bill eliminates the requirement that DPH, in consultation with the Connecticut Examining Board for Barbers, Hairdressers, and Cosmeticians, adopt regulations establishing minimum curriculum requirements for hairdressing and cosmetology schools. It instead requires the commissioner to adopt a curriculum and procedures for
approving these schools and to post the curriculum on the DPH website (§ 18).

§§ 19 & 41 — ANNUAL EMS SYSTEM REPORT
Eliminates the requirement that DPH annually report to the Public Health Committee on quantifiable outcome measures for the state’s emergency medical system.

The bill eliminates the requirement that DPH annually research, develop, track, and report to the Public Health Committee quantifiable outcome measures for the state’s emergency medical service (EMS) system.

Existing law, unchanged by the bill, requires DPH to develop an EMS data collection system through which EMS service professionals submit quarterly data to the department. DPH must annually report on the data it collects to the EMS Advisory Board (CGS § 19a-177(8)).

The bill also makes a technical change related to the EMS data collection system.

§ 20 — CHILD POVERTY AND PREVENTION COUNCIL REPORT
Eliminates the requirement that budgeted state agencies providing prevention services to children annually report, until 2020, to the Appropriations, Children’s, and Human Services committees.

The bill eliminates a requirement that budgeted state agencies providing prevention services to children report to the Appropriations, Children’s, and Human Services committees annually by November 1 through 2020. Under current law, the report must include (1) the number of families and children served for at least two prevention services, (2) a description of the preventive purposes of the services, and (3) performance-based standards and outcomes included in relevant contracts, among other things.

Such reports were required when the Child Poverty and Prevention Council was established. It terminated in June 2015.

§ 21 — DPH CHRONIC DISEASE PLAN
Modifies the content of DPH’s statewide chronic disease plan.

By law, DPH must consult with the Office of Health Strategy and
local health departments to develop and implement a statewide chronic disease plan. The bill requires the plan to reduce the incidence of tobacco use, high blood pressure, health care associated infections, asthma, unintended pregnancy, and diabetes.

Current law requires the plan to address chronic cardiovascular disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis or another metabolic disease, and the effects of behavioral health disorders.

As under current law, the plan must be consistent with (1) DPH's Healthy Connecticut 2020 health improvement plan and (2) the state healthcare innovation plan developed under the State Innovation Model Initiative by the Centers for Medicare and Medicaid Services Innovation Center.

§ 22 — PRIVATE RESIDENTIAL WELLS AND WELLS FOR SEMI-PUBLIC USE

Modifies the definitions of “water supply well” and “private well” in DPH statutes regulating private residential wells and wells for semi-public use.

The bill makes minor changes to several definitions pertaining to the regulation of private residential wells and wells for semi-public use. It specifies that a “private well” is a well that supplies a residential population, instead of any population, of less than 25 people and is owned or controlled (1) through an easement or (2) by the same entity that owns or controls the building or land that the water supply serves.

The bill also expands the definition of “water supply well” to include an artificial excavation constructed to obtain or provide water for industrial, commercial, agricultural, recreational, irrigation, or other outdoor water use, in addition to domestic use or drinking, as under current law. In doing so, the bill conforms to the statutory definition used by the Department of Consumer Protection to regulate well drilling, thus subjecting all water supply wells to Public Health Code requirements.

The bill also authorizes the DPH commissioner to adopt regulations on the nonresidential construction of new water supply wells (e.g., an
office building with less than 25 employees), in addition to the residential construction of such wells, as under current law.

§ 24 — MANDATED REPORTERS OF CHILD ABUSE AND NEGLECT

Removes DPH employees from the list of mandated reporters of child abuse and neglect to reflect the transfer of child care facility and youth camp licensure from DPH to the Office of Early Childhood.

The bill removes DPH employees from the list of mandated reporters of child abuse and neglect to effectuate the transfer of licensing child care facilities and youth camps from DPH to the Office of Early Childhood under PA 14-39.

§ 25 — BACKGROUND CHECK FOR DDS JOB APPLICANTS

Requires DDS to conduct fingerprint and state and national background checks on job applicants who have been made a conditional employment offer, instead of only applicants who will provide direct care to individuals with intellectual disability.

The bill requires the Department of Developmental Services (DDS) to conduct fingerprint and state and national background checks on any job applicant who has been made a conditional employment offer. Current law requires DDS to do this only for applicants who will provide direct services to people with intellectual disability.

Current law allows DDS to subject private providers licensed or funded by the state to state criminal background checks if they will have direct contact with individuals with intellectual disability and their families. The bill specifies that such private providers must have been made a conditional employment offer by the department.

§§ 27-40 & 42 — REPEALERS

Repeals provisions (1) authorizing DSS to administer the Connecticut AIDS Drug Assistance Program and Connecticut Insurance Premium Assistance Program and (2) establishing a Health Care Access Commission.

The bill repeals the following provisions and makes related technical and conforming changes:

1. requiring DSS to administer CADAP and CIPA, which provide prescription medication assistance to eligible low-income residents with HIV or HIV-related conditions (the programs are
now administered by DPH, (see §§ 8-12)(CGS §17b-256) and

2. establishing a Health Care Access Commission to develop programs needed to ensure appropriate health care access by all residents (the commission is defunct and its duties are now performed by the Office of Health Strategy’s Health Care Cabinet)(CGS §19a-7b).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 25 Nay 0 (03/29/2019)