OLR Bill Analysis

sHB 6666 (as amended by House "A")*

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

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Makes technical and conforming changes

§ 99 — DPH LIST OF FUNERAL DIRECTORS AND EMBALMERS

Eliminates the requirement that DPH annually provide town clerks and registrars of vital statistics printed lists of all licensed funeral directors, embalmers, student funeral directors, and student embalmers

BACKGROUND

SUMMARY

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

*House Amendment "A" adds the provisions on (1) residential and commercial property water supply testing, (2) nail technician and eyelash technician licensure, (3) newborn screening, (4) amendments to marriage or birth certificates to reflect gender change, (5) DPH remote access to certain hospital medical records, (5) public drinking water regulation, and (6) EMS mental health training.

It makes various changes to the underlying bill, such as (1) placing additional conditions on the DPH commissioner's authority to waive

EMS regulations and (2) making certain licensure-related provisions effective upon passage, rather than October 1, 2021.

It removes provisions in the underlying bill (1) exempting hospital-owned clinical laboratories from licensure fees and (2) requiring DPH to create and operate a state-wide stroke registry. It also makes minor, technical, and conforming changes.

EFFECTIVE DATE: Various; see below.

§§ 1 & 2 — REPLACEMENT PUBLIC WELLS

Allows (1) DPH to approve the location of replacement public wells if certain conditions are met and (2) local or district health directors to issue permits for these wells

PA 19-117, §§ 73 & 74, allowed DPH, under certain conditions, to approve the location of a replacement public well in Ledyard that does not meet the state's sanitary radius and minimum setback requirements for these water sources. The bill extends these provisions to the entire state, under the same conditions.

As under PA 19-117, the bill allows DPH to approve the replacement well's location if the well is:

1. needed by the water company to maintain and provide safe and adequate water to customers;

2. located in an aquifer of adequate water quality, as determined by historical water quality data from the supply source it is replacing; and

3. in a more protected location than the supply source it is replacing, as determined by DPH.

Under PA 19-117, if DPH approves the well's location, the local health director for Ledyard may issue a permit for the replacement well, but by no later than March 1, 2020. The bill instead allows all local or district health directors, upon DPH's approval, to issue these permits in their respective jurisdictions, without a deadline.

EFFECTIVE DATE: October 1, 2021

§§ 3 & 4 — NOTIFICATION OF CERTAIN PROJECTS IN WATERSHEDS OR AQUIFER PROTECTION AREAS

Broadens the circumstances under which applicants must notify water companies and DPH about certain projects in watersheds and aquifer protection areas, and requires the applicants to notify DPH by email

Current law generally requires anyone filing an application, petition, or plan with the local zoning commission or appeals board for a site within a water company's watershed or aquifer protection area to notify the water company and DPH about the application, if the company has filed a watershed map with the municipality or map of the aquifer protection area. Current law also requires applicants for regulated activities on inland wetlands or watercourses within a water company's watershed to notify the company and DPH, if the applicant has filed a map with the municipality and the inland wetlands agency.

The bill eliminates the condition requiring this notice only in cases where these maps have been filed. Instead, it generally requires applicants to (1) notify the water company and DPH and (2) determine if the project is within a water company's watershed by consulting the maps on DPH's website. It requires them to send the notice to DPH by email, to the address DPH designates on its website.

As under existing law, (1) notice to the water company must be sent by certified mail, return receipt requested; (2) the notice must be sent to the company and DPH within seven days after the application; and (3) the company and DPH have the right to be heard at any hearing on the application.

The bill retains existing's law exemption from these notice requirements for the first type of application above (those to a local zoning commission or appeals board). Specifically, an applicant is exempt if (1) the town allows zoning agents to approve applications concerning sites within aquifer protection areas or watersheds and (2) the agent determines that the proposed activity will not adversely affect the public water supply.

EFFECTIVE DATE: October 1, 2021

§ 5 — ELECTRONIC REPORTING OF LEAD HOME INSPECTIONS

Requires local health departments and districts to use a DPH-prescribed electronic system to report lead home inspection findings and resulting actions

By law, if a local health director receives a report that a child's blood lead level exceeds a certain threshold, the director must conduct an epidemiological investigation of the lead source. After the investigation identifies the source, the director must act to prevent further lead poisoning.

Existing law requires local health directors to report to DPH on the results of the investigation and the actions they took to prevent further lead poisoning from that source. The bill specifically requires them to report using a DPH-prescribed web-based surveillance system. In practice, DPH uses the MAVEN surveillance system for this purpose.

EFFECTIVE DATE: October 1, 2021

§ 6 — PRIVATE WELLS

Clarifies that "private wells" supply water to residential populations only

The bill makes minor and technical changes to clarify that "private wells" serve residential populations. As defined under current law and the bill, for provisions related to water quality testing, permitting, and sale or transfer, among other things, private wells supply water to a population of less than 25 people per day.

EFFECTIVE DATE: October 1, 2021

§ 7 — RESIDENTIAL AND COMMERCIAL PROPERTY WATER SUPPLY TESTING

Requires commercial and residential property owners to notify tenants and lessees whenever a property's water supply is tested and exceeds any maximum contaminant level in state regulation or DPH's state drinking water action level list.

The bill requires commercial and residential property owners to notify each tenant and the lessee of any rented property whenever the property's water supply is tested and exceeds any maximum contaminant level in state regulation or DPH's state drinking water action level list.

Under the bill, the property owner must forward a copy of the test

result notification to each tenant and lessee as soon as practicable, but not later than 48 hours after receiving it. It also requires the local health director to take all reasonable steps to verify that the property owner does so.

By law, DPH sets drinking water quality standards (i.e., "action levels") to protect residents from health risks. In most cases, these standards mirror the federal Environmental Protection Agency's maximum contaminant levels for public system drinking water.

EFFECTIVE DATE: October 1, 2021

§ 8 — NURSING HOME OR RESIDENTIAL CARE HOME CITATIONS

Allows DPH to electronically submit citation notices to nursing homes and residential care homes

Under current law, DPH must use certified mail to notify a nursing home or residential care home of a citation for noncompliance with specified laws and regulations. The bill additionally allows DPH to send these notices electronically, in a form and manner the commissioner sets.

EFFECTIVE DATE: October 1, 2021

§ 9 — LONG-TERM CARE FACILITY BACKGROUND CHECKS

Exempts long-term care facilities from complying with background check requirements in in the event of an emergency or significant disruption

By law, long-term care facilities generally must require background checks for prospective employees or volunteers who will have direct access to patients or residents. The bill suspends this requirement if the DPH commissioner determines it is necessary to do so because of an emergency or significant disruption. In that case, the commissioner must inform the facility when (1) suspending the requirement and (2) lifting the suspension.

Under DPH's current policies and procedures for the long-term care facility background search program, the department may suspend the background search requirement for a facility for up to 60 days in an emergency or a significant disruption to (1) internet capabilities, (2) the

functionality of the background search system, or (3) the state of the long-term care facility workforce.

EFFECTIVE DATE: July 1, 2021

§§ 10 & 11 — AUTHORITY TO WAIVE EMS REGULATIONS

Under specified conditions, allows DPH to waive regulations that apply to EMS organizations or personnel

The bill allows the DPH commissioner to waive regulations that apply to emergency medical services ("EMS") organizations or personnel if she determines that (1) doing so would not endanger the health, safety, or welfare of any patient or resident and (2) the waiver does not affect maximum allowable rates for each EMS organization or primary service area assignments.

Under the bill, if the commissioner waives EMS regulations, she may:

1. impose waiver conditions assuring patients' or residents' health, safety, and welfare;

2. terminate the waiver if she finds that health, safety, or welfare has been jeopardized; and

3. adopt regulations establishing a waiver application procedure.

Existing law grants the commissioner generally similar waiver authority regarding DPH-licensed health care institutions (CGS § 19a-495).

The bill also makes technical changes to another EMS statute (§ 10).

EFFECTIVE DATE: July 1, 2021, except for the technical changes, which are effective October 1, 2021.

§§ 12-17 — APPRENTICE EMBALMERS AND FUNERAL DIRECTORS

Updates terminology regarding apprentice embalmers and funeral directors and allows mortuary science students to embalm up to 10 bodies under certain conditions

The bill replaces the term "student embalmer" with "registered

apprentice embalmer." It similarly replaces the term "student funeral director" with "registered apprentice funeral director." Existing law already requires these individuals to register as apprentices with DPH. The bill makes related minor and technical changes.

Additionally, the bill specifies that (1) students enrolled in approved mortuary science education programs, with the DPH commissioner's consent, may embalm up to 10 human bodies as part of that program under a licensed embalmer's supervision and (2) this embalming counts toward the 50-body embalming requirement for licensure.

EFFECTIVE DATE: October 1, 2021

§ 18 — PROFESSIONAL COUNSELOR AND PROFESSIONAL COUNSELOR ASSOCIATE LICENSURE

Exempts certain professional counselor and professional counselor associate licensure applicants from specified requirements

Professional Counselor Applicants

The bill exempts certain applicants for professional counselor licensure from specified requirements.

This applies to applicants who, by July 1, 2017, were matriculating students in good standing in a qualifying graduate program offered by a regionally accredited institution. Specifically, the bill exempts these applicants from the requirements to have completed (1) a 100-hour counseling practicum; (2) a 600-hour clinical mental health counseling internship; and (3) graduate coursework in addiction and substance abuse counseling, trauma and crisis counseling, and diagnosing and treating mental and emotional disorders.

Professional Counselor Associate Applicants

Current law provides alternate paths for professional counselor associate licensure. On one path, an applicant qualifies by earning a graduate degree in clinical mental health counseling through a program accredited by the Council for Accreditation of Counseling and Related Educational Programs.

Alternatively, an applicant qualifies by earning a graduate degree in

counseling or a related mental health field from a regionally accredited higher education institution and meeting additional requirements, including completing (1) at least 60 graduate semester hours in counseling or a related mental health field, (2) a 100-hour counseling practicum, and (3) a 600-hour clinical mental health counseling internship.

Under the bill, these additional requirements do not apply to applicants on the second path above who, by July 1, 2022, earned such a graduate degree, if they accumulated at least 3,000 hours of experience under professional supervision.

EFFECTIVE DATE: Upon passage

§ 19 — MARITAL AND FAMILY THERAPY LICENSURE

Removes the specific requirement that MFT licensure applicants' supervised practicum or internship include 500 clinical hours

Existing law for marriage and family therapist licensure requires, among other things, an applicant to have completed a supervised practicum or internship meeting certain standards.

The bill removes the current requirement that the practicum or internship include at least 500 direct clinical hours, including 100 hours of clinical supervision. In practice, the Commission on Accreditation for Marriage and Family Therapy Education currently requires this same minimum number of hours.

EFFECTIVE DATE: Upon passage

§§ 20 & 21 — VETERINARIAN INVESTIGATIONS

Gives the complainant access to the investigation file when a complaint regarding a veterinarian is closed with no finding, and specifically extends existing procedures for complaints against other providers to complaints against veterinarians

The bill requires DPH to provide information to a person who filed a complaint against a veterinarian when the case is closed with no finding. This applies to cases where DPH made a finding of no probable cause or failed to make a finding within the required 12-month investigation period.

The bill also specifically extends to veterinarian investigations certain existing procedures that apply to investigations of several other DPH-licensed health professionals. For example, among these procedures:

1. the complainant must be given an opportunity to review, at DPH, certain records related to the complaint;
2. before resolving the complaint with a consent order, DPH must give the complainant at least 10 business days to submit an objection; and
3. if a hearing is held after a probable cause finding, DPH must give the complainant a copy of the hearing notice with information on the opportunity to present oral or written statements.

EFFECTIVE DATE: October 1, 2021

§ 22 — ELECTRONIC DEATH REGISTRY SYSTEM

Requires funeral directors, embalmers, and heath care practitioners certifying deaths to use the electronic death registry system, if it is available

Under current law, funeral directors or embalmers must use DPH-provided forms when completing death certificates. The bill instead requires them to use the state's electronic death registry system unless that system is unavailable, in which case they must use the DPH forms.

Existing law authorizes certain health care practitioners to complete the medical certification portion of a death certificate. The bill requires them, when certifying the facts of a decedent's death, to use the electronic system or, if it is unavailable, DPH-prescribed forms.

EFFECTIVE DATE: January 1, 2022

§§ 23-25 — LOCAL AND DISTRICT HEALTH DEPARTMENTS

Makes various changes affecting municipal and district health departments, including making certain requirements consistent for both types of departments

The bill requires DPH approval for local health director

appointments by municipalities. Existing law already requires this approval for district health directors (CGS § 19a-242).

The bill increases, from 30 to 60 days, the minimum vacancy of a municipality's health director position before DPH may appoint someone to fill the vacancy. The bill specifies that this person, when sworn, (1) is considered a municipal employee and (2) has all the powers and duties of municipal health directors.

In towns with a population of at least 40,000 for five consecutive years, current law prohibits municipal health directors from having a financial interest in or engaging in a job, transaction, or professional activity that substantially conflicts with the director's duties. The bill extends this prohibition to all municipal health directors, regardless of the town's size. Existing law already prohibits this for district health directors (CGS § 19a-244).

For municipalities with part-time health departments, the bill removes the requirements for (1) them to submit their public health program plans and budgets to DPH, (2) DPH to approve these plans and budgets, and (3) DPH to adopt related regulations for them.

For both local and district health departments, the bill requires the municipality or district board, as applicable, to submit to DPH its written agreement with the director. They must do so upon the director's appointment or reappointment.

Additionally, the bill requires district health directors, at the end of each fiscal year, to report to DPH on their activities during the prior year. This requirement already applies to municipal departments (§ 23).

The bill also makes minor and technical changes.

EFFECTIVE DATE: July 1, 2021

§§ 26-29 — BEHAVIOR ANALYST ELIGIBILITY FOR THE PROFESSIONAL ASSISTANCE PROGRAM AND REPORTING OF IMPAIRED HEALTH PROFESSIONALS

Adds licensed behavior analysts to the list of providers eligible for the professional assistance program for health professionals, and correspondingly increases their licensure renewal fee by $5; adds these providers to the list of health professionals who must notify DPH if they are aware that another professional may be unable to safely practice

The bill adds licensed behavior analysts to the list of providers eligible for the professional assistance program for health professionals (currently, the Health Assistance InterVention Education Network (HAVEN); see BACKGROUND).

The bill increases, from $175 to $180, the annual license renewal fee for behavior analysts. The increase applies to applications to renew licenses that expire on or after October 1, 2021. The DPH commissioner must (1) quarterly certify the amount of revenue received as a result of the fee increase and (2) transfer it to the professional assistance program account. (In 2015, license renewal fees were similarly increased for professions already eligible for the program.)

The bill also adds behavior analysts to the list of licensed health care professionals who must notify DPH if they are aware that another health professional may be unable to practice with skill and safety for various reasons (e.g., loss of motor skill, drug abuse, or negligence in professional practice). In some cases, this law also requires licensed health care professionals to report themselves to the department (e.g., following drug possession arrests).

Under this law, among other things:

1. the reporting professional must file a petition with DPH within 30 days after obtaining information to support the petition;

2. DPH must investigate all petitions it receives to determine if there is probable cause to issue charges and institute proceedings against the reported professional;

3. DPH may not restrict, suspend, or revoke a license until it gives the person notice and the opportunity for a hearing; and

4. a health care professional that refers an impaired professional to the assistance program for intervention satisfies the law's

reporting requirement in some cases.

EFFECTIVE DATE: July 1, 2021, except for the fee increase provision, which is effective upon passage, and the provisions on reporting practitioners unable to safely practice, which are effective October 1, 2021.

§§ 30-32 — BEHAVIOR ANALYSTS AS MANDATED REPORTERS OF ELDER ABUSE

Makes behavior analysts mandated reporters of abuse of the elderly or long-term care facility residents

The bill adds licensed behavior analysts to the list of professionals who must report (1) suspected abuse, neglect, abandonment, or exploitation of the elderly or long-term care facility residents or (2) if they suspect an elderly person needs protective services. They must report to the Department of Social Services (DSS) within 72 hours.

By law, a mandated reporter who fails to report to DSS within the deadline can be fined up to $500. If the failure to report is intentional, the reporter can be charged with a class C misdemeanor (up to three months in prison, a fine of up to $500, or both) for the first offense and a class A misdemeanor (up to one year in prison, a fine of up to $2,000, or both) for any subsequent offense.

EFFECTIVE DATE: October 1, 2021

§ 33 — PALLIATIVE CARE ADVISORY COUNCIL

Requires the DPH commissioner to make an appointment to the Palliative Care Advisory Council if there is a spot that is vacant for at least one year, and decreases the council's reporting frequency from annually to biennially

Under existing law, the Palliative Care Advisory Council includes 13 members: two appointed by the governor, four by the legislative leaders, and seven by the DPH commissioner.

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

By law, the council must report to the Public Health Committee. The bill decreases the required reporting frequency from annually to every other year. As under current law, the next report is due January 1, 2022.

EFFECTIVE DATE: July 1, 2021

§ 34 — CHRONIC DISEASE REPORTING

Eliminates the requirement for DPH to biennially report on chronic disease and the implementation of the department's chronic disease plan, and instead requires her to post the plan on the department's website

By law, DPH must consult with the Office of Health Strategy and local health departments to develop, within available resources, a statewide chronic disease plan that is consistent with specified state and federal initiatives. DPH must implement the plan to meet certain objectives (e.g., reducing the incidence and effects of chronic diseases and improving care coordination).

The bill eliminates the requirement for DPH to report biennially to the Public Health Committee on chronic disease and the plan's implementation. Instead, it requires the commissioner to post the plan on the department's website.

EFFECTIVE DATE: Upon passage

§ 35 — FACILITY OWNERSHIP CHANGES

Makes a minor change to the law on health care facility ownership changes

By law, licensed health care institution ownership changes generally need prior DPH approval. Transfers to relatives are generally not subject to this requirement. But one current exception to this is a transfer of 10% or more of the stock of a corporation, partnership, or association that owns or operates multiple facilities. The bill specifies that this exception also applies to transfers involving limited liability companies meeting these same conditions.

EFFECTIVE DATE: July 1, 2021

§ 36 — TUBERCULOSIS SCREENING

Requires health care facilities to maintain tuberculosis screening policies for their health care personnel that reflect the CDC's recommendations

The bill requires licensed health care facilities to have policies and procedures reflecting the National Centers for Disease Control and Prevention's (CDC) recommendations for tuberculosis (TB) screening, testing, treatment, and education for health care personnel.

Under the bill, these facilities' direct patient care employees must receive TB screening and testing in compliance with these policies and procedures. This applies despite any contrary state law or regulation.

Among other things, the CDC generally recommends that health care personnel:

1. be screened for TB upon being hired and if there is a known exposure,
2. not receive annual TB testing unless there is known exposure or ongoing transmission at the facility, and
3. receive annual education in TB.

EFFECTIVE DATE: July 1, 2021

§ 37 — PUBLIC NUISANCES

Specifies that violations of the state Fire Prevention Code are included within the public nuisance law

By law, the state can bring an action to abate a public nuisance on any real property on which, within the previous year, there have been three or more (1) arrests for certain crimes, (2) arrest warrants issued for certain crimes indicating a pattern of criminal activity, or (3) municipal citations issued for certain violations. Among various other crimes, this applies to fire safety violations under specified laws. The bill specifies that this includes violations under the state's Fire Prevention Code. (In doing so, it appears that the bill reinserts statutory references that were inadvertently removed in 2017.)

EFFECTIVE DATE: October 1, 2021

§ 38 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

Allows members of the Public Health Preparedness advisory committee to appoint designees to serve in their place

By law, the DPH commissioner must establish a Public Health Preparedness Advisory Committee to advise DPH on responses to public health emergencies.

Under current law, the committee includes the DPH and Department of Emergency Services and Public Protection commissioners; the six legislative leaders; and the chairs and ranking members of the Public Health, Public Safety and Security, and Judiciary committees. The bill allows these individuals to designate someone to serve on the committee in their place.

By law, the committee also includes (1) representatives of municipal and district health directors appointed by the DPH commissioner and any (2) other organizations or individuals the commissioner deems relevant to the effort.

EFFECTIVE DATE: Upon passage

§ 39 — CLINICAL LABORATORIES

Requires clinical laboratories to give DPH a list of the blood collection facilities they own and operate

The bill requires licensed clinical laboratories to report to DPH the name and address of each blood collection facility they own and operate. They must report this information, in a form and manner DPH prescribes, (1) before obtaining or renewing their license and (2) whenever opening or closing a blood collection facility.

EFFECTIVE DATE: July 1, 2021

§ 40 — TECHNICAL CHANGES

Makes technical and conforming changes

The bill makes technical and conforming changes to a sanitarian statute.

EFFECTIVE DATE: July 1, 2021

§ 41 — SOCIAL WORKER CONTINUING EDUCATION

Increases the maximum hours of continuing education that social workers may complete online or through home study

The bill increases, from six to 10, the maximum hours of continuing education that social workers may complete online or through home study during each one-year registration period. By law, social workers generally must complete 15 hours of continuing education each registration period, starting with their second license renewal.

EFFECTIVE DATE: Upon passage

§ 42 — MANAGEMENT OF SPAS AND SALONS

Allows massage therapists to manage spas and salons

Under current law, starting on July 1, 2021, each spa or salon that employs hairdressers, cosmeticians, estheticians, or eyelash or nail technicians must be managed by someone with a DPH credential for one of those professions. The bill (1) extends this requirement to spas or salons that employ massage therapists and (2) allows licensed massage therapists to manage a spa or salon employing any of these individuals.

EFFECTIVE DATE: Upon passage

§ 43 — OUT OF STATE PRACTITIONERS ALLOWED IN EMERGENCY

Expands the types of out-of-state health care providers authorized to temporarily practice in Connecticut during a declared public health emergency

By law, DPH may temporarily suspend, for up to 60 days, licensing, certification, and registration requirements to allow various health care practitioners credentialed in another state, territory, or the District of Columbia to practice in Connecticut during a declared public health emergency (see BACKGROUND).

The bill expands the types of out-of-state practitioners allowed to practice in Connecticut under these circumstances to include: alcohol and drug counselors; art and music therapists; certified behavior analysts; certified dietician-nutritionists; dentists and dental hygienists; genetic counselors; occupational therapists; radiographers,

radiologic technologists, radiologist assistants, and nuclear medicine technologists; and speech and language pathologists. (In doing so, it codifies certain provisions in the governor's 2020 executive orders 7O, 7DD, and 7HHH).

As under existing law, the bill permits these practitioners to work only within their scope of practice as permitted by Connecticut law.

EFFECTIVE DATE: Upon passage

§ 44 — NURSING HOME ADMINISTRATOR LICENSURE

Eliminates the requirement that DPH administer the required examination for nursing home administrator licensure applicants

By law, an applicant for a nursing home administrator license must meet specified education and training requirements and pass a DPH-prescribed examination. The bill eliminates the requirement that DPH also administer the examination. (In practice, these examinations are administered by national organizations.)

EFFECTIVE DATE: July 1, 2021

§§ 45-51 & 53 — HOSPICE AGENCIES

Adds "hospice agencies" to the statutory definition of a "health care institution," and makes related technical changes; removes "substance abuse treatment facilities" from the statutory definition of a health care institution

Definitions

The bill adds to the statutory definition of a "health care institution" a "hospice agency," which it defines as a public or private organization that provides home care and hospice services to terminally ill patients.

In doing so, it extends to these agencies statutory requirements for health care institutions regarding, among other things, licensure and inspections, access to patient records, and disclosure of HIV-related information. Under current regulations, a hospice agency must be licensed as a home health care agency.

The bill also makes related technical and conforming changes to long-term care statutes on, among other things, the state's long-term care facility background check program and the administration of

medication by certified unlicensed personnel.

Additionally, the bill removes "substance abuse treatment facilities" from the definition of "health care institution" to conform to current practice. (DPH currently licenses these facilities as "behavioral health facilities.")

Licensure Fees

The bill extends to hospice agencies and home health aide agencies the licensure and inspection fee of $100 per satellite office that existing law requires for home health care agencies. (It does not set a corresponding agency licensure and inspection fee.) As under existing law, the fee must be paid biennially to DPH, except for Medicare- and Medicaid-certified agencies, which are licensed and inspected every three years.

EFFECTIVE DATE: July 1, 2021

§ 52 — HOME HEALTH ORDERS

Allows physician assistants and advanced practice registered nurses to issue orders for home health care agency services, hospice agency services, and home health aide agency services

This bill allows physician assistants (PAs) and advanced practice registered nurses (APRNs) licensed in Connecticut to issue orders for home health care agency services, hospice agency services, and home health aide agency services. It also allows PAs and APRNs licensed in bordering states to order home health care agency services.

Under current law, only a physician may issue these orders.

EFFECTIVE DATE: July 1, 2021

§ 54 — NURSING HOME EXPANDED BED CAPACITY DURING EMERGENCY

Allows DPH to suspend nursing home licensure requirements to allow homes to temporarily increase their bed capacity to provide services to patients during a declared public health emergency

The bill allows the DPH commissioner to suspend licensure requirements for chronic and convalescent nursing homes to allow

them to temporarily provide services to patients with a reportable disease, emergency illness or health condition during a declared public health emergency.

Nursing homes may provide these services under their existing license if they (1) provide services to patients in a building that is not physically connected to its licensed facility or (2) expand their bed capacity in a part of a facility that is separate from the licensed facility.

Under the bill, a nursing home that intends to provide services in this manner must first apply to DPH in a form and manner the commissioner prescribes. The application must include:

1. information on the facility’s ability to sufficiently address residents’ and staff’s health, safety, or welfare;
2. the facility’s address;
3. an attestation that all equipment located at the facility is maintained according to the manufacturer’s specifications and can meet residents’ needs;
4. information on the facility’s maximum bed capacity; and
5. information indicating that the facility is compliant with state laws and regulations for its operation.

The bill requires the department, upon receiving the application, to conduct a scheduled inspection and investigation of the applicant’s facilities to ensure that they comply with state licensing laws and regulations. After doing so, the department must notify the applicant of its decision to approve or deny the application.

EFFECTIVE DATE: July 1, 2021

§ 55 — IV CARE IN NURSING HOMES

Allows registered nurses employed by nursing homes to administer medications intravenously or draw blood from a central line for laboratory purposes under certain conditions

The bill allows chronic and convalescent nursing homes to allow a

licensed registered nurse (RN) they employ to:

1. draw blood from a central line for laboratory purposes, provided the facility has an agreement with a laboratory to process the specimens or

2. administer IV therapy or a medication dose by intravenous injection, provided the medication is on a list approved by the facility's governing body, pharmacist, and medical director for intravenous injection by an RN.

Under the bill, an RN may perform these services only if he or she has been properly trained to do so by the home's nursing director or an intravenous infusion company. It requires the home's administrator to ensure that the RN is appropriately trained and competent and provide related documentation to DPH upon request.

The bill also requires the nursing home to notify the DPH commissioner if it employs RNs who provide these services.

EFFECTIVE DATE: July 1, 2021

§§ 45, 56, 91 & 92 — ASSISTED LIVING SERVICES AGENCIES

Requires managed residential communities (MRCs) that provide assisted living services to become licensed as an assisted living services agency (ALSA), requires an MRC that intends to contract with an ALSA for services to apply to DPH prior to doing so, requires an ALSA to obtain DPH approval before providing services as a dementia special care unit or program

Licensure

Under existing law, the state does not license assisted living facilities. Instead, it licenses and regulates assisted living service agencies (ALSAs) that provide assisted living services. ALSAs can only provide these services at a managed residential community (MRC). MRCs are not licensed by the state but must provide certain core services and meet regulatory requirements.

The bill requires an MRC that wishes to provide assisted living services to obtain a DPH license as an ALSA or arrange for such services with a licensed ALSA. For the latter, the MRC must apply to

DPH to arrange for these services in a manner the commissioner prescribes, as under current regulation (Conn. Agencies Regs. § 19-D13-105).

Dementia Special Care Units and Programs

The bill prohibits an ALSA from providing services as a dementia special care unit or program unless they obtain DPH approval.

An ALSA that provides services as a dementia special care unit or program must (1) ensure they have adequate staff to meet residents' needs and (2) submit to DPH a list of dementia special care units or locations and their staffing plans when applying for an initial or renewal license or upon DPH request.

The bill also requires an ALSA to ensure all services provided individually to clients are fully understood by the client or the client's representative, and that the client or representative is made aware of the cost of these services.

Additionally, the bill makes technical changes, renaming "Alzheimer's special care units or programs" "dementia special care units or programs" in various public health statutes.

By law, a dementia special care unit or program is one that locks, secures, or segregates residents with a diagnosis of probable Alzheimer's disease, dementia, or other similar disorder. The unit or program must be one that prevents or limits access by a resident outside the designated or separated area and advertises or markets itself as providing specialized care or services for those with Alzheimer's disease or dementia.

Regulations

The bill permits the DPH commissioner to adopt regulations to implement the bill's provisions.

EFFECTIVE DATE: July 1, 2021, except upon passage for certain technical changes.

§ 57 — BED POSITIONS IN LONG-TERM CARE FACILITIES

Requires chronic disease hospitals, nursing homes, and residential care homes to position beds in a manner that promotes resident care and meets certain requirements

The bill requires chronic disease hospitals, nursing homes, and residential care homes to position beds in a manner that promotes resident care. Specifically, the bed position:

1. cannot act as a restraint to the resident;
2. cannot create a hazardous situation, including the possibility of entrapment, an obstacle to evacuation, or blocking or being close to a heat source;
3. must allow for infection control; and
4. must provide at least a three-foot clearance at the sides and foot of each bed, as under current law.

EFFECTIVE DATE: July 1, 2021

§ 58 — REGULATIONS ON AMBULANCE STAFFING

Makes a technical change by updating terminology in the statute requiring DPH to adopt regulations on ambulance staffing

The bill makes a technical change to the statute requiring the DPH commissioner to adopt regulations requiring ambulances with at least one certified emergency medical technician and one certified emergency medical responder. It updates terminology by replacing the terms "emergency medical response services" with "ambulance" and "medical response technician" with "emergency medical responder."

EFFECTIVE DATE: October 1, 2021

§§ 59 & 95 — CONTINUING EDUCATION FOR EMS PERSONNEL

Requires EMS personnel to document their required continuing education hours in a manner the DPH commissioner prescribes, instead of using a DPH-approved online database

The bill requires emergency medical services (EMS) personnel to enter, track, and reconcile their required continuing education hours in a form and manner the DPH commissioner prescribes, instead of using

a DPH-approved online database. It also makes a related conforming change.

Under the bill, EMS personnel include emergency medical responders, emergency medical technicians (EMTs), advanced EMTs, and EMS instructors.

EFFECTIVE DATE: July 1, 2021, except a conforming change is effective upon passage.

§ 60 — EMS ADVISORY BOARD

Requires the DPH commissioner to appoint a member to the Connecticut EMS Advisory Board if the appointment is vacant for more than one year, and notify the appointing authority of the appointment at least 30 days in advance

The bill requires the DPH commissioner to appoint a member to the Connecticut EMS Advisory Board if the appointment is vacant for more than one year. The commissioner must notify the appointing authority of her appointee's identity at least 30 days before making the appointment.

By law, the EMS Advisory Board reviews and comments on all DPH regulations, medical guidelines, and EMS-related policies before they are implemented. It also assists and advises state agencies in coordinating the EMS system. The board must annually report to the DPH commissioner and make recommendations to the governor and legislature on legislation it believes will improve EMS delivery.

EFFECTIVE DATE: Upon passage

§§ 61-63 — MODEL FOOD CODE

Extends by three years, from January 1, 2020 to January 1, 2023, the date by which DPH must implement the FDA's Model Food Code and makes related conforming changes to these laws

The bill extends by three years, from January 1, 2020, to January 1, 2023, 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 related conforming changes to statutes

regarding certified food inspectors and restaurant requests to use the sous vide cooking technique or the acidification of sushi rice.

EFFECTIVE DATE: Upon passage

§ 64 — ASBESTOS

Modifies the definition of "asbestos-containing material" to include material that contains asbestos in amounts equal to or greater than 1% by weight

The bill modifies the definition of "asbestos-containing material" in the statutes pertaining to asbestos abatement. It specifies that such material must contain asbestos in amounts equal to or greater than 1.0% by weight, instead of only amounts greater than 1.0% by weight, as under current law.

EFFECTIVE DATE: October 1, 2021

§ 65 — HAIRDRESSING AND COSMETOLOGY

Expands the statutory definition of "hairdressing and cosmetology" to include removing facial or neck hair using manual or mechanical means

The bill expands the statutory definition of "hairdressing and cosmetology" for purposes of licensure to include removing facial or neck hair using manual or mechanical means.

Under existing law, hairdressing and cosmetology also includes (1) dressing, arranging, curling, waving, weaving, cutting, singeing, bleaching, or coloring hair; (2) scalp treatments; and (3) massaging, stimulating, cleansing, manipulating, exercising or beautifying with the use of the hands, appliances, cosmetic preparations, antiseptics, tonics, lotions, creams, powders, oils, or clays and doing similar work on the face, neck, and arms.

EFFECTIVE DATE: Upon passage

§§ 66, 73 & 74 — ESTHETICIAN, NAIL TECHNICIAN, AND EYELASH TECHNICIAN LICENSURE

Limits the time period in which certain applicants for DPH licensure as an esthetician, nail technician, or eyelash technician may be grandfathered in to those applicants who apply for licensure before January 1, 2022

By law, individuals seeking an initial DPH license as an esthetician,

nail technician, or eye lash technician must provide evidence that he or she (1) completed the minimum hours of required study in an approved school, or an out-of-state school with equivalent requirements, and (2) received a certification of completion from the school.

Current law grandfathers in an applicant who provides evidence that he or she:

1. has practiced as one of these professionals continuously in the state for at least two years before (a) July 1, 2020, for estheticians, (b) January 1, 2021, for nail technicians, and (c) July 1, 2020, for eyelash technicians and

2. attests to compliance with specified infection prevention and control guidelines.

The bill limits the time period in which these licensure applicants may be grandfathered in to those who apply before January 1, 2022.

EFFECTIVE DATE: July 1, 2021

§ 67 — HEALTH ASSESSMENTS FOR STUDENTS WITH ASTHMA

Requires local or regional boards of education to report to DPH and local health departments on the number of students diagnosed with asthma in grades 9 or 10, instead of grades 10 or 11, to align the reporting schedule with the schedule for conducting required student health assessments

By law, local or regional boards of education ("school boards") must report to DPH and local health departments triennially on the number of students in each school and school district who are diagnosed with asthma at specified timeframes.

The bill requires school boards to report on students who are diagnosed with asthma in grades 9 or 10, instead of grades 10 or 11, as under current law. In doing so, it aligns the reporting schedule with the schedule school boards must follow for conducting student health assessments required under existing law.

Under existing law, and unchanged by the bill, school boards must

also report on students diagnosed with asthma at the time they enroll in school and in grades six or seven.

EFFECTIVE DATE: July 1, 2021

§ 68 — CERTIFIED STROKE CENTERS

Adds thrombectomy-capable stroke centers to the types of stroke-designated hospitals DPH must include on its annual list of certified stroke centers

By law, a hospital may apply to DPH to be designated as a comprehensive stroke center, and the department must annually send a list of these stroke-designated hospitals to the medical director of each EMS provider in the state and post the list on the DPH website.

The bill adds thrombectomy-capable stroke centers to the types of stroke-designated hospitals DPH must include on its annual list. Under existing law, DPH already includes hospitals designated as a comprehensive stroke centers, primary stroke centers, or acute stroke-ready hospitals.

As under existing law, a hospital may apply to DPH for designation as a thrombectomy-capable stroke center if it is certified as such by (1) the American Hospital Association, (2) the Joint Commission (an independent, nonprofit organization that accredits and certifies hospitals and other health care organizations and programs), or (3) another DPH-approved, nationally recognized certifying organization.

Under the bill, DPH must report to the national certifying organization any complaint it receives related to a thrombectomy-capable stroke center's certification, as it must already do for other types of stroke centers.

EFFECTIVE DATE: October 1, 2021

§ 69 — EMS ADDRESS CHANGES

Allows an EMS organization to change its address within its primary service area without having to complete the certificate of need process

The bill allows an EMS organization, instead of only an ambulance service, to apply to DPH to change its address or add a branch location within its primary service area. Current law requires an EMS

organization to complete the certificate of need process in order to make such a change.

EFFECTIVE DATE: Upon passage

§§ 70-72 — CERTIFIED HOMELESS YOUTH

Modifies the definition of "certified homeless youth," establishes a definition for "certified homeless young adult" and permits the fees to be waived when issuing these individuals certified copies of birth certificates or state identity cards

Definitions

The bill expands the statutory definition of "certified homeless youth" to include youth certified as homeless by the director of a municipal or nonprofit program that contracts with the Department of Housing's homeless youth program. Existing law also includes youth certified as homeless by one of the following:

1. a school district homeless liaison;

2. the director of an emergency shelter program funded by the U. S. Department of Housing and Urban Development, or the director's designee; or

3. the director of a runaway or homeless youth basic center or transitional living program funded by the U. S. Department of Health and Human Services, or the director's designee.

By law, a certified homeless youth is a 15- to 17-year-old person, not in the physical custody of a parent or legal guardian, who is a homeless child or youth as defined in specified federal law.

The bill also establishes a definition for a "certified homeless young adult," which is an 18- to 25-year-old person who has been certified as homeless by the same individuals as for certified homeless youth listed above.

Records Access

The bill authorizes DPH and local registrars of vital records to waive the fee for issuing a certified copy of a birth certificate to a certified homeless youth or certified homeless young adult. It similarly

allows the Department of Motor Vehicles to waive the fee for issuing a state identity card to these individuals.

EFFECTIVE DATE: July 1, 2021

§ 75 — NEWBORN SCREENING

Extends newborn screening requirements for health care institutions to licensed nurse-midwives and midwives; requires newborn screenings to be performed using bloodspot specimens; specifies timeframes for specimen collection and notification; eliminates a requirement that OPM approve certain conditions they are added to the program's screening list; and requires OPM to approve the fees DPH charges providers to cover the program's costs

The bill extends to licensed nurse-midwives and midwives, newborn screening requirements for health care institutions. It requires health care institutions, nurse-midwives, and midwives (hereafter "providers") to generally perform newborn screenings using bloodspot specimens and establishes related specimen collection and notification requirements.

Testing Timeframes

The bill requires providers to collect the blood spot specimen between 24 and 48 hours after the infant's birth, unless the provider determines a situation exists that warrants its early collection or that it is medically contraindicated.

Under the bill, conditions that warrant early collection of the specimen include:

1. imminent transfusion of blood products,
2. dialysis,
3. the infant's early discharge from a health care institution or transfer from one institution to another; or
4. imminent death.

Under the bill, if a newborn dies before a blood spot specimen is obtained, it must be collected as soon as practicable after death.

Notification Requirements

The bill requires providers to notify DPH when a specimen is not collected within the required 48 hours after birth for any reason, including (1) medical fragility, (2) the parent's refusal of the screening due to religious conflict, or (3) a newborn receiving comfort measures only.

Under the bill, providers must document the reason in the state's newborn screening system or send written notification to DPH within 72 hours after the newborn's birth.

Specimen Processing

The bill requires providers to send the blood spot specimen to the state's public health laboratory within 24 hours after collecting it. DPH may request an additional blood spot specimen if the specimen (1) was collected early or after a blood transfusion, (2) is unsatisfactory for testing, or (3) yields an abnormal result, as determined by the department.

The bill requires the laboratory to maintain a record of the date and time it received each specimen and make the record available for inspection, within 48 hours after the provider who sent the specimen requests it.

OPM Approval

The bill eliminates the requirement that the Office of Policy and Management approve a disorder included on the federal Recommended Uniform Screening Panel (RUSP) (see BACKGROUND) before DPH adds it to the list of conditions for which the program screens. It instead allows the department to add any RUSP disorder the commissioner prescribes.

It also requires OPM to approve the fees DPH charges providers to cover the program's costs, including testing, tracking, and treatment. By law, the fee must be at least $98.

Non-Program Screenings for Other Conditions

Separate from the Newborn Screening Program, existing law requires health care institutions to test newborns for other specified

conditions. The bill eliminates the requirement that institutions test newborns for spinal muscular atrophy, but continues to require that they test for critical congenital heart disease; cystic fibrosis; and when a newborn fails a hearing test, cytomegalovirus. It also eliminates the requirement that testing for cytomegalovirus be performed within available appropriations.

Additionally, the bill requires clinical laboratories that complete the newborn screening test for cystic fibrosis to annually report to DPH the number and results of the screenings into the newborn screening system. Existing law already requires health care institutions to enter these test results into the state's newborn screening system.

By law, health care institutions must report confirmed cases of cytomegalovirus cases to DPH. The bill specifies that they must do so by entering the information in the state's newborn screening system, and regardless of the patient's insurance status or payment source, including self-payment.

EFFECTIVE DATE: Upon passage

§§ 76 & 77 — AMENDMENTS TO MARRIAGE OR BIRTH CERTIFICATES TO REFLECT GENDER CHANGE

Allows individuals who submit certain documentation to change the gender designation and name on their marriage certificate and adds PAs to the list of providers who may submit an affidavit of gender transition treatment for purposes of a birth certificate amendment

The bill allows people who submit certain documentation to change the gender designation and name on their marriage certificate.

Specifically, the bill requires the DPH commissioner to issue a new marriage certificate to a person who:

1. requests in writing, signed under penalty of law, a replacement marriage certificate that reflects a gender different from the sex designated on their original certificate, along with an affirmation that the couple is still married;

2. provides a notarized statement from the person's spouse,

consenting to the amendment;

3. provides a (a) U.S. passport, amended birth certificate, or court order reflecting the applicant's gender or (b) notarized affidavit from a physician, PA, APRN, or psychologist (whether licensed in Connecticut or another state) stating that the applicant has undergone surgical, hormonal, or other clinically appropriate treatment for gender transition; and

4. provides, if applicable, proof of a legal name change.

The bill generally extends to these amended marriage certificates existing procedures for amended birth certificates reflecting gender change (e.g., allowing only the DPH commissioner, and not local registrars, to amend the certificate, and providing that the replacement certificate is not marked "amended").

Under current law, individuals seeking to change the gender designation on their birth certificates must submit a notarized affidavit from a physician, APRN, or psychologist stating that the applicant has undergone clinically appropriate gender transition treatment. The bill adds PAs to the list of providers who may submit this affidavit.

The bill also makes conforming changes.

EFFECTIVE DATE: October 1, 2021

§§ 78-81 — DPH ACCESS TO ELECTRONIC HOSPITAL RECORDS

Requires hospitals, by October 1, 2022, to provide DPH access, including remote access, to certain complete electronic medical records related to (1) reportable diseases and emergency illnesses and health conditions; (2) the Connecticut Tumor Registry; (3) the Maternal Mortality Review Program; and (4) births, fetal deaths, and death occurrences

The bill requires hospitals to provide DPH access, including remote access, to complete electronic medical records on reportable diseases and emergency illnesses and health conditions, in a manner the commissioner approves (see BACKGROUND).

It also requires hospitals to grant DPH access, including remote access, to complete patient medical records related to the:

1. Connecticut Tumor Registry, if the department deems it necessary to perform case findings or other quality improvement audits (see BACKGROUND);
2. Maternal Mortality Review Program, if DPH deems it necessary to review case information related to a death under review by the program (see BACKGROUND); and
3. births, fetal deaths, and death occurrences, if the department deems it necessary to perform quality improvement audits and ensure completeness of reporting and data accuracy.

(Existing law already grants DPH access to health care provider records for Connecticut Tumor Registry and Maternal Mortality Review Program purposes.)

The bill requires hospitals to grant DPH access to the above records by October 1, 2022, if technically feasible.

Under the bill, as under the existing law, these records generally (1) are confidential and not subject to disclosure, (2) are not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research or disease control and prevention purposes.

EFFECTIVE DATE: October 1, 2021

§ 82 — ALTERNATIVE DRINKING WATER SOURCES

Requires water companies and small community water systems to update their emergency contingency plans and emergency response plans, respectively, to include information on providing temporary alternative drinking water sources during a water supply emergency

The bill requires water companies and small community water systems (i.e., those regularly serving between 25 and 1,000 year-round residents) to update their emergency contingency plans and emergency response plans, respectively, to include information on providing their consumers an alternative drinking water source as a temporary measure when there is a water supply emergency. (They must submit these plans to DPH under existing law and regulation.)

Under the bill, a "water supply emergency" is an event lasting longer than 12 hours that causes a company's water supply to become non-compliant with DPH regulations on drinking water quality or quantity. The bill specifies that this section does not prevent a water company or small community water system from providing an alternative source of potable water for an event lasting less than 12 hours that may adversely impact the quality or quantity of potable water supplies.

The bill requires these emergency plans to identify alternative drinking water sources for possible use at various stages of an emergency, including:

1. bulk water provided by licensed bulk water haulers,
2. bottled water,
3. a fill station,
4. interconnection or agreement with a nearby public water system for supplemental water supplies during an emergency, and
5. other approved public water supply sources or mechanisms for providing water identified in the plan or approved by the DPH commissioner.

The bill also requires the DPH commissioner, in consultation with water companies and small community water systems, to prepare materials and provide guidance to these companies and systems to implement the bill's provision.

Under the bill, as under existing law, "water company" means any individual, municipality, or entity that owns, maintains, operates, manages, controls, or employs any pond, lake, reservoir, well, stream, or distributing plant or system that supplies water to two or more consumers or to 25 or more people on a regular basis.

EFFECTIVE DATE: October 1, 2021

§ 83 — WATER COMPANY TIER 1 NOTICES

Requires water companies to provide Tier 1 written communications to customers in the languages predominantly spoken in their service area and update their emergency response plans to include information on providing these multilingual communications

The bill requires water companies to provide "tier 1" written communications to customers in the languages predominantly spoken in their service area and update their emergency response plans that they submit to DPH under existing law and regulation to include information on the provision of these multilingual communications.

Under state regulation, water companies must send a "tier 1" notice to customers to communicate certain water quality or quantity issues or concerns with customers, such as when a water source exceeds the state's maximum contaminant levels (Conn. Agencies Regs. § 19-13-B102).

EFFECTIVE DATE: October 1, 2021

§ 84 — COMMUNITY WATER SYSTEMS AND DECLARED EMERGENCIES

Requires community water systems to report their operational status to WebEOC within eight hours after a declared public health or civil preparedness emergency and any time thereafter that the system's status significantly changes

The bill requires community water systems that serve at least 25 residents to promptly report their operational status to WebEOC after the governor declares a civil preparedness or public health emergency. They must do so within eight hours after WebEOC reporting is made available regarding the declared emergency, and any time thereafter that the community water system's status significantly changes.

Under the bill, "WebEOC" is the state's online emergency management information system used to document routine and emergency events or incidents. It provides a real-time operating picture and resource request management tool for local and state emergency managers during exercises; drills; or local, regional, or statewide emergencies.

EFFECTIVE DATE: October 1, 2021

§ 85 — SMALL COMMUNITY WATER SYSTEMS

Requires small community water systems, by January 1, 2025, to prepare a capacity implementation plan regarding the system owner's managerial, technical, and financial capacity to own and operate the system

Starting by January 1, 2025, the bill requires each owner of a small community water system (i.e., those regularly serving between 25 and 1,000 year-round residents) to complete and implement a "capacity implementation plan" that demonstrates that the owner has the managerial, technical, and financial capacity to continue to own and operate the system. The plan must be updated annually and made available to DPH upon request.

Under the bill, the plan must include:

1. a description of the small community water system, including the number of consumers and persons it serves, and its drinking water sources;

2. ownership and management information, including the system's type of ownership structure and the current contact information for the owners, certified operators, and emergency contact persons;

3. service area maps and facilities maps, including the location of and specific information on sources, storage and treatment facilities, pressure zones, booster pumps, hydrants, distribution lines, valves, and sampling points;

4. a description of the system's cross-connection control program and source water protection program;

5. a copy of the system's emergency response plan required under existing DPH regulations;

6. a capital improvement program, including the schedule that identifies all capital improvements scheduled for a five-year planning period and capital improvements or major projects scheduled for a 20-year planning period;

7. water production and consumption information; and
8. information on nearby public water systems, including their type and distance, based on the coordinated water system plan approved by DPH for the water utility coordinating committee where the small community water system is located.

The bill also requires the plan to include financial capacity information, including:

1. an evaluation of the small community water system's fiscal plan required under existing law;
2. a summary of the system's income and expenses for the five years preceding the date the plan is submitted;
3. a five-year balanced operation budget;
4. the system's water rate structure and fees charged, including information on how the rates and fees are updated and whether they are sufficient to maintain cash flow stability and fund the capital improvement plan and any emergency improvements; and
5. an evaluation that has considered the affordability of water rates.

The bill requires each small community water system, starting by July 1, 2025, to annually summarize its capacity plan in its consumer confidence report required under existing DPH regulations.

Exceptions

The plan requirement does not apply to a small community water system that is (1) regulated by the Public Utilities Regulatory Authority (i.e., investor-owned water companies), (2) required to submit a water supply plan to DPH (e.g., generally, those serving 1,000 or more people or 250 or more customers), or (3) a state agency.

The bill deems the report requirement to relate to the purity and

adequacy of water supplies for the purpose of imposing a penalty for violating statutory or regulatory requirements on public water supply purity, adequacy, or testing described further below.

Regulations

The bill authorizes DPH to adopt regulations to implement the bill's requirements for small community water systems.

EFFECTIVE DATE: October 1, 2021

§§ 86 & 87 — BOTTLED WATER TESTING

Requires water bottlers, by January 1, 2022, to annually collect water samples before any water treatment from each DPH-approved sources and test them for perfluoroalkyl substances and other unregulated contaminants; establishes related reporting requirements

This bill requires water bottlers, by January 1, 2022, to annually collect water samples before any water treatment from each DPH-approved source and test them for perfluoroalkyl substances (PFAS) and other unregulated contaminants. A DPH-registered environmental laboratory that has EPA-approved certification must test the samples to determine compliance with microbial standards established by DPH for public drinking water.

Under the bill, water bottlers must report the test results to DPH and the Department of Consumer Protection (DCP) within nine calendar days after receiving them. If the results exceed DPH standards for PFAS and other unregulated contaminants, the department may require the water bottler to stop using the approved source until it no longer poses an unacceptable health or safety risk to consumers. The bill requires DPH to notify DCP when it takes such action.

The bill defines an "unregulated contaminant" as a contaminant for which DPH has set a level at which it creates, or can be reasonably expected to create, an unacceptable risk of injury to the consumer's health or safety.

Existing law requires water bottlers, among other things, to collect samples from each approved source at least once a year to test for

regulated contaminants and at least one every three years for unregulated contaminants for which allowable levels have not been established.

EFFECTIVE DATE: October 1, 2021

§ 88 — PUBLIC WATER SYSTEM TESTING

Requires an environmental laboratory that tests a public water system sample to notify DPH and the test requestor within 24 hours after obtaining a test result that violates EPA national primary drinking water standards

The bill requires an environmental laboratory that tests a public water system sample to notify DPH and the test requestor, or the requestor's designee, within 24 hours after obtaining a test result that shows a contaminant at a level that violates EPA national primary drinking water standards. Under the bill, a contaminant means E. Coli, lead, nitrate, and nitrite.

The bill's notification requirement applies only to public water systems that do not submit a water supply plan to DPH.

Under existing law, if a public water system violates EPA national primary drinking water standards, DPH must notify the chief elected official in the municipality where the water system is located and any municipality the water system serves. The bill allows the commissioner's designee, instead of only the commissioner, to make the notification. As under existing law, the commissioner's designee must do this within five business days after receiving notice of the violation.

EFFECTIVE DATE: October 1, 2021

§ 89 — HEALTH CARE INSTITUTIONS AND WATER SUPPLY SHORTAGES

Requires health care institutions to obtain potable water from a licensed bulk water hauler or water bottler as a temporary measure to alleviate a water supply shortage

The bill requires health care institutions to obtain potable water from a licensed bulk water hauler or water bottler as a temporary measure to alleviate a water supply shortage.

EFFECTIVE DATE: October 1, 2021

§ 90 — TECHNICAL CHANGES

Makes technical changes to an EMS statute

The bill makes technical changes to an EMS statute.

EFFECTIVE DATE: Upon passage

§§ 93 & 94 — TECHNICAL CHANGES

Makes technical changes to PA continuing education requirements

The bill makes technical changes to PA continuing education requirements in existing law and sSB 2, as amended and passed by the Senate.

EFFECTIVE DATE: July 1, 2021

§ 95 — EMS MENTAL HEALTH TRAINING

Extends certain mental health training requirements to advanced EMTs and makes a clarifying change regarding EMS instructors

sSB 2, as amended and passed by the Senate, requires emergency medical responders and emergency medical technicians (EMTs), or emergency medical services instructors seeking certification renewal to complete specified mental health and suicide prevention training. The bill extends this requirement to advanced EMTs.

Thus, the bill requires advanced EMTs seeking certification renewal to present evidence that, within the prior six years, they have completed (1) the evidence-based youth suicide prevention training program established by sSB 2 or (2) at least two hours of DPH-approved training in screening for posttraumatic stress disorder, suicide risk, depression, and grief and suicide prevention. This requirement applies starting January 1, 2022.

sSB 2, as amended and passed by the Senate, requires the Youth Suicide Advisory Board and the Office of the Child Advocate to jointly administer an evidence-based youth suicide prevention training program, with specified components, in each local and district health department and offer it at least once every three years, starting by July

1, 2022.

The bill also removes the separate requirement for EMS instructors to take this training; but under existing law, EMS instructors seeking renewal of their certification must also maintain EMT or advanced EMT certification or paramedic licensure.

EFFECTIVE DATE: July 1, 2021

§§ 96-98 — TECHNICAL CHANGES

Makes technical and conforming changes

The bill makes technical and conforming changes to EMS statutes and related laws.

EFFECTIVE DATE: Upon passage

§ 99 — DPH LIST OF FUNERAL DIRECTORS AND EMBALMERS

Eliminates the requirement that DPH annually provide town clerks and registrars of vital statistics printed lists of all licensed funeral directors, embalmers, student funeral directors, and student embalmers

The bill repeals a provision requiring DPH to annually provide town clerks and registrars of vital statistics printed lists of all licensed funeral directors, embalmers, student funeral directors, and student embalmers. (In practice, these lists are available on the state's eLicense website.) The bill also repeals a provision requiring DPH to issue cards to those listed stating their license or registration status.

EFFECTIVE DATE: Upon passage

BACKGROUND

Health Professional Assistance Program

By law, this program is an alternative, voluntary, and confidential rehabilitation program that provides various services to health professionals with a chemical dependency, emotional or behavioral disorder, or physical or mental illness.

By law, before a health professional may enter the program, a medical review committee must (1) determine if he or she is an appropriate candidate for rehabilitation and participation and (2)

establish terms and conditions for participation. The program must include mandatory, periodic evaluations of each participant's ability to practice with skill and safety and without posing a threat to the health and safety of any person or patient (CGS § 19a-12a).

Connecticut Tumor Registry

By law, the Connecticut Tumor Registry includes reports of all tumors and conditions that are diagnosed or treated in the state for which DPH requires reports. Hospitals, various health care providers, and clinical laboratories must provide such reports to DPH for inclusion in the registry.

DPH Reportable Disease List

By law, DPH maintains an annual list of reportable diseases and emergency illnesses and conditions and reportable lab findings. Health care providers and clinical laboratories must report cases of the listed conditions within certain timeframes to the department and the local health director where the case occurs.

Maternity Mortality Review Program

DPH's Maternity Mortality Review Program identifies maternal deaths in Connecticut, and reviews related medical records and other relevant data, including death and birth records, the Office of the Chief Medical Examiner's files, and physician office and hospital records. The program's review committee conducts comprehensive, multidisciplinary reviews of maternal deaths to identify associated factors and make recommendations to reduce these deaths.

Out-of-State Practitioners Allowed During Emergency

Existing law allows the following health care practitioners to temporarily practice in Connecticut during a declared public health emergency, upon the issuance of a DPH order: emergency medical personnel, physicians and physician assistants, physical therapists, nurses and nurses' aides, respiratory care practitioners, psychologists, marital and family therapists, clinical social workers, professional counselors, paramedics, embalmers and funeral directors, sanitarians, asbestos contractors and consultants, and pharmacists.

Recommended Uniform Screening Panel

RUSP is a list of health conditions that the federal Department of Health and Human Services recommends states screen for as part of their newborn screening programs. Conditions are included on the list based on evidence of the potential benefit of screening, states' ability to screen, and the availability of effective treatments (42 U.S.C. § 300b-10).

Related Bills

sSB 1 (File 481), as amended and passed by the Senate, contains some similar provisions as this bill on local health directors.

sSB 2 (File 246), as amended and passed by the Senate, requires certain EMS personnel to complete training on suicide prevention and related topics.

sHB 6470 (File 265), favorably reported by the Human Services Committee, allows APRNs and PAs licensed in Connecticut or a bordering state to order home health care services.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 31 Nay 2 (03/31/2021)

Appropriations Committee

Joint Favorable
Yea 35 Nay 14 (05/10/2021)