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## **OLR Bill Analysis**

**sSB 1083 (File 540, as amended by Senate "A")\***

### ***AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.***

#### **SUMMARY**

This bill makes various unrelated changes to the statutes pertaining to public health. Principally, it:

1. requires the Chief Medical Examiner, starting January 1, 2022, to complete at least one contact hour of training or education in sudden unexpected death in epilepsy as part of his required continuing medical education (CME) (§ 1);
2. requires licensed health clubs, starting October 1, 2022, to provide and maintain at least one automatic external defibrillator (AED, see BACKGROUND) and, among other things, ensure that at least one employee trained in its use is on the premises during business hours (§§ 2 & 3);
3. requires hospital personnel to ask patients, upon admission, whether the patient wants the hospital to notify a family member, caregiver, or support person of the admission (§ 4);
4. allows a 16-year-old, with parental or guardian written consent, to donate blood, or any of its components, and consent to blood withdrawal at a voluntary blood donation program (§ 5);
5. extends the time period that an art therapist licensure applicant's temporary permit is valid, from 365 days to two years after the applicant receives his or her graduate degree (§ 6);
6. requires the public health commissioner, by January 1, 2022, to revise marriage license applications and certificates to (a)

replace references to “bride” and “groom” with “spouse one” and “spouse two” and (b) remove references to a spouse’s race or ethnicity or designation of such race or ethnicity (§ 7);

7. extends the dates by which the (a) Department of Public Health (DPH) commissioner must report to the Public Health Committee on the process she develops for itinerant food vendor licensure by reciprocity to December 1, 2021, and (2) commissioner and each local health director must implement it to January 1, 2022 (§ 8);
8. requires the Department of Mental Health and Addiction Services (DMHAS) to convene a working group to study the health benefits of psilocybin and requires the working group to submit its findings and recommendations to the Public Health Committee by January 1, 2022 (§ 9); and
9. allows hospitals to provide written discharge planning materials required under existing law to patients and their designated caregivers electronically, if patients agree (§ 10).

EFFECTIVE DATE: October 1, 2021, except that provisions on (1) blood donation by minors, temporary permits for art therapists, marriage licenses, and hospital discharge plans take effect July 1, 2021, and (2) itinerant food vendor licensure reciprocity and the psilocybin working group take effect upon passage.

\*Senate Amendment “A” removes the provisions in the underlying bill (1) allowing physician assistants to document medical information in several situations that currently require a physician’s or advanced practice registered nurse’s documentation and (2) requiring hospitals to notify the mother of a stillborn child of the child’s burial and cremation options within specified timeframes. It adds provisions on (1) a DMHAS psilocybin working group, (2) hospital discharge plans, and (3) itinerant food vendor licensure reciprocity. It also specifies that the bill’s AED requirements for health clubs begin October 1, 2022.

## **§ 1 — CHIEF MEDICAL EXAMINER CME**

Starting January 1, 2022, the bill requires the Chief Medical Examiner to earn at least one contact hour (i.e., 50 minutes) of training or education in sudden unexpected death in epilepsy as part of the CME he must complete under existing law. Under the bill, “sudden unexpected death in epilepsy” is the death of someone with epilepsy that is not caused by injury, drowning, or other known causes unrelated to epilepsy.

By law, physicians must generally complete at least 50 hours of CME during every two years.

### **§§ 2 & 3 — AEDS IN HEALTH CLUBS**

Starting October 1, 2022, the bill requires applicants for a health club license to do the following:

1. provide and maintain at least one AED in a readily accessible location;
2. inform employees about the AED’s location;
3. ensure that at least one employee is on the premises during staffed business hours, who is trained in cardiopulmonary resuscitation and using an AED in accordance with the American Red Cross or American Heart Association standards;
4. maintain and test the AED in accordance with the manufacturer’s guidelines; and
5. promptly notify a local emergency medical services provider after each AED use.

Under existing law, unchanged by the bill, the Department of Consumer Protection can revoke, suspend, or refuse to renew a health club’s license if it fails to comply with these requirements.

Existing law provides civil immunity for acts arising out of a person’s or entity’s ordinary negligence in providing or maintaining an AED at a licensed health club. Starting October 1, 2022, the bill extends this liability to include immunity for its nonuse. As under

existing law, this immunity does not apply to gross, willful, or wanton negligence.

#### **§ 4 — HOSPITAL PATIENTS AND FAMILY CAREGIVERS**

The bill requires hospital personnel, when admitting a patient, to promptly ask the patient if he or she wants the hospital to notify a family member, caregiver, or support person of the admission. If the patient chooses the notification, hospital personnel must make reasonable efforts to contact the family member, caregiver, or support person as soon as practicable, but within 24 hours after the request. Existing law already requires hospitals to do this for the patient's physician, upon the patient's request.

#### **§ 5 — DONATION OF BLOOD BY MINORS**

The bill allows a 16-year-old, with his or her parent's or guardian's written authorization, to (1) donate blood, or any of its components, and (2) consent to blood withdrawal at a voluntary blood donation program. Existing law, unchanged by the bill, allows a person age 17 or older to do so without parental or guardian consent.

#### **§ 6 — ART THERAPIST TEMPORARY PERMITS**

By law, DPH may issue nonrenewable temporary permits to art therapist licensure applicants with a graduate degree in art therapy or a related field. The permit allows the holder to practice under the general supervision of a licensee.

The bill extends, from 365 days to two years after the applicant receives his or her degree, the maximum time period the permit is valid.

Existing law, unchanged by the bill, prohibits DPH from issuing a temporary permit to someone with a pending professional disciplinary action or who is the subject of an unresolved complaint in any state. The commissioner may revoke a temporary permit for good cause, as she determines.

#### **§ 7 — MARRIAGE LICENSES**

The bill requires the DPH commissioner, by January 1, 2022, to revise marriage license applications and certificates to:

1. replace references to “bride” and “groom” with “spouse one” and “spouse two” and
2. remove references to a spouse’s race or ethnicity and any designation of a spouse’s race or ethnicity.

### **§ 8 — ITINERANT FOOD VENDOR LICENSURE RECIPROCITY**

By law, the DPH commissioner must collaborate with local health directors to develop a process to allow reciprocal licensing of itinerant food vending establishments that (1) have a valid license or permit from a local health director and (2) seek to operate in a different municipality.

The bill extends the date by which the (1) commissioner must report to the Public Health Committee on the process she develops to December 1, 2021, and (2) commissioner and each local health director must implement the licensure by reciprocity to January 1, 2022.

### **§ 9 — PSILOCYBIN WORKING GROUP**

The bill requires DMHAS to convene a working group, to study the health benefits of psilocybin, which is the chemical compound obtained from certain types of hallucinogenic mushrooms that grow naturally in regions of Europe, South America, Mexico, and the United States.

The department must convene the working group within available appropriations and include members of the Public Health Committee.

Under the bill, the study must examine whether using psilocybin under the direction of a health care provider may benefit a person’s physical or mental well-being.

The bill requires the working group, by January 1, 2022, to report its findings and recommendations to the Public Health Committee. The working group terminates on the date it submits the report or January

1, 2022, whichever is later.

## **§ 10 — HOSPITAL DISCHARGE PLANS**

By law, DPH sets minimum standards for hospital discharge planning services that include, among other things, requiring hospitals to prepare a written discharge plan for each patient and provide a copy of the plan to the patient prior to his or her discharge from the hospital.

Under the bill, if a patient agrees, a hospital may provide the written discharge materials and document acknowledgement of them (presumably by the patient) solely through electronic means.

## **BACKGROUND**

### ***Automatic External Defibrillators***

An AED is a portable device used to restore normal heart rhythm to people having heart attacks. It consists of a small computer (microprocessor), electrodes, and electrical circuitry. If the heart is in ventricular fibrillation (i.e., beating abnormally), the microprocessor recommends a defibrillating shock to restore a regular rhythm. The shock is delivered through adhesive electrode pads.

### ***Related Bill***

sSB 1086 (File 567), favorably reported by the Public Health Committee, establishes a nine-member task force to study the health benefits of psilocybin and requires the task force to submit its findings and recommendations to the Public Health Committee by January 1, 2022.

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 29 Nay 4 (03/31/2021)