
OLR Bill Analysis

sHB 5500

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

TABLE OF CONTENTS:

SUMMARY

§§ 1-8 — CHRONIC DISEASE HOSPITALS

Adds a definition for “chronic disease hospital” to the statute on health care institution licensure and makes related technical and conforming changes to various public health statutes

§§ 1, 23-30, & 39 — CLINICAL LABORATORIES

Adds clinical laboratories to the statutory definition of “health care institution” to reflect current practice and allows the DPH commissioner to waive regulations for these laboratories under limited conditions

§§ 1 & 42-45 — ALCOHOL OR DRUG TREATMENT FACILITIES

Replaces the term “alcohol or drug treatment facility” with “behavioral health facility” in several statutes to reflect current practice

§ 6 — CENTRAL SERVICE TECHNICIANS

Allows central service technicians to obtain certification as a registered CST from a successor organization to the International Association of Healthcare Central Service Material Management

§ 9 — ALBERT J. SOLNIT CHILDREN’S CENTER

Makes a technical change to specify that Albert J. Solnit Children’s Center and its psychiatric residential treatment facility units are not exempt from DPH licensure

§ 10 — STRIKE CONTINGENCY STAFFING PLAN

Requires health care institutions, when notified that their employees intend to strike, to include a staffing plan as part of the strike contingency plan they must file with DPH

§ 11 — NURSING HOME ADMINISTRATOR CONTINUING EDUCATION

Adds infection prevention and control to the mandatory topics for nursing home administrators’ continuing education

§ 12 & 13 — MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL

Allows a registered nurse to delegate certain medication administration to home health aides and hospice aides who obtain certification from DCF or DDS, in addition to those certified by DPH, as under current law

§ 14, 16 & 17 — SCOPE OF PRACTICE REVIEW

Reduces, by two weeks, the timeframe of certain steps of DPH's scope of practice review process for health care professions; requires DPH to establish a scope of practice review committee to determine whether it should regulate midwives who are ineligible for nurse-midwife licensure and report its findings to the Public Health Committee

§ 15 — STATE BOARD OF EXAMINERS FOR NURSING

Expands the duties of the State Board of Examiners for Nursing; requires DPH, instead of the board, to post a list of all approved nursing education programs for registered nurses and licensed practical nurses; and eliminates a requirement that DPH adopt regulations on adult education practical nursing training programs offered in high schools

§ 18 — CONTINUING EDUCATION (CE) FOR OPTOMETRISTS

Explicitly allows online CE classes; increases, from six to ten, the number of CE credit hours that can be earned without attending in-person

§§ 19 & 20 — MINOR AND TECHNICAL CHANGES

Makes technical changes to statutory provisions on (1) outpatient mental health treatment provided to minors without parental consent and (2) physician assistant licensure

§ 21 — EMERGENCY MEDICAL SERVICES ADVISORY BOARD REPORT

Changes, from December 31 to April 1, the date by which the DPH commissioner must annually report to the Emergency Medical Services (EMS) Advisory Board on specified information on EMS calls; delays the date the next report is due until April 1, 2023

§ 22 — AUTHORIZED EMERGENCY VEHICLES

Expands the statutory definition of "authorized emergency vehicle" to include all authorized EMS vehicles, instead of only ambulances, as under current law

§§ 31-32 — ONLINE PAYMENTS FOR VITAL RECORDS

Specifies DPH must approve any locally allowed online payment methods

§ 33 — STATE FOOD CODE

Generally exempts from the state's model food code requirements, certain owner-occupied bed and breakfast establishments and noncommercial functions, such as bake sales and potluck suppers at educational, religious, political, or charitable organizations

§ 34 — TECHNICAL CHANGE

Corrects a reference to statutes on the Clean Water Fund

§ 35 — CONTINUING EDUCATION FOR PSYCHOLOGISTS

Establishes minimum and maximum amounts of CE earned online

§ 36 — SOCIAL WORKER MINIMUM STAFFING REQUIREMENTS IN NURSING HOMES

Specifies that existing law's minimum social worker staffing requirement in nursing homes of one social worker per 60 residents is a number of hours that must vary proportionally based on the number of residents in the home; allows the DPH commissioner to implement policies and procedures while adopting minimum staffing requirements in regulation

§§ 37-38 — STATEWIDE HEALTH INFORMATION EXCHANGE

Allows the Office of Health Strategy executive director to implement policies and procedures while adopting regulations to (1) administer the Statewide Health Information Exchange and (2) require certain health care institutions and providers to connect to and participate in the exchange

§ 40 — DOULA ADVISORY COMMITTEE

Requires DPH, within available resources, to establish an 18-member Doula Advisory Committee to develop recommendations on (1) certification requirements for doulas and (2) standards for recognizing training programs that meet the certification requirements

§ 41 — SAFE HARBOR LEGISLATION

Requires the DPH commissioner to (1) study whether the state should adopt “safe harbor” legislation allowing certain unlicensed practitioners to provide alternative health care services and (2) report to the Public Health Committee by January 1, 2023

BACKGROUND

SUMMARY

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

EFFECTIVE DATE: Various, see below.

§§ 1-8 — CHRONIC DISEASE HOSPITALS

Adds a definition for “chronic disease hospital” to the statute on health care institution licensure and makes related technical and conforming changes to various public health statutes

The bill adds a statutory definition for “chronic disease hospital,” to the statute on the licensure of health care institutions. Under the bill, as under current law, these hospitals are long-term hospitals that have facilities, medical staff, and all personnel necessary to diagnose, treat, and care for chronic diseases.

The bill also makes related technical and conforming changes to various public health statutes.

EFFECTIVE DATE: October 1, 2022

§§ 1, 23-30, & 39 — CLINICAL LABORATORIES

Adds clinical laboratories to the statutory definition of “health care institution” to reflect current practice and allows the DPH commissioner to waive regulations for these laboratories under limited conditions

Definition

The bill adds clinical laboratories to the statutory definition of “health care institution.” In doing so, it extends to these laboratories statutory requirements for health care institutions regarding, among other things, DPH licensure, inspection, and complaint investigation requirements. (In practice, clinical laboratories are already subject to state and federal regulation.)

As under current law, the bill defines a “clinical laboratory” as a facility or other area used for microbiological, serological, chemical, hematological, immuno-hematological, biophysical, cytological, pathological, or other examinations of human bodily fluids, secretions, excretions, or excised or exfoliated tissues. The examinations must be used to provide information for (1) diagnosing, preventing, or treating a human disease or impairment; (2) assessing human health; or (3) assessing the presence of drugs, poisons, or other toxicological substances.

The bill also makes related technical and conforming changes to various public health statutes.

Waivers

Additionally, the bill allows the DPH commissioner to:

1. waive regulations affecting clinical laboratories if she determines that doing so would not endanger a patient’s health, safety, or welfare;
2. impose waiver conditions assuring patients’ health, safety, and welfare; and
3. revoke the waiver if she finds that someone’s health, safety, or welfare has been jeopardized.

Existing law already allows the commissioner grant waivers for other health care institutions under these same conditions. Under existing law and the bill, she cannot grant a waiver that would result in a violation of the state fire safety or building code.

EFFECTIVE DATE: October 1, 2022, except provisions on waivers are effective upon passage.

§§ 1 & 42-45 — ALCOHOL OR DRUG TREATMENT FACILITIES

Replaces the term “alcohol or drug treatment facility” with “behavioral health facility” in several statutes to reflect current practice

The bill removes the statutory definition for “alcohol or drug treatment facility” and replaces this term with “behavioral health facility” in several statutes. (Under current practice, these facilities are licensed and regulated as behavioral health facilities.)

EFFECTIVE DATE: October 1, 2022

§ 6 — CENTRAL SERVICE TECHNICIANS

Allows central service technicians to obtain certification as a registered CST from a successor organization to the International Association of Healthcare Central Service Material Management

Existing law generally requires anyone who practices as a central service technician (CST) to, among other things, be certified as either a (1) sterile processing and distribution technician by the Certification Board for Sterile Processing and Distribution, Inc. or (2) registered CST by the International Association of Healthcare Central Service Material Management (IAHCSMM).

For the latter, the bill allows CSTs to also obtain certification from a successor organization to IAHCSMM (the organization is currently changing its name).

By law, CSTs decontaminate, prepare, package, sterilize, store, and distribute reusable medical instruments or devices in a hospital or outpatient surgical facility, either as an employee or under contract.

EFFECTIVE DATE: October 1, 2022

§ 9 — ALBERT J. SOLNIT CHILDREN’S CENTER

Makes a technical change to specify that Albert J. Solnit Children’s Center and its psychiatric residential treatment facility units are not exempt from DPH licensure

Existing law exempts from DPH licensure Department of Children and Families (DCF)-licensed (1) substance abuse treatment facilities and

(2) maternity homes that offer care to pregnant women, new mothers, and their newborns.

The bill specifies that this exemption does not apply to Albert J. Solnit Children’s Center and its psychiatric residential treatment facility units (“South Campus”). (Existing law requires that DPH license these facilities.)

EFFECTIVE DATE: Upon passage

§ 10 — STRIKE CONTINGENCY STAFFING PLAN

Requires health care institutions, when notified that their employees intend to strike, to include a staffing plan as part of the strike contingency plan they must file with DPH

By law, a licensed health care institution must file a strike contingency plan with the DPH commissioner if the institution is notified by a labor organization representing its employees of its intention to strike.

The bill requires each institution, as part of the strike contingency plan, to include its staffing plan for at least the first three days of the strike. This must include the names and titles of the people who will provide services during this period.

Under existing law, these institutions must submit their strike contingency plans no later than five days before the date indicated for the strike.

EFFECTIVE DATE: October 1, 2022

§ 11 — NURSING HOME ADMINISTRATOR CONTINUING EDUCATION

Adds infection prevention and control to the mandatory topics for nursing home administrators’ continuing education

The bill adds infection prevention and control to the mandatory topics for nursing home administrators’ continuing education. It makes a corresponding change adding courses offered or approved by the Association for Professionals in Infection Control and Epidemiology to those that meet continuing education requirements for nursing home administrators.

By law, nursing home administrators must complete at least 40 hours of continuing education every two years, starting with their first license renewal. Existing law requires that the education include training in Alzheimer's disease and dementia symptoms and care.

EFFECTIVE DATE: Upon passage

§ 12 & 13 — MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL

Allows a registered nurse to delegate certain medication administration to home health aides and hospice aides who obtain certification from DCF or DDS, in addition to those certified by DPH, as under current law

The bill allows a registered nurse (RN) to delegate the administration of non-injected medications to home health aides and hospice aides who are currently certified by the departments of Children and Families (DCF) or Developmental Services (DDS), in addition to those certified by DPH, as under current law.

Under current law, unchanged by the bill:

1. RNs cannot delegate medication administration to these unlicensed personnel if a prescribing practitioner requires a medication to be administered only by a licensed nurse;
2. unlicensed personnel must renew their certification every three years; and
3. residential care homes that admit residents requiring medication administration assistance must employ a sufficient number of unlicensed personnel certified by DPH, DCF, or DDS to perform this function.

The bill also makes related technical and conforming changes to provisions requiring DPH to adopt regulations to carry out the medication administration delegation provisions.

EFFECTIVE DATE: October 1, 2022

§ 14, 16 & 17 — SCOPE OF PRACTICE REVIEW

Reduces, by two weeks, the timeframe of certain steps of DPH's scope of practice review process for health care professions; requires DPH to establish a scope of practice review committee to determine whether it should regulate midwives who are ineligible for nurse-midwife licensure and report its findings to the Public Health Committee

Existing law establishes a process to review requests from representatives of health care professions seeking to establish or revise a scope of practice prior to consideration by the legislature. Within available appropriations, DPH appoints members to scope of practice review committees (see BACKGROUND).

The bill moves up deadlines for certain steps in this process as shown in Table 1 below.

Table 1: Scope of Practice Review Step Deadlines

Scope of Practice Review Step	Deadline Under Current Law	Deadline Under the Bill
DPH must notify the Public Health Committee and post on its website any scope of practice request it receives	September 15	September 1
Representatives of health care professions directly impacted by a submitted scope of practice request may submit an impact statement to DPH and provide a copy to the requestor	October 1	September 15
Requestor must submit a written response to an impact statement to DPH and the entity that provided the statement	October 15	October 1
DPH commissioner must establish and appoint members to a scope of practice review committee	November 1	October 15

The bill also makes related conforming changes.

Midwife Scope of Practice Review

Additionally, the bill requires the DPH commissioner to conduct a scope of practice review, under the existing process for scope of practice review committees, to determine whether DPH should regulate midwives who are ineligible for nurse-midwife licensure. The commissioner must report the committee's findings and recommendations to the Public Health Committee by February 1, 2023.

EFFECTIVE DATE: Upon passage

§ 15 — STATE BOARD OF EXAMINERS FOR NURSING

Expands the duties of the State Board of Examiners for Nursing; requires DPH, instead of the board, to post a list of all approved nursing education programs for registered nurses and licensed practical nurses; and eliminates a requirement that DPH adopt regulations on adult education practical nursing training programs offered in high schools

The bill codifies current practice by expanding the duties of the State Board of Examiners for Nursing to explicitly include (1) approving nursing schools in the state that prepare individuals for state licensure and (2) where possible, consulting with nationally recognized accrediting agencies when doing so.

The bill also requires DPH, instead of the board, to post on the department's website a list of all approved nursing education programs for registered nurses and licensed practical nurses.

Additionally, the bill eliminates the requirement that DPH adopt regulations on adult education practical nursing training programs offered in high schools or through the Technical Education and Career System (i.e., technical high schools) for students without a high school diploma. (In practice, these programs have all closed.)

EFFECTIVE DATE: Upon passage

§ 18 — CONTINUING EDUCATION (CE) FOR OPTOMETRISTS

Explicitly allows online CE classes; increases, from six to ten, the number of CE credit hours that can be earned without attending in-person

Currently, optometrists must earn at least 20 hours of CE during each annual registration period, of which up to six can be earned through a home study or distance learning program. The bill specifies that online education is an allowed means of earning CE credit.

The bill increases to 10 hours the amount of CE credit that optometrists can earn through courses that are not in-person. But it limits to:

1. five hours the amount of CE credit that can be earned through asynchronous online education, distance learning, or home study

programs and

2. ten hours the amount of CE credit that can be earned through synchronous online education that includes opportunities for live instruction.

Under the bill, “synchronous online education” is a live online class conducted in real time. “Asynchronous online education” is a program in which (1) the instructor, learner, and other participants are not engaged in the learning process at the same time; (2) there is no real-time interaction between participants and instructors; and (3) the educational content is created and made available for later consumption.

EFFECTIVE DATE: Upon passage

§§ 19 & 20 — MINOR AND TECHNICAL CHANGES

Makes technical changes to statutory provisions on (1) outpatient mental health treatment provided to minors without parental consent and (2) physician assistant licensure

Current law requires physician assistants to receive at least two hours of training every six years in post-traumatic stress disorder, suicide risk, depression, grief, and suicide prevention administered by the American Association of Physician Assistants. The bill makes a minor change to instead reference the American Academy of Physician Assistants and allows trainings administered by any successor organization to the academy.

The bill also makes technical changes to statutory provisions on (1) providing outpatient mental health treatment to minors without parental consent and (2) other physician assistant licensure requirements.

EFFECTIVE DATE: Upon passage

§ 21 — EMERGENCY MEDICAL SERVICES ADVISORY BOARD REPORT

Changes, from December 31 to April 1, the date by which the DPH commissioner must annually report to the Emergency Medical Services (EMS) Advisory Board on specified information on EMS calls; delays the date the next report is due until April 1, 2023

The bill changes, from December 31 to April 1, the date by which the DPH commissioner must annually report to the Emergency Medical Services Advisory Board. It also delays the date the next report is due until April 1, 2023.

By law, the report must include the number of emergency medical services (EMS) calls received during the year; response times; level of EMS required; names of EMS providers responding; and the number of passed, cancelled, and mutual aid calls.

EFFECTIVE DATE: Upon passage

§ 22 — AUTHORIZED EMERGENCY VEHICLES

Expands the statutory definition of “authorized emergency vehicle” to include all authorized EMS vehicles, instead of only ambulances, as under current law

The bill broadens the statutory definition of “authorized emergency vehicle” as used in the laws establishing those vehicles’ rights and motorists’ responsibilities with respect to them (e.g., generally, these vehicle drivers may exceed posted speed limits and motorist must pull to the right when the vehicle is using its sirens or lights).

The bill expands the definition to include all authorized emergency medical services vehicles, instead of only ambulances, as under current law. In doing so, it includes invalid coaches, advanced emergency technician-staffed intercept vehicles, and paramedic-staffed intercept vehicles licensed or certified by DPH to provide emergency medical care.

Under current law, unchanged by the bill, authorized emergency vehicles also include fire and police department vehicles.

EFFECTIVE DATE: Upon passage

§§ 31-32 — ONLINE PAYMENTS FOR VITAL RECORDS

Specifies DPH must approve any locally allowed online payment methods

The bill specifies that if a registrar of vital statistics allows online payments for vital records (e.g., a birth certificate), the DPH commissioner or her designee must approve any associated

requirements. Under the bill, this applies to payments for short- and long-form birth certificates, marriage certificates, death certificates, and original birth certificates.

EFFECTIVE DATE: Upon passage

§ 33 — STATE FOOD CODE

Generally exempts from the state's model food code requirements, certain owner-occupied bed and breakfast establishments and noncommercial functions, such as bake sales and potluck suppers at educational, religious, political, or charitable organizations

Existing law requires DPH, by January 1, 2023, to adopt the federal Food and Drug Administration's Food Code as the state's food code regulating food establishments. The bill exempts from the food code's requirements:

1. owner-occupied bed-and-breakfast establishments (a) with no more than 16 occupants, (b) with no provisions for cooking or warming food in guest rooms, (c) where breakfast is the only meal offered, and (d) that notify guests that food is prepared in a kitchen unregulated by the local health department and
2. noncommercial functions, including bake sales or potluck suppers at educational, religious, political, or charitable organizations.

Under current law, these entities must comply with the food code but are exempt from having to employ a certified food protection manger and any related reporting requirements.

Existing law, unchanged by the bill, requires that sellers at noncommercial functions maintain the food under the temperature, pH level, and water acidity level conditions that inhibit the growth of infectious or toxic microorganisms (CGS § 21a-115).

EFFECTIVE DATE: Upon passage

§ 34 — TECHNICAL CHANGE

Corrects a reference to statutes on the Clean Water Fund

The bill corrects a reference to statutes concerning the Clean Water

Fund in a provision limiting the types of funds the Green Bank's Environmental Infrastructure Fund may receive.

§ 35 — CONTINUING EDUCATION FOR PSYCHOLOGISTS

Establishes minimum and maximum amounts of CE earned online

Existing law allows licensed psychologists to earn up to five of their ten annually required CE credits through online classes, distance learning, or home study. The bill specifies that the five-hour cap applies to asynchronous online classes, distance learning, and home study.

The bill additionally requires psychologists to earn at least five hours of CE credit through synchronous online education. (In doing so, it only allows licensees to complete up to five of their required 10 CE credits in person.)

Under the bill, "synchronous online education" is a live online class conducted in real time. "Asynchronous online education" is a program in which (1) the instructor, learner, and other participants are not engaged in the learning process at the same time; (2) there is no real-time interaction between participants and instructors; and (3) the educational content is created and made available for later consumption.

EFFECTIVE DATE: Upon passage

§ 36 — SOCIAL WORKER MINIMUM STAFFING REQUIREMENTS IN NURSING HOMES

Specifies that existing law's minimum social worker staffing requirement in nursing homes of one social worker per 60 residents is a number of hours that must vary proportionally based on the number of residents in the home; allows the DPH commissioner to implement policies and procedures while adopting minimum staffing requirements in regulation

Current law requires DPH to establish minimum staffing level requirements for social workers in nursing homes of one full-time social worker per 60 residents. The bill specifies that this requirement is a number of hours based on this ratio that must vary proportionally based on the number of residents in the home (e.g., a home with 90 residents would require 1.5 full-time social workers instead of two).

Existing law, unchanged by the bill, also requires DPH to modify minimum nursing home staffing requirements to include (1) at least three hours of direct care per resident per day and (2) recreational staff at levels the commissioner deems appropriate. She must also adopt regulations to implement these requirements.

The bill allows the DPH commissioner to implement policies and procedures while in the process of adopting the new staffing requirements in regulation. She must publish notice of intent to adopt the regulation in the eRegulations system within 20 days after implementing them. Under the bill, the policies and procedures are valid until the final regulations are adopted.

EFFECTIVE DATE: Upon passage

§§ 37-38 — STATEWIDE HEALTH INFORMATION EXCHANGE

Allows the Office of Health Strategy executive director to implement policies and procedures while adopting regulations to (1) administer the Statewide Health Information Exchange and (2) require certain health care institutions and providers to connect to and participate in the exchange

The bill allows the Office of Health Strategy (OHS) executive director to implement policies and procedures while in the process of adopting regulations to (1) administer the Statewide Health Information Exchange and (2) require certain health care institutions and providers to connect to and participate in the exchange. Under the bill, the executive director must publish notice of the intent to adopt the regulations within 20 days after implementing them. The policies and procedures are valid until final regulations take effect.

By law, OHS has administrative authority over the Statewide Health Information Exchange, which among other things, must allow real-time, secure access to patient health information across all provider settings.

Under existing law, providers must begin the process of connecting to and participating in the exchange:

1. for hospitals, within one year after the exchange began (it became operational May 3, 2021), and

2. for health care providers with compatible electronic health records systems, two years after the exchange began.

EFFECTIVE DATE: Upon passage

§ 40 — DOULA ADVISORY COMMITTEE

Requires DPH, within available resources, to establish an 18-member Doula Advisory Committee to develop recommendations on (1) certification requirements for doulas and (2) standards for recognizing training programs that meet the certification requirements

The bill requires the DPH commissioner, within available resources, to establish an 18-member Doula Advisory Committee within the department to develop recommendations on (1) requirements for initial and renewal doula certification, including training, experience, and continuing education requirements, and (2) standards for recognizing doula training program curricula sufficient to satisfy the certification requirements. Under the bill, a doula is a trained, nonmedical professional who provides physical, emotional, and informational support, virtually or in person, to a pregnant person before, during, and after birth.

Membership

Under the bill, the DPH commissioner, or her designee is the chairperson of the advisory committee. Additional members include (1) the commissioners of social services, mental health and addiction services, and early childhood, or their designees and (2) 14 members appointed by the DPH commissioner, or her designee, as follows:

1. seven actively practicing doulas in the state;
2. one licensed nurse-midwife who has experience working as a doula;
3. one representative of an acute care hospital, appointed in consultation with the Connecticut Hospital Association;
4. one representative of an association representing hospitals and health-related organizations in the state;
5. one licensed health care provider who specializes in obstetrics

- and has experience working with a doula;
6. one representative of a community-based doula training organization;
 7. one representative of a community-based maternal and child health organization; and
 8. one member with expertise in health equity.

Review Committee

The bill requires the advisory committee, by January 15, 2023, to establish a Doula Training Program Review Committee to (1) conduct a continuous review of doula training programs and (2) provide a list of approved doula training programs in Connecticut that meet the advisory committee's certification requirements.

EFFECTIVE DATE: Upon passage

§ 41 — SAFE HARBOR LEGISLATION

Requires the DPH commissioner to (1) study whether the state should adopt "safe harbor" legislation allowing certain unlicensed practitioners to provide alternative health care services and (2) report to the Public Health Committee by January 1, 2023

The bill requires the DPH commissioner to study whether the state should adopt "safe harbor" legislation and report to the Public Health Committee by January 1, 2023.

Under the bill, this legislation would allow alternative health practitioners who are not licensed, certified, or registered to provide traditional health care services in the state to provide alternative health care services without violating state laws on unlicensed medical practice. These services include, at a minimum, aromatherapy, energetic healing, healing touch, herbology or herbalism, meditation and mind-body practices, polarity therapy, reflexology, and Reiki.

EFFECTIVE DATE: Upon passage

BACKGROUND

Scope of Practice Review Committees

By law, DPH must appoint members to scope of practice review committee to evaluate scope of practice requests from representatives of health care professions. The committees consist of (1) the DPH commissioner or her designee (who serves as the committee chairperson and in a non-voting capacity), (2) two members representing the profession making the request, and (3) two members recommended by each person or entity that submitted a written impact statement to represent the professions directly impacted by the request. DPH may also appoint additional members representing health care professions with a close relationship to the underlying scope of practice request (CGS § 19a-16e).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/30/2022)