
OLR Bill Analysis

sHB 5290

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

TABLE OF CONTENTS:

SUMMARY

§ 1 — BIRTH CERTIFICATES

Creates a process for a parent of a child born outside of a hospital or other institution, if the birth certificate has not been created, to seek a court order for the certificate before the child's first birthday

§ 2 — ACCESS TO CERTAIN VITAL RECORDS

Gives a person's legal custodian the right to access the person's birth or fetal death certificate and specifies that for guardians, this right applies to legal guardians

§ 3 — AQUIFER PROTECTION AREAS OR WATERSHEDS

Clarifies notice requirements for zoning-related applications that could impact an aquifer protection area or water company's watershed

§ 4 — SCHOOL-BASED HEALTH CENTER ADVISORY COMMITTEE

Broadens the qualification criteria for one of the governor's appointees to the SBHC Advisory Committee

§ 5 — FOOD ESTABLISHMENTS

Requires DPH to notify, rather than consult with, DCP before granting a variance from food code requirements; removes the requirement for food establishments to register with DPH before receiving their local permit

§ 6 — ONLINE LICENSE RENEWAL

Generally expands DPH's online license renewal system to include all DPH-licensed professions, rather than just a subset of providers

§ 7 — MOLST

Removes the requirement that a witness sign the form before a patient may participate in the medical orders for life-sustaining treatment program

§ 8 — DENTAL SEDATION OR ANESTHESIA

Streamlines the process for dentists seeking a moderate sedation or general anesthesia permit for multiple locations after they have been approved for one location; requires DPH to post online a list of required equipment, personnel, and emergency medications for dental locations that administer moderate or deep sedation or anesthesia; and makes other changes to this permit process

§ 9 — WATER OPERATORS-IN-TRAINING

Codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training

§§ 10-14 — ALKALINE HYDROLYSIS

Defines cremation as including “alkaline hydrolysis” (a flameless cremation method), allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a funeral home, and otherwise subjects this practice to the same laws as standard cremation

§ 15 — EMS ADMINISTRATION OF EPINEPHRINE

Requires EMS personnel trained in administering epinephrine to do so only if the medication is available, and provides that emergency medical responders’ training in this regard must be limited to methods that are within their scope of practice

§ 16 — WELLS

Clarifies and revises certain provisions on private and semipublic well testing, such as specifying that (1) DPH or the local health authority (with DPH’s approval) may share test results with certain people (such as the current or prospective property owner) and (2) newly constructed wells must not be used for domestic purposes until the local health authority determines that their test results are satisfactory

§ 17 — SUSPECT ASBESTOS-CONTAINING MATERIALS

Specifies that asbestos abatement includes actions relating to suspect asbestos-containing materials

§§ 18-29 — ENVIRONMENTAL HEALTH SPECIALISTS

Updates statutory terminology by replacing the term “sanitarian” with “environmental health specialist”

§ 30 — TECHNICAL CHANGES

Makes technical changes

§ 31 — BIRTH CENTERS

Allows birth centers to become licensed while in the process of applying for accreditation and sets conditions for license renewal

SUMMARY

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

EFFECTIVE DATE: Various; see below.

§ 1 — BIRTH CERTIFICATES

Creates a process for a parent of a child born outside of a hospital or other institution, if the birth certificate has not been created, to seek a court order for the certificate before the child’s first birthday

Under existing law, when a birth occurs outside of an institution, the

physician or midwife in attendance must prepare and file the birth certificate, or if one of these providers are not in attendance, the parent must do so. The bill specifies that the provider or parent must do so according to procedures in existing regulations. For example, parents in this situation must complete a draft certificate and give certain documents to the town registrar of vital statistics to verify the birth circumstances.

Existing law allows a parent (or legal guardian) who is unable to comply with these requirements to request that DPH issue a delayed birth registration after the child is at least one year old, and if that is denied, the parent may petition the probate court for an order requiring DPH to prepare the certificate (CGS § 7-57).

The bill provides a process for a parent whose child was born outside an institution, but who cannot provide the required information to the town registrar of vital statistics, to seek a probate court order for a birth certificate during the child's first year. Specifically, the parent may petition the probate court in the district where the birth occurred to seek an order requiring the birth town's registrar to create and file the certificate. The court process under the bill (see below) is similar to the existing court process for delayed birth registration for children one year old or older.

EFFECTIVE DATE: October 1, 2024

Probate Court Process for Birth Certificate in Child's First Year

Under the bill, a parent petitioning the probate court in these cases must include with the petition the affidavits and other documentary evidence submitted to the local registrar as required by regulations. The court must schedule a hearing, with notice given to the petitioner, the child's other parent or legal guardian if not the petitioner, the town registrar, and anyone else the court determines has an interest in the hearing.

At the hearing, the registrar or registrar's authorized representative may appear and testify. The petitioner has the burden of proving, by a

preponderance of the evidence, the child's parentage and that the birth occurred on the date and at the place alleged. If the court finds that the petitioner meets this burden, it must issue an order directing the registrar to prepare, register, and file the birth certificate.

In these proceedings, the court, on its own motion or that of a party, can order genetic testing to determine parentage, under existing procedures for these tests. The petitioner must pay for any test the court orders, unless the court finds the person to be indigent; in that case, DPH must pay for it. If the test shows at least a 99% probability that a person is the parent of the child, there is a rebuttable presumption that the person is the parent.

§ 2 — ACCESS TO CERTAIN VITAL RECORDS

Gives a person's legal custodian the right to access the person's birth or fetal death certificate and specifies that for guardians, this right applies to legal guardians

The bill gives a person's legal custodian the right to access the person's certified birth and fetal death records and certificates.

Existing law gives this access to, among other eligible parties, a person's child, grandchild, spouse, parent, grandparent, or guardian. The bill specifies that for guardians, this right applies to someone's legal guardian.

EFFECTIVE DATE: October 1, 2024

§ 3 — AQUIFER PROTECTION AREAS OR WATERSHEDS

Clarifies notice requirements for zoning-related applications that could impact an aquifer protection area or water company's watershed

Under current law, applicants generally must notify water companies and DPH when seeking local approval for certain projects in aquifer protection areas or a water company's watershed. The bill (1) specifies that this notice requirement instead applies when the application concerns land that (in whole or part) is within those areas or watersheds and (2) makes conforming changes (e.g., requiring the applicant to determine if the land, rather than project, is within one of these watersheds by using maps posted on DPH's website).

As under existing law, (1) these requirements apply to certain applications, petitions, requests, or plans filed with a municipality's zoning commission or board of appeals, and (2) the company and DPH have the right to be heard at any hearing on these applications.

EFFECTIVE DATE: July 1, 2024

§ 4 — SCHOOL-BASED HEALTH CENTER ADVISORY COMMITTEE

Broadens the qualification criteria for one of the governor's appointees to the SBHC Advisory Committee

By law, the governor appoints two members to the School-Based Health Center (SBHC) Advisory Committee. Current law requires one of these members to be a representative of a hospital-sponsored SBHC. The bill additionally allows this member to be a children's hospital staff member or a pediatric health care clinician.

As under existing law, the governor's other appointee to the committee must be a representative of the Connecticut Chapter of the American Academy of Pediatrics.

By law, the 20-member committee advises the DPH commissioner on specified issues related to SBHCs and expanded school health sites.

EFFECTIVE DATE: Upon passage

§ 5 — FOOD ESTABLISHMENTS

Requires DPH to notify, rather than consult with, DCP before granting a variance from food code requirements; removes the requirement for food establishments to register with DPH before receiving their local permit

The bill eliminates the requirement that the DPH commissioner consult with the Department of Consumer Protection (DCP) commissioner when granting a food establishment a variance from food code requirements, and instead requires the DPH commissioner to notify the DCP commissioner before granting a variance. As under existing law, the DPH commissioner may grant a variance if she determines that doing so would not result in a health hazard or nuisance.

The bill also removes the requirement that food establishments

register with DPH and provide proof of registration to the local health director before the local director issues a permit to the establishment. Under current law, this registration requirement applies to food establishments, with limited exceptions. Existing law requires food establishments, before operating, to get a permit from the local health director for the municipality in which they are located.

EFFECTIVE DATE: July 1, 2024

§ 6 — ONLINE LICENSE RENEWAL

Generally expands DPH's online license renewal system to include all DPH-licensed professions, rather than just a subset of providers

Existing law generally requires physicians, dentists, nurses, and nurse-midwives to renew their licenses through DPH's online renewal system and to pay professional service fees online using a credit card or electronic funds transfer. The bill generally extends these requirements to other DPH-licensed professions.

As under existing law, the bill provides an exception in extenuating circumstances, in which case DPH can allow the licensee to renew the license using a paper form and pay the professional service fees by check or money order. These circumstances include not having access to a credit card, which the licensee must document by submitting a notarized affidavit to DPH to that effect.

EFFECTIVE DATE: July 1, 2024

§ 7 — MOLST

Removes the requirement that a witness sign the form before a patient may participate in the medical orders for life-sustaining treatment program

By law, DPH oversees a "medical orders for life-sustaining treatment" (MOLST) program. A MOLST is a medical order written by a physician, advanced practice registered nurse (APRN), or physician assistant to effectuate a patient's request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty.

By law, to agree to participate, a patient or the patient's legally authorized representative must sign the MOLST form. The bill removes the current requirement that a witness also sign it.

EFFECTIVE DATE: Upon passage

§ 8 — DENTAL SEDATION OR ANESTHESIA

Streamlines the process for dentists seeking a moderate sedation or general anesthesia permit for multiple locations after they have been approved for one location; requires DPH to post online a list of required equipment, personnel, and emergency medications for dental locations that administer moderate or deep sedation or anesthesia; and makes other changes to this permit process

Under existing law, dentists must obtain a DPH permit to administer moderate or deep sedation or general anesthesia. The bill makes several changes to this law, as described below.

EFFECTIVE DATE: October 1, 2024

Reinstated Permits and Other Miscellaneous Changes

Under existing law, a dentist must meet certain requirements to obtain an initial permit, including (1) having an approved person complete an on-site evaluation meeting certain criteria, (2) complying with specified guidelines from the American Dental Association (ADA), and (3) paying a \$200 application fee. The bill specifies that these criteria also apply for a dentist seeking reinstatement of a lapsed permit.

It also specifies that (1) dentists (for an initial or reinstated permit) must comply with the ADA guidelines referenced in the law or successor guidelines; (2) for permit renewal, the required on-site evaluation must have occurred within the prior five years; and (3) the State Dental Commission, rather than just the DPH commissioner as under current law, may deny or revoke a permit based on disciplinary action against the dentist.

Process to Approve Additional Facilities

Under the bill, an applicant with an existing permit may administer moderate sedation or general anesthesia at an additional facility that has had an approved on-site evaluation (following existing procedures) or waiver of this requirement. The commissioner may grant the waiver if

the facility has been evaluated within the prior five years in connection with an initial permit or reinstatement of a lapsed permit. A waiver applicant must apply in writing, as DPH specifies. The commissioner may impose any conditions deemed appropriate when granting the waiver, or may revoke a waiver upon a finding that a patient's health, safety, or welfare has been jeopardized

Required Equipment, Personnel, and Medications

The bill requires the commissioner, in consultation with the Connecticut Society of Oral and Maxillofacial Surgeons' Anesthesia Committee, to post on DPH's website a list of required equipment, personnel, and emergency medications for dental facilities that administer moderate sedation, deep sedation, or general anesthesia. The commissioner must also distribute the list to all dentists with these permits.

Under the bill, these dentists must maintain all required equipment, personnel, and medications at each facility where the sedation or anesthesia will occur.

§ 9 — WATER OPERATORS-IN-TRAINING

Codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training

The bill codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training. It prohibits anyone from operating these plants or distribution systems as an operator-in-training without a DPH certificate and requires DPH's regulations to include standards and procedures for issuing these certificates. As under existing law for operators, the operator-in-training certificate fee is \$224. The certificate is valid for six years and is not renewable. (Operator certificates are valid for three years and are renewable.)

The bill also makes conforming changes, such as applying the same grounds for disciplinary action against operators-in-training as already apply to operators.

EFFECTIVE DATE: Upon passage

§§ 10-14 — ALKALINE HYDROLYSIS

Defines cremation as including “alkaline hydrolysis” (a flameless cremation method), allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a funeral home, and otherwise subjects this practice to the same laws as standard cremation

Current law grants funeral directors the authority to engage in consultations about alkaline hydrolysis as a method for the disposition of human remains, but does not otherwise specifically regulate this practice. Generally, “alkaline hydrolysis” is a flameless cremation method that uses water, chemicals, heat, and pressure to accelerate a body’s natural decomposition.

The bill defines “cremation” as the disposition of a body through incineration or alkaline hydrolysis, and a “crematory” as an establishment at which human remains are reduced to bone fragments through either practice. It allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a licensed funeral home.

Otherwise, the bill subjects alkaline hydrolysis to the same requirements as incineration under existing law (e.g., the required cremation certificate and related recordkeeping requirements). The bill specifies that alkaline hydrolysis may not be performed without the required cremation permit.

The bill makes related conforming changes.

EFFECTIVE DATE: Upon passage

§ 15 — EMS ADMINISTRATION OF EPINEPHRINE

Requires EMS personnel trained in administering epinephrine to do so only if the medication is available, and provides that emergency medical responders’ training in this regard must be limited to methods that are within their scope of practice

Under current law, starting July 1, 2024, emergency medical services (EMS) personnel must administer epinephrine using certain equipment (e.g., automatic prefilled cartridge injectors) under specified conditions, including that the professional is trained to do so and determines that administering epinephrine is necessary to treat the person. The bill specifies that they are required to administer epinephrine only when it is available. By law, all licensed or certified ambulances must be equipped with this medication.

Existing law requires EMS personnel to be trained on administering epinephrine. The bill requires this training to be in line with national standards that the DPH commissioner recognizes, rather than from an organization she designates. Under the bill, emergency medical responders (EMRs) need only be trained to use means of administering epinephrine that are within an EMR's scope of practice.

Additionally, the bill provides that EMS personnel's administration of epinephrine must be under written protocols and standing orders of a physician serving as an EMS medical director, rather than an emergency department director as under current law.

EFFECTIVE DATE: July 1, 2024

§ 16 — WELLS

Clarifies and revises certain provisions on private and semipublic well testing, such as specifying that (1) DPH or the local health authority (with DPH's approval) may share test results with certain people (such as the current or prospective property owner) and (2) newly constructed wells must not be used for domestic purposes until the local health authority determines that their test results are satisfactory

Disclosure of Test Results

By law, an environmental laboratory that conducts a water quality test on a private or semipublic well must report the results to DPH and the local health authority. Current law makes the test results confidential, along with information obtained from any related investigation or morbidity and mortality study. The bill specifies that DPH and the local health authority, with the commissioner's approval, may disclose the test results or investigation information to the following:

1. the property owner,
2. a prospective buyer who has signed a purchase contract,
3. a state agency's agent, or
4. other people or entities when disclosure is needed for DPH or the local health authority to carry out their duties under law or regulation.

Testing of New Wells

By law, property owners must test the water quality of newly constructed private or semipublic wells, and the testing must screen for several contaminants. Under current law, this must include testing for lead. The bill instead requires lead testing only if the well is built for an existing structure, in which case a first draw sample from the existing plumbing system must be tested for lead. Under the bill, a “first draw sample” is a one-liter sample of tap water that has been standing in plumbing pipes for at least six hours and collected without flushing the tap.

The bill requires the property owner to submit the test results to the local health authority, rather than DPH, in a form and manner DPH sets. The local health authority must then determine whether the test results comply with the maximum contaminant levels set by DPH regulations. The bill prohibits a newly built private or semipublic well from being used for domestic purposes (e.g., drinking, cooking, bathing, or washing dishes or clothes) until the local health authority determines that the test results are satisfactory.

EFFECTIVE DATE: Upon passage

§ 17 — SUSPECT ASBESTOS-CONTAINING MATERIALS

Specifies that asbestos abatement includes actions relating to suspect asbestos-containing materials

Existing law sets various requirements and standards related to asbestos abatement and generally defines this as the removal, encapsulation, enclosure, renovation, repair, demolition, or other disturbance of asbestos-containing materials. The bill specifies that asbestos abatement includes these actions for “suspect asbestos-containing materials,” which the bill defines as interior and exterior materials with a reasonable likelihood of containing asbestos due to their appearance, composition, and use.

EFFECTIVE DATE: Upon passage

§§ 18-29 — ENVIRONMENTAL HEALTH SPECIALISTS

Updates statutory terminology by replacing the term “sanitarian” with “environmental health specialist”

The bill replaces the term “sanitarian” with “environmental health specialist” throughout the statutes. By law, these DPH-licensed professionals must be trained in environmental health and qualified to perform related duties such as investigating air, water, and food.

EFFECTIVE DATE: July 1, 2024

§ 30 — TECHNICAL CHANGES

Makes technical changes

The bill makes technical changes in a law on asbestos contractors.

EFFECTIVE DATE: October 1, 2024

§ 31 — BIRTH CENTERS

Allows birth centers to become licensed while in the process of applying for accreditation and sets conditions for license renewal

The bill eliminates the requirement for birth centers to be accredited by the Commission for the Accreditation of Birth Centers on or before the effective date of their licensure. Instead, it requires initial licensure applicants to have applied in full to the commission for accreditation before applying to DPH for licensure. If the center meets the bill’s requirements, DPH must issue the license. Under the bill, the initial license is generally valid for one year, but the commissioner may extend it for a second year while the center is completing accreditation.

The bill requires birth centers to be accredited by the time of their first license renewal. After that, as under current law, the center must maintain its accreditation and the license must be renewed every two years.

Under the bill, birth center licenses may be renewed:

1. after an unscheduled DPH inspection;
2. upon DPH’s approval of a report from the birth center on its operations, filed in a form and manner DPH sets; and

3. if the commissioner determines that there is evidence showing that the center has continued to comply with the bill's requirements.

Under existing law, if a birth center loses accreditation, it must immediately notify the DPH commissioner and stop providing birth center services to patients until the commissioner authorizes it to reinstate services. The bill specifies that DPH sets the form and manner of this notice.

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 11 (03/22/2024)