

Legislative History for Connecticut Act

PA 16-66

HB5537

Senate	2523-2531, 2746-2747	11
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Public Health	2112-2114, 2338-2340, 2893-2908	22
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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2016**

**VOL. 59
PART 8
2400 – 2750**

cf
Senate

May 3, 2016

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 31, Calendar 567, Substitute for House Bill Number 5537, AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. It's amended by House "A".

THE CHAIR:

Senator Gerratana. Good afternoon, ma'am. And Happy Polish Day.

SENATOR GERRATANA (6TH):

Dziękuję, [phonetic] Madam President.

THE CHAIR:

Dziękuję [phonetic]

SENATOR GERRATANA (6TH):

Madam President, I move acceptance of the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage. Will you remark, ma'am?

SENATOR GERRATANA (6TH):

Yes, Madam President. This bill is AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. Every year, the Department of Public Health comes to our committee and offers, usually some very minor and technical changes in the public health statutes to streamline the way systems go and work in that department.

But we also, here in the legislatures, with all four caucuses work to also put some adjustments in there that everyone has to agree on. I will just briefly go through some of those changes. There are a number of them, very minor in some cases, and major in some cases and I'll point out some of the areas where I think they're a little more major.

We have a number of technical changes in Sections 1 and Section 2. Section 4 is allowing methadone for opioid addiction in nursing homes. We have changes in institutional licensing definitions in a variety of areas with nursing homes, residential care, rest homes. We also have changes in some of the practice acts in social work, first wife, midwifery.

I want to point out in Section 38, we do have some progress here. You know, for the -- actually for almost 11 years now, we've been trying to make some progress with dental assistance and also dental hygienists, and this bill does include some licensure and upgrades to the scope of practice for dental assistants. Section 38 creates an Expanded Function Dental Assistant, or EFDA, and we know that there's been a lot of talk between many of the dental practice acts including, as I said, dental hygienists.

Next year, we'd like to work with them. There's a new category, or it's being referred to as dental therapist, which is an advanced Dental Hygiene change in scope. The dental assistants who went through this, we just want to make it clear that there is no drilling that they will be doing, but they do -- will be able to do according to their scope and again, with Department of Public Health's approval, to be able to practice. That's -- you know, we have over 60 practitioners that are regulated in our DPH statutes and we work with each one of them and try to accomplish what is obviously appropriate.

There's also a change in here -- [throat clearing] excuse me -- we have added a change to our Office of Protection and Advocacy. We were not in compliance with the Federal Government. 45 states have already taken the step to do this. We have been warned that we would lose our funding, so there's changes to OPA. Everyone is aware of this and is working to achieve it.

So with that, Madam President, I urge passage of the bill.

THE CHAIR:

Will you remark further? Will you remark further?
Senator Markley. Good afternoon, again, sir.

SENATOR MARKLEY (16TH):

Good afternoon, Madam President. I rise in support of this bill. The chairs and ranking members of the committee went through the bill section by section - - was it the day before yesterday? It seems like a

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week ago -- and I think we all were comfortable with the -- what was included in it, as Senator Gerratana has said, the majority of it is very technical things. There's a few other things which I think are generally supportive like the Dental Assistants as was mentioned earlier. This changed for the Office of Protection and Advocacy and -- and some items that I think are -- have unanimous support through the legislature. So, I would urge my colleagues to support it and I appreciate the work that has been put into it by the chairs. Thank you.

THE CHAIR:

Will you remark further? Will you remark further?
Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much, Madam President. Just a quick question to my friend and colleague, Senator Gerratana. Prepare yourself, ma'am.

SENATOR GERRATANA (6TH):

Okay.

SENATOR KISSEL (7TH):

Not really anything to prepare herself for.

THE CHAIR:

Okay.

SENATOR KISSEL (7TH):

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I just want to let you know that I -- you know, we're in the waning days of the legislative session and -- and just going through the emails to me, a lot of folks are concerned about funding for dental initiatives in Connecticut and programs that we have, and I'm just wondering if this bill touches any of those concerns at all, or if this is -- if the bill before us is strictly procedural and doesn't address funding mechanisms?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6TH):

Through you, Madam President. No, there's nothing in here regarding funding.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much. Thank you.

THE CHAIR:

Thank you. Will you remark further on the bill? Will you remark further on the bill? If not, Senator Gerratana. [long pause]

Senator Kissel.

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SENATOR KISSEL (7TH):

For the second time.

THE CHAIR:

Please proceed, sir.

SENATOR KISSEL (7TH):

There is something in here, apparently, that I have been speaking with my friend and colleagues. It has to do with an initiative that many people haven't expressed an interest in regarding music and art therapy, and I'm just wondering if that's in this bill and what does the future look like for that initiative?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6TH):

Thank you, Madam President. I'm glad my colleague mentioned this toothache because we had discussed --

SENATOR KISSEL (7TH):

We need to rehearse more often.

SENATOR GERRATANA (6TH):

-- discussing it throughout session. He said I have a constituent who's very concerned. I'm pleased to say that we do have recognition in our statutes now,

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and title protection for music therapists and for art therapists. Both modalities are used particularly in situations -- well, it could be anything from behavioral health care to substance abuse and so forth. Very effective and I'm glad to say that they are both in this bill.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much and just one more question and I'm really happy and I -- I commend Senator Gerratana for moving that forward. We have been chatting over the months regarding that initiative. You know, in the final couple of days there's a lot of moving pieces to the puzzle and I didn't know this was the vehicle that it was going to be in.

One of the things that we've heard an awful lot about is mental health and -- and if one's been traumatized, getting on a path, maybe they have a little post-traumatic stress disorder. Would the -- the music therapy or the art therapy be a modality that might be effective in treating folks with mental health issues as well?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6TH):

Yes, Madam President. Absolutely. In my discussions with both of these professions, I know that they have worked. For instance, we have testimony that they had worked with survivors of the Sandy Hook Massacre, for instance. These are very, very effective modalities that help people get well.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

And my last question and just to -- to -- to connect the circle on this particular issue, and you had mentioned that the horrific tragedy that occurred in Newtown at Sandy Hook and would art therapy and music therapy be effective as much for adults and also be effective with -- with children?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6TH):

Through you, Madam President. Yes.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

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Thank you very much. I have no further questions for Senator Gerratana. Just to commend her, Senator Markley, and others that worked really hard cobbling this together. It's an excellent piece of legislation and has a lot of good initiatives as well as some technical changes and I strongly support it and again, say thank you to -- to the leadership of that committee for moving this bill forward. Thank you.

THE CHAIR:

Thank you. Will you remark further? Will you remark further? If not this time, Senator Gerratana.

SENATOR GERRATANA (6TH):

If there's no objection, Madam President, I ask this item be placed on our Consent Calendar.

THE CHAIR:

Seeing no objections. So ordered.

SENATOR GERRATANA (6TH):

Thank you.

THE CHAIR:

Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President, may -- mark some bills for the -- the day?

Senate Bill 351, on page 2, Calendar 157, Senate Bill 69. Page 4, Calendar 341, Senate Bill 328, page 5, Calendar 375, House Bill 5296, page 6, Calendar 384, House Bill 5393. Also on page 6, Calendar 383, House Bill 5430. On page 7, Calendar 385, House Bill 5254. Page 8, Calendar 393, House Bill 5255, page 11, Calendar 440, House Bill 5252. On page 14, Calendar 475, House Bill 5627, Page 15, Calendar 477, House Bill 5072. Page 18, Calendar 498, House Bill 5513, Page 19, Calendar 502, House Bill 5526. Page 20, Calendar 504, House Bill 5403. Page 22, Calendar 516, House Bill 3 -- I'm sorry -- 5358. Page 22, Calendar 519, House Bill 5053. On page 24, Calendar 533, House Bill 5605, Calendar 532, House Bill 5335, Calendar 530, House Bill 5498, and Calendar 534, House Bill 5621. On page 27, Calendar 549, House Bill 5416. Also on page 27, Calendar 546, House Bill 5571. Page 28, Calendar 552, House Bill 5180. On page 30, Calendar 563, House Bill 5412. Page 31, Calendar 567, House Bill 5537. Page 31, Calendar 569, House Bill 5620. On page 32, Calendar 571, House Bill 5435. Page 34, Calendar 583, House Bill 5400. On page 35, Calendar 586, House Bill 5521. Page 36, Calendar 169, Senate Bill 266. Page 37, Calendar 207, Senate Bill 327. Page 39, Calendar 361, Senate Bill 15. Page 41, Calendar 246, Senate Bill 88. Also on page 41, Calendar 464, House Joint Resolution Number 38. Calendar 465, House Joint Resolution 43. On page 42, Calendar 466, House Joint Resolution 99. Page 42, Calendar 467, House Joint Resolution 121. Also on page 42, Calendar 468, House Joint Resolution Number 133, and on page 43, Calendar 470, House Joint Resolution Number 136.

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Okay. The clerk shall announce pendency of a roll call vote on the Consent Calendar. The machine is open. Please cast your vote.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Immediate Roll Call on today's Consent Calendar has been ordered in the Senate.

THE CHAIR:

Have all members have voted? Have members have voted? Please check to see that your votes have been properly recorded. If so, the machine shall be closed and the clerk shall announce the tally.

THE CLERK:

On today's Consent Calendar.

Total number voting	36
Necessary for Adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar is done. Senator Duff, for what reason do you rise?

SENATOR DUFF (25TH):

Many reasons, Madam President, thank you. Madam President, I move that all items that require action

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 5
2075 – 2593**

2016

PUBLIC HEARING

Next is Commissioner Raul Pino, from the Department of Public Health, to be followed by Brooke Gutherson.

Welcome Commissioner.

HB5536
COMMISSIONER RAUL PINO: Thank you for the introduction Chairperson Gerratana, Mark Ritter, ranking members, and members of the Committee. I am here to testify today on the following Department of Health bills, House Bill No. 5542, AN ACT CONCERNING THE DEPARTMENT OF HEALTH RECOMMENDATIONS CONCERNING THE PREVENTION OF SMOKING AND TOBACCO USE, and House Bill No. 5537, AN ACT CONCERNING THE USE OF REVISIONS TO THE HEALTH AND STATUTES.

You have the full copy of my testimony. I am going to abbreviate for the good use of time. House Bill 5542, AN ACT CONCERNING THE DEPARTMENT OF HEALTH RECOMMENDATIONS CONCERNING THE PREVENTION OF SMOKING AND TOBACCO USE will make changes to the Indoor Clean Air Act, related to tobacco and electronic cigarettes. The amendments include to ban all smoking from any area of a school building, and removing the section for correctional facilities, and psychiatry facilities. In addition, the proposal incorporates clear language to allow for research study to be conducted. Lastly, the proposal removes the preemptive language that does not allow municipalities to pass restriction than those within the State Clean Act Door.

The Department of Public Health supports those measures to protect Connecticut residents from exposure to second-hand smoke, and appreciate the Public Health Committee consideration to smoke-free policies that are effective by reducing exposure to

PUBLIC HEARING

second-hand smoke by reducing the prevalence of tobacco use, increasing the number of tobacco users to quit, reducing the initiation of tobacco use among young people, and reducing tobacco-related morbidity and mortality.

House Bill No. 5537, AN ACT CONCERNING VARIOUS REVISIONS OF THE PUBLIC HEALTH STATUTES, it makes very substantial changes to the statutes pertaining to Emergency Medical Service, that the technicians (indiscernible) of impaired health care practitioners, healthcare institutions, licensure of social workers, midwife and hairdressers, and marriage licenses. In addition, the proposal includes allowing (indiscernible) facility to provide methadone and related substance abuse treatment at nursing home facilities, extending the most - 2017 to allow for further data collection and --, enhance infection control in the event of settings by requiring training, inspiring certification credits, and allowing the department to take necessary action for failure to adhere to the National Centers for the disease control and prevention guidelines for infection control in dental settings, and mandates dental assistant to successfully complete a Dental Assistant National Board Infection Control examination.

Allowing local health departments to regulate and test city and public well waters, and also includes lipodystrophy to the panel of disorders for newborn screening, and repeal outdated statutes.

The department has no concerns with section 24 to 29, which added on the department proposal by the Committee. The department would like to thank the

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Public Health Committee for raising the Department bills.

I and my staff are here to respond to your questions.

SENATOR GERRATANA (6TH): Thank you Commissioner for your testimony on both bills.

Does anyone have any questions for the Commissioner?

Hi, Representative Cook.

REP. COOK (65TH): Thank you Madam Chairman. Hi Commissioner, how are you?

I hear your testimony but I see that you have not made a statement one way or another on House Bill No. 5536, AN ACT CONCERNING DIABETES ACTION PLAN. Does the Department have a position on this piece of legislation? Are you able to comment?

COMMISSIONER PINO: I am not able to comment right now, but I can certainly in writing to you.

REP. COOK (65TH): I would greatly appreciate that given the fact that we have done legislation in the past regarding different policies, the Department has not actually been inclined to follow what our legislation and recommendations are, so I would really welcome a conversation with you moving forward.

Thank you.

COMMISSIONER PINO: I will look into this.

PUBLIC HEARING

And finally, Dr. Timothy Belliveal.

DR. TIMOTHY BELLIVEAL: Good evening. Thank you Senator.

SENATOR GERRATANA (6TH): Good evening.

DR. TIMOTHY BELLIVEAL: -- and members of the Committee. My name is Dr. Timothy Belliveal, I am a clinical neuropsychologist at Hospital for Special Care in New Britain, where my practice encompasses neuropsychological evaluation and treatment for pediatrics through geriatrics. I am also here to provide testimony as a representative of the Connecticut Psychological Association.

Thank you for the opportunity to provide this testimony in support of section 28 of House Bill 5537; which would allow the use of psychology technicians in Connecticut.

Psychology technicians are trained and supervised by a licensed psychologist to administer psychological and neuropsychological tests following predetermined administration procedures that are specified in test manuals, and scored according to objective criteria.

This bill would allow licensed psychologists in Connecticut to use technicians and would appropriately limit and regulate their activities. These past procedures often require many hours to complete. The use of technicians to administer and score these tests, facilitates public access to timely mental health evaluations, diagnosis, and treatment recommendations, and the availability of time-sensitive exams, diagnosis and treatment

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recommendations is particularly important to vulnerable populations, which include children with autism, children or adults with cerebral concussion, or older adults referred due to concerns about possible dementia.

Technicians working under licensed psychologists are now widely used across the country; an evolution of practice that is supported by the major psychological and neuropsychological professional organizations. Results of a recent practice survey of psychologists across the country that was published last month, found that between 52 and 56% of neuropsychologists across the country use technicians. While many states have laws or explicit regulations allowing the use of technicians, some state laws are silent on the issue, and technicians are used but unregulated.

Other states - well among the states across the country, Connecticut is the only state in which the use of technicians is explicitly prohibited following a 1985 declaratory ruling of the Board of Examiners of Psychologists. However, at this time the Connecticut Psychological Association has consulted with and received the support of the Board of Examiners of Psychologists for this proposal, which addresses the need for the technician to have appropriate educational credentials, and for the supervised licensed psychologist to adhere to regulations for the training process and test administration activities of the technician.

We respectfully advise that the bill will incorporate public health safeguards, the most important of which include restriction of technicians to test administration and scoring

PUBLIC HEARING

activities under the supervision of a doctor level licensed psychologist, and exclusion of technicians from clinical interviews, selection of tests, interpreting the results, or communicating results, diagnosis, or recommendations to patients or families, all of which are the sole responsibility of the licensed psychologist.

Our proposed language also includes additional recommendations such as details about technician training requirements, limits to the ratio of technicians per licensed psychologist, the informed consent process, and appropriate documentation requirements.

SENATOR GERRATANA (6TH): Thank you. Can you summarize please. Thank you.

DR. TIMOTHY BELLIVEAL: Thank you.

SENATOR GERRATANA: That is wonderful. That is great, and we put your language in our revisions bill with the permission of the Department of Public Health, and this earlier today, about six and a half hours ago, the Commissioner of Public Health testified and said that he had no problem with the language, which is very good. So, I think, I think I will say maybe with cautious optimism, that you are set, and thank you for coming in and giving testimony.

DR. TIMOTHY BELLIVEAL: Thank you.

SENATOR GERRATANA (6TH): Now, is there anyone here who has not given testimony, and would like to do so? Yes, please come up and state your name, and tell us what you are testifying on.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 6
2594 – 2995**

2016



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

March 7, 2016

Commissioner Raul Pino, M.D., M.P.H.
860-509-7101

Raised Bill #5537 - An Act Concerning Various Revisions To The Public Health Statutes

The Department of Public Health (DPH) provides the following information on House Bill #5537:

The Department supports sections 1 through 23, and thanks the committee for including these provisions in this bill:

Section 1 corrects a typographical error in CGS Section 19a-177(8)(D), which accidentally references chapter 386d and should instead reference chapter 368d.

Section 2 adds language to CGS Section 20-266p to prohibit practicing tattooing without obtaining a license. The absence of this prohibited activity in statute was brought to the Department's attention by local law enforcement after they received a complaint about someone practicing tattooing in a home setting without a license.

Section 3 updates language from Public Act 15-5 that expanded the mandatory reporting of impaired health care practitioners. This proposed revision clarifies that physicians and physician assistants are included among the health care professions mandated 1) to report when another health care professional is, or may be, unable to practice his or her profession with relative skill and safety; or 2) be reported if another health care practitioner has information that appears to show that they are unable to practice with reasonable skill or safety.

Section 4 provides for continuity of care for residents/patients who have been admitted to a nursing home facility and are receiving medication assisted treatment for opioid addiction by allowing a substance use treatment facility to deliver methadone and related substance use treatment to a facility. Currently, while the law permits the administration of methadone for pain management in a nursing home facility, it does not allow methadone administration in that same setting for medication assisted treatment for opioid addiction. In most situations, residents must be transported daily to the substance use facility to receive the methadone. This

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bill is resident/patient centered and will enhance a resident/patient's substance use treatment plan.

Section 5 makes changes to the statutes governing health care facilities by: a) revising the definition of a residential care home to ensure that individuals receiving long term services and supports through home and community based services have full access to the benefits of community living and the opportunity to receive services in the most appropriate setting; b) revising the definition of a mental health facility to align with the proposed behavioral health regulations, which will compress four bodies of regulations into one licensure category; and c) incorporating the definition of a nursing home or a nursing home facility into CGS Section 19a-490; incorporating this definition into 19a-490, Licensing of Institutions, provides consistency for healthcare institutions that are licensed by the Department.

Sections 6 and 7 provide for consistency in the definition of a nursing home facility and a residential care home to match the definitions in 19a-490.

Section 8 expands the MOLST pilot through October 2, 2017, providing the Department the opportunity to increase data collection and evaluation of outcomes related to the pilot.

Section 10 through Section 13 relate to protecting the public health and safety by enhancing infection control in dental settings. Over the past few years, the Department has seen a significant increase in the number of complaints involving poor infection control practices and unsanitary conditions in dental practices. A number of these complaints have led to disciplinary action against dental licenses.

- **Section 10** adds the topic of infection control in a dental setting to the required topics for mandatory continuing education for licensed dentists.
- **Section 11** adds the topic of infection control in a dental setting to the required topics for mandatory continuing education for licensed dental hygienists.
- **Section 12** makes failure to adhere to the National Centers for Disease Control and Prevention guidelines for infection control in dental care settings, which has been established by the Dental Commission as the standard, a grounds for disciplinary action against a dentist's license.
- **Section 13** adds a requirement that a dentist must ensure that a dental assistant has successfully completed the Dental Assisting National Board's infection control

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examination when delegating to a dental assistant, and provides a reasonable time for compliance.

Section 14 removes language that is now obsolete due to the creation of the relatively new licensure category of Masters Level Social Worker. When there was only the category of "Licensed Clinical Social Worker" this language allowed a person holding a doctoral or master's degree in social work to practice social work under professional supervision in order to gain the experience to become a Licensed Clinical Social Worker. The Masters Level Social Worker license is now required for a person with a doctoral or master's degree to practice social work under professional supervision.

Sections 15 through Section 19 update the names of the certifying and accrediting bodies for midwifery education programs. The new name for the body that accredits midwifery education programs is the Accreditation Commission for Midwifery Education. The new name for the body that certifies midwives is the American Midwifery Certification Board. Previously these two functions fell under the American College of Nurse-Midwives.

Section 20 corrects language within Public Act 15-242 that allows someone who was issued a hairdresser license in another state for which an examination was not required to be eligible for licensure in Connecticut. When the language was added, the hairdresser licensure fee was incorrectly cited as fifty dollars. This language will correct the statute and clarify that the fee for a hairdresser license is one hundred dollars.

Section 21 will authorize the Department to establish regulations concerning wells for semipublic use. The regulations will require testing of certain establishments that supply water to the public, but that are not currently regulated as a public water system. A semi-public well does not fall under the purview of a public water system which is defined as a system that supplies water to 25 or more people daily for at least 60 days per year. A semi-public well can supply hundreds and sometimes thousands of people in a day but they do not fall under the purview of a public water system because they either do not supply 25 or more people daily or do not supply people for 60 or more days per year. Examples of a semi-public well include a well supplying water at an agricultural fairground, or an office building with 24 people. The proposed revisions will also provide a local director of health with the authority to require testing of semipublic wells for contaminants of concern where the local director of health has reasonable grounds to require the testing. The testing of drinking water by a certified laboratory to ensure that it is free of contaminants will prevent the onset of acute or chronic illness associated with the consumption of contaminated water.

Section 22 modifies statute so as to ensure that couples cannot marry each other more than once. The laws regarding marriage were substantially changed in 2009 in order to accommodate same sex marriage. At that time, a new section was added, C.G.S. section 46b-

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20a, regarding who was eligible to marry. Subdivision (1) of the law allows someone to marry if they are not already married or in a similar legally recognized relationship, unless the parties to the marriage will be the same as the parties to such other marriage or relationship. This means that the same couple may marry multiple times. The law was likely written this way in order to overcome barriers that same sex couples encountered, and the varying rights that were granted to same sex couples from state to state. Though the law granted protections, it also created a system that fostered disorganized record keeping, and legal complications for marrying couples. Following the recent Supreme Court decision that allows same sex couples to marry nationwide, giving equal rights to all marrying couples, this provision is no longer as necessary. The Department is proposing its modification in order to improve marriage record keeping practices, and eliminate the potential legal complications that couples may encounter when determining the date of their marriage

Section 23 amends CGS Section 19a-55, which contains provisions governing Newborn Screening (NBS). The amendments are technical in nature, and relate to the addition of Adrenoleukodystrophy (ALD) testing as part of the panel of disorders screened for in Connecticut. This mandate for ALD testing is already in statute, and the amendments in Section 23 simply reflect the Department's progress in bringing this testing in-house and performing the necessary method validation before going live later this year.

The Department does not have concerns with the remaining sections of the bill, which are summarized below:

Section 24 allows for the maintenance of medical records by a chronic disease and children's hospital in an off-site location if such records are able to be retrieved within a twenty-four hour time period.

Section 25 revises the law regarding the delivery of bodies to an institution of higher education by clarifying the responsibilities of the acute care hospital that delivers the body.

Section 26 will allow a hospital to implement an order from a dietitian for a patient diet immediately as long as a physician signs off on such order within 72 hours.

Section 27 allows a woman who has given birth in a hospital to take possession of the placenta for personal use only, provided certain conditions are met. This is not a widespread practice, but it is important to certain populations. Since it is for personal use only, no public health risk is posed.

Section 28 defines a psychology technician and allows a licensed psychologist to utilize a psychology technician under their direct supervision. This language has been reviewed by the Board of Examiners of Psychologists, does not impede on any scope of practice, and results in no cost to the state.

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Section 29 is related to the qualifying continuing medical education providers for physicians and physician assistants. The language updates the name of one organization and adds the Connecticut Osteopathic Medical Society as an organization authorized to provide qualifying continuing medical education activities.

Section 30 repeals outdated statutes.

The Department would like to thank the Committee for raising the Department's bill.

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**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
MONDAY, MARCH 7, 2016**

HB 5537, An Act Concerning Various Revisions To The Public Health Statutes

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5537, An Act Concerning Various Revisions To The Public Health Statutes**. CHA supports several sections of the bill, and offers comments on the potential need for changes to certain other sections of the bill, as outlined below.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide core healthcare services to all of the people in Connecticut, 24 hours a day, regardless of ability to pay. Connecticut hospitals offer safe, accessible, equitable, affordable, patient-centered care that protects and improves peoples' lives.

CHA supports sections 8, 25, 26, and 27 of the bill, for the following reasons:

Section 8 extends the period of the Medical Orders for Life-Sustaining Treatment (MOLST) pilot project, which seeks to offer patients better, informed choices for their care after reaching a progressed stage of a life-limiting illness. The pilot was set to expire October of 2016. The bill extends this important pilot for another year, until October 2017.

Section 25 is designed to add clarity to the timeline under which a hospital must make required arrangements for disposition of bodies of deceased persons that, unfortunately, were not claimed by any family or friends for burial.

Section 26 removes confusion in last year's legislation relating to diet orders, to make clear that dietitian-nutritionists may sign diet orders for hospital patients, as already permitted within their recognized scope of practice. The bill also clarifies that a physician may choose to make a verbal diet order with the involvement of a dietitian if the physician later countersigns the order.

Section 27 of the bill relates to placentas and would authorize a hospital to honor a mother's request (or the request of a spouse if the mother is not able to make the request) to take home the after-birth placenta for personal purposes. Several other states already recognize this as a

common and established practice. While not all patients will want the placenta, there are many patients that express their wish to use the placenta for religious, spiritual, or personal reasons. CHA and its hospitals strongly support this bill to improve cultural sensitivity and better honor patient wishes. We have worked with DPH to fashion language that meets the patient's and family's needs, while still providing for safe handling of the placentas.

CHA has the following concerns about the bill:

We have concerns about Section 5 of the bill, which redefines certain mental health facilities as adult only – when in fact some of these facilities serve older teens. CHA believes that the bill is not intended to diminish access to care, and we look forward to working with the Committee and DPH to ensure that teen access to mental healthcare is not negatively affected by the language in the bill.

We also have some concerns about Section 24, a section that seeks to clarify that children's hospitals and chronic disease hospitals are not required to have all records stored on-site, at all times. Our concern is that the language in the bill is too narrow, and may accidentally conflict with other laws relating to record requests and record access. We have raised our concerns with DPH, and are working to find language that would better represent the intent of the bill.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.



Testimony to the Public Health Committee

Submitted by Mag Morelli, President of LeadingAge Connecticut

March 7, 2016

Regarding

HB 5537, An Act Concerning Various Revisions to the Public Health Statutes

LeadingAge Connecticut is a membership association of 130 not-for-profit organizations representing the entire field of aging services including not-for-profit nursing homes and residential care homes. On behalf of LeadingAge Connecticut, I respectfully submit the following testimony regarding HB 5537, An Act Concerning Various Revisions to the Public Health Statutes.

LeadingAge Connecticut has reviewed the various sections of this bill that are related to aging services and supports the proposed changes.

Section 4 addresses the nursing home resident in need of methadone maintenance treatment. We appreciate the Department of Public Health's concern for this resident population and their willingness to modify the current statutes to accommodate this particular resident care need.

Section 5 would modify the current definition of Residential Care Home to clarify that it is a community based setting and would further allow a residential care home to qualify as a setting that allows residents to receive home and community based Medicaid funded services. We support these proposed modifications to the current statute.

Thank you for this opportunity to submit testimony on this bill.

Mag Morelli, President of LeadingAge Connecticut
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www.leadingagect.org



CONNECTICUT
PSYCHOLOGICAL ASSOCIATION

March 7, 2016

HB No 5537: An Act Concerning Various Revisions to the Public Health Statutes

Dear Senator Gerratana, Representative Ritter, and Members of the Public Health Committee:

My name is Dr. Timothy Belliveau. I'm a clinical neuropsychologist at Hospital for Special Care, a not-for-profit long term acute and chronic care hospital in New Britain. My practice includes evaluation and treatment of patients of all ages, pediatrics through geriatrics, for many different medical or neurological conditions. Thank you for this opportunity to provide testimony on behalf of the Connecticut Psychological Association in **support of Section 28 of HB 5537, which would allow the use of psychology technicians in Connecticut.**

Psychology technicians are trained and supervised by licensed psychologists to administer psychological or neuropsychological tests, following pre-determined administration procedures that are specified in test manuals, and scored according to objective criteria. House Bill 5537 would allow licensed psychologists in Connecticut to use psychology technicians, and would appropriately limit and regulate their activities.

Psychological or neuropsychological test procedures often require hours to complete. The use of psychology technicians to administer and score these tests facilitates public access to timely mental health evaluation, diagnosis, and treatment recommendations. The availability of time-sensitive examination, diagnosis, and treatment recommendations is particularly important for vulnerable populations, which include children with autism, children or adults with cerebral concussion, and older adults referred due to concern about possible dementia.



Psychology technicians, working under the supervision of licensed psychologists, are now widely used across the country, an evolution of practice which is supported by the major psychological and neuropsychological professional organizations. For example, results of a professional practice survey of 1,777 psychologists, published in the February 2016 issue of *The Clinical Neuropsychologist*, found that between 52% and 56% of neuropsychologists across the country use technicians. While many states have laws or explicit regulations allowing the use of technicians, some states laws are silent on the issue and technicians are used but unregulated. Connecticut is the only state in the country in which use of technicians is explicitly prohibited, following a 1985 declaratory ruling by the Board of Examiners of Psychologists. The Connecticut Psychological Association has consulted with and received the support of the Board of Examiners of Psychologists for this proposal, which addresses the need for technicians to have the appropriate educational credential, and for the supervising licensed psychologists to adhere to regulations for the training process and test administration activities of the technician. We respectfully advise that House Bill 5537 incorporate public health safeguards, the most important of which include restriction of technicians to test administration and scoring activities under the supervision of a doctoral level, licensed psychologist, and exclusion of technicians from clinical interviews, selection of tests, interpretation of test results, or communication of results, diagnosis, or recommendations to patients or families, all of which are the sole responsibility of the licensed psychologist. Our proposed language also includes additional recommendations such as details about technician training requirements, limits to the ratio of technicians per



CONNECTICUT
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licensed psychologist, the informed consent process, and appropriate documentation requirements.

Again, thank you for your time and consideration of Section 28 of House Bill 5537.



Connecticut State Dental Association

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**Legislative Testimony
Public Health Committee
HB 5537 An Act Concerning Various Revisions to the
Public Health Statutes**

**Monday, March 7, 2016
William C. Nash, D.M.D.**

Senator Gerratana, Representative Ritter and Members of the Public Health Committee, my name is Dr. William Nash. I have been practicing general dentistry in Fairfield for 38 years. I am currently the President of the Connecticut State Dental Assoc. My volunteer service to the citizens of our state includes GKAS, CT-MOM, as well as being a HUSKY/Medicaid provider. On behalf of the nearly 2,500 member dentists from across the state, I submit this testimony regarding Raised Bill 5537 – An Act Concerning Various Revisions to the Public Health Statutes, specifically related to the proposed educational requirements for dental assistants.

Infection control in the dental office is paramount to patient safety. As the organization representing dentists and other dental health providers in the State of Connecticut, the CSDA supports the concept of ensuring that all dental providers are competently trained in the principles and practice of infection control.

To that end, we support including a requirement of at least one hour of training or education in infection control in a dental setting every two years, for dentists and dental hygienists. As dental professionals who receive infection control as a major part of their professional training, opportunities to update providers on how to combat emerging infection risks, such as the recent Ebola virus crisis, is essential. We have a great history of working together with the DPH to ensure that our members are informed of issues of concern raised by the Department, and in fact, have already developed and implemented infection control educational opportunities for our members and other dental care providers.

We also understand and accept the assertion of the Department of Public Health that many dental assistants are educated through on-the-job training, and may not receive the thorough baseline education for affective and appropriate infection control standards that

would otherwise be received through formal training programs. For this reason, having dental assistants verify successful completion of an appropriate infection control course seems logical.

However, requiring dental assistants to pass the Dental Assisting National Board (DANB) Infection Control Exam (ICE) is far too onerous and costly for the dental assistant and the employing dentist. The cost for the ICE examination is \$250, and without passing this particular examination, as required by this bill, a dentist will not be allowed to delegate any dental procedures to that assistant, meaning that the dental assistant will be out of work.

Whether the cost for this specific examination and certification is borne by the dentist, or passed on to the dental assistant, it creates an unnecessary financial burden to ensuring gainful employment and effectively providing dental care to patients.

Therefore, we would respectfully request the Committee's consideration of an amendment to HB 5537 providing an alternative to the DANB examination requirement, such as including a requirement for continuing education similar to that required for dentists and dental hygienists. In addition, the CSDA would be willing to work with the Connecticut Dental Assistants Association, the Department of Public Health, and representatives of the formal dental assisting education programs across the state to identify or develop a more cost effective examination to accurately assess competency in infection control concepts and guidelines.

Thank you for the opportunity to comment, and for your consideration of this important issue.

Respectfully Submitted,

William C. Nash, DMD
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Mashantucket Pequot
Tribal Nation



TRIBAL COUNCIL

Public Health Committee Public Hearing

March 7, 2016

Testimony regarding

HB 5537 AAC Various Revisions to the Public Health Statutes

On behalf of the Mashantucket Pequot Tribal Council, we respectfully request that section 22 of HB 5537 be further updated to clarify marriage validation and recognition on tribal lands. We are in the process of working with DPH as well as consulting with the AG's office on language which we will submit to the Committee for consideration shortly.

Many thanks for the opportunity to comment.



"Oral health for all"

March 5, 2016

Connecticut General Assembly – Public Health Committee
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

Re: HB 5537 AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Dear Representative Ritter, Senator Gerratana, and members of the Public Health Committee:

I am the Executive Director of the Connecticut Oral Health Initiative, an advocacy organization concerned with oral health care and coverage for all Connecticut residents. I support the changes made to sections 10, 11, 12 and 13 in HB 5537, An Act Concerning Various Revisions to the Public Health Statues. Infection control in dentistry is absolutely critical to the safety and care of patients and should be a shared responsibility in practice.

Whether you're having a routine dental cleaning or a more complex treatment, proper infection control is vital. Pathogens can be transmitted from patient to patient, dental professional to the patient, and patient to the professional. Though dental practices operate under the law and regulations of the Occupational Safety and Health Administration (OSHA)¹, it only addresses the safety of the employees. It is the Centers of Disease Control and Prevention that has created guidelines and recommendations for infection control for dentistry² to improve the safety for the patients.

It is imperative that every licensed dental professional know and follow the recommendations to prevent the transmission of infections. Updates and refreshers for dentists and dental hygienists every two years as would be require by this act ensures the safety of the public served in their practices.

Incidentally, dental assistants, who are not certified or licensed by the state of Connecticut, are often charged with maintaining infection control in dental practices. I support HB 5537 that requires dental assistants to undergo training for infection control. Preparation for the Dental Assisting National Board, Infection Control Exam teaches a dental assistant how to recognize and restrict the spread of infection.

New technology, materials, data and equipment are introduced to dental practices regularly and dental assistants will not receive the benefit of up to date training under the

¹ See <https://www.osha.gov/Publications/OSHA3187/osha3187.html>

² See <http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>



"Oral health for all"

revisions of this bill. I would recommend that dental assistants complete at least bi-annual CDC-based infection control training as monitored by the dental practice to refresh their knowledge on infection control and remain up to date on new developments in the guidelines. This training could be tracked in the same manner as is OSHA training detailed in OSHA Standards 1910.1030 Bloodborne pathogens which requires annual training and recording of the training as to persons in attendance, date and topics.³

I know you share my concern for the safety of our state's residents in dental practices. I **urge you to support this very important measure that will ensure safe practices of infection control in dental practices in our state.** If I can be of any assistance, please contact me. Thank you for your time and your commitment to all Connecticut residents.

Sincerely,

Mary Moran Boudreau

Mary Moran Boudreau
Executive Director, COHI
maryb@ctoralhealth.org

³ See <https://www.osha.gov/Publications/osh2254.pdf>