Public Health Committee
JOINT FAVORABLE REPORT

Bill No.: HB-7157
Title: AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.
Vote Date: 3/21/2025
Vote Action: Joint Favorable Substitute
PH Date: 3/10/2025
File No.:

Disclaimer: *The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

The bill makes the following changes to the public-health related statutes:

- Prohibits immediate family members of a deceased minor from being charged a fee for the deceased minors records.
- Allows trained EMS personnel to administer epinephrine to patients by any FDA-approved method.
- Starting on January 1, 2026, licensed physical therapists will be required to complete at least two hours of education or training on ethics or jurisprudence as part of their existing continuing education requirements.
- Prohibits health systems and health care providers from requiring patients to provide any form of electronic payment on file as a prerequisite for providing them services.
- Updates statutory patient confidentiality protections for psychologists to align with those of other behavioral health providers.
- Increases the maximum civil penalty that the Department of Public Health (DPH) or its licensing boards or commissions may impose from $10,000 to $25,000 on healthcare providers.
- Extends to February 1 the date by which health care employers must annually report to DPH on workplace violence incidents.
- Allows MRI and radiologic technologists to perform certain oxygen-related patient care in hospitals.
- Requires hospitals to submit their nurse staffing plan compliance reports by each January 15th and July July 15th of a calendar year.

- Requires DPH to establish a process for someone to request a short-form death certificate.
- Specifies that DPH-licensed hospitals are not required to also obtain a Department of Children and Families (DCF) licensure to receive available DCF grants or funding through DCF's outpatient psychiatric clinic program.

The substitute language adds provisions on the following:

- Workplace violence and nurse staffing plan compliance reports.
- Oxygen-related patient care in hospitals.
- DCF's outpatient psychiatric clinic program.
- Short-form death certificates and specifies that patients may voluntarily give electronic payment methods to keep on file.

RESPONSE FROM ADMINISTRATION/AGENCY:

Brian Lanoue, State Representative, 45th Assembly District:
Currently, Connecticut only has a long form death certificate, and it contains all the information about the deceased including the cause and manner of death. A death certificate is needed for various processes like probate court and closing a bank account. He believes that the intimate details of the cause and manner of death are unnecessary and serves no purpose being disclosed in such circumstances. He stated that twenty-two other states have a short form death certificate that would suffice in most situations. He commented that the short form won't affect the long form and that the intent is to prevent unnecessary gossip or discourse from taking place, as well as respecting the deceased's privacy.

He asked for substitute language to be included that would require each registrar of vital statistics to issue a standard, as well as short form death certificates, which shall list only a decedent's name, date of death, town of death, date of birth and social security number. In addition, the bill provide that only a surviving spouse or next of kin may obtain a copy of a short form death certificate including a decedent's social security number.

James Gill, Chief Medical Examiner, Office of the Chief Medical Examiner (OCME):
He supports the inclusion of the short form death certificate and believes that aside from insurance companies, most other entities that need a proof of death won't need to have a death certificate that includes the cause and manner of death. He added that the bill would not financially impact the OCME.

Kathryn Emmett, Chair, Connecticut Medical Examining Board (CMEB):
She supports the section which increases the civil penalty the CMEB may impose from $10,000 to $25,000. The limit was lowered to $10,000 last year. She believes that the higher limit allows the CMEB to effectively discharge its primary function of protecting the health and safety of the public. She explained that the CMEB imposes discipline in cases of proven misconduct of licensed medical practitioners which may include reprimand, civil penalty, suspension, rehabilitative action, and license revocation. She attached a chart of civil penalties imposed by the CMEB from 2015 to the present greater than $10,000 and there have been only eight instances since 2015.

Kathleen Holt, Healthcare Advocate, Office of the Healthcare Advocate (OHA):
She supports the section which would make it an unfair trade practice for a health system or healthcare provider to withhold services to patients who do not allow electronic payment information to be kept on file by the provider. Her office receives occasional complaints from consumers of such practices, and it leads to instances of delayed care and creates problems associated with medical debt. She added that requiring electronic payment information to be on file to cover medical charges may force individuals to incur onerous fees and that it would be another barrier to health care. Her office understands the challenges that providers face when their patients are unable to pay but that shouldn't result in pressuring a patient.

Michele Jackson, Board Member, Connecticut Medical Examining Board (CMEB):
She echoed many points of Kathryn Emmet but added that fining a physician, particularly a specialist $10,000 is, in some cases is insufficient when a doctor in Connecticut earns, on average, about $277,000 a year, among the highest in the nation.

Robert Green, Board Member, Connecticut Medical Examining Board (CMEB):
He echoed the testimonies of the other members of the CMEB and added that there have been cases where the CMEB has determined that a given financial penalty was too low given the nature of the offense or too high given the events.

NATURE AND SOURCES OF SUPPORT:

Derek Fenwick, President, Connecticut Psychological Association:
He supports the sections regarding updating statutory patient confidentiality protections for psychologists and added that confidentiality is the cornerstone of psychological practice. He stated that the laws governing psychologists' confidentiality protections were written decades ago and did not anticipate the evolution of state and federal privacy laws. He believes that currently Connecticut does not provide uniform privacy protections for psychologists compared to other licensed mental health professionals.

James Leahy, Executive Director, American Physical Therapy Association Connecticut (APTA-CT):
He supports the section regarding licensed physical therapists being required to complete at least two hours of education or training on ethics or jurisprudence. He stated that the proposal is to elevate the quality of care delivered by physical therapists and to improve the long-term sustainability of the profession. He added that licensed physical therapists in Connecticut are required to complete 20 hours of continuing education per year and the education doesn't have to be approved by DPH, but it must be related to physical therapy. They have been able to identify seventeen other states that have this requirement and several existing ethics and jurisprudence educational offerings available to physical therapists.

He would like to see the section amended by adjusting the language to require the two-hour training only every other year.

Natasha Mozden, Resident of Griswold CT:
Ms. Mozen supports the inclusion of the short form death certificate language. She tragically lost her son last year due to suicide and has been tasked with handling the responsibilities of her son's estate, including the submission of his death certificate. She shared that dealing with this document has forced her, time and again, to confront painful and deeply personal details about her son's death. She would like a short form death certificate as it would omit the cause and manner of death, offering families the ability to protect their privacy while still providing an official, legal documentation that confirms the individual's passing. She added that the short form death certificate would also benefit those in the professional world who must deal with death certificates by ensuring they only receive the information necessary to perform their duties without being burdened by potentially distressing details. 22 other states have already implemented this short form. She stated that this would not alter or restrict the long form death certificate process in any way.

Jason Prevelige, Legislative Chair, Connecticut Academy of Physician Associates:
In Line 145 where there is a definition of "Psychiatric Mental Health Provider", he would like the bill amended to include physician associates (PAs). Currently, as written the bill only includes physicians and advanced practice registered nurses (APRNs).

Mag Morelli, President, LeadingAge Connecticut:
Ms. Morelli would like the committee to reexamine the section regarding prohibiting health systems and health care providers from requiring patients to provide any form of electronic payment on file. The term of "health care provider" is a very broad reference and would like the legislation to be more narrowly defined.

Jim Farrales, President and CEO, Continuum of Care Inc.:
Mr. Farrales shared that his organization works with the Department of Developmental Services (DDS) and the Department of Mental Health and Addiction Services (DMHAS). He stated that regarding DDS programs, staff are medication certified while the DMHAS programs residential staff are not medication certified and can only "monitor the supervised self-administration" of medications. The current practice implies that residents can self-administer but it typically requires a visiting nurse to come into the program and administer the medications. He mentioned that the DPH licensed Mental Health Residential Living Centers (MHRLs) are the primary approved residential facilities for individuals with a psychosis disorder and these facilities currently do not allow medication administration by a licensed continuum nursing personnel or non-licensed staff. He highlighted several reasons as to why medication certification is necessary. He Noted that not being able to administer medication leads to a disruption in continuity of care, lack of client centered care, medications being administered at inappropriate times, and lack of residential staff awareness with self-administration.

He attached substitute language that would allow MHRLs to certify unlicensed staff and the language is based on 19a-495a.

Kathlene Gerrity, Executive Director, Connecticut State Dental Association (CSDA):
Ms. Gerrity would like the bill amended to include the dental scope of practice revision that was reported to the committee by the DPH in January. The association last year participated in a series of scope of practice hearings to discuss the current limits that disallows dentists from doing injections except for pain management. The report includes the unanimous decision by all involved that dentists are qualified to provide injections for cosmetic reasons as well as pain management. She added that many dentists across the country are already permitted to perform these services.

The following submitted similar testimony as expressed above in support of this bill:
Kyler Allen
Ralph Balducci, Psychologist, Independent Practice
Rosemarie Coratola
Joseph Miller
Marcy Russo, Psychologist, Connecticut Psychological Association
Barbara Zimmerman, Licensed Psychologist, Connecticut Psychological Association
Kristin Barnhart, Psychologist, Breakthrough Counseling LLC
Alana Coscia, MD
Wilbur Nelson, PHD, Psychologist, Connecticut Psychological Association
Maria Victoria Ramos, PsyD, Connecticut Psychological Association
Allison Sidel
Lisa Backus, CGA Connie Task Force co-chair
.

NATURE AND SOURCES OF OPPOSITION:

The Connecticut Hospital Association (CHA):
CHA opposes the following in the bill:

- The section regarding prohibiting health systems and health care providers from requiring patients to provide any form of electronic payment on file. They believe that the language implies that a provider is not allowed to collect payment source information in advance and that providers might not be able to collect payment for their services in many cases. They added that it would also make it difficult for patients who would like their information kept on file for future use to be accommodated and have attached proposed substitute language for this section.
- The section regarding updating the statutory patient confidentiality protections for psychologists. This section fails to address the problems of Connecticut's scattered and outmoded series of laws that affects evidence, medical records, health information exchange, privacy, security, and other issues. CHA pointed out that medical information and related laws were designed for an all-paper world that was pre-HIPAA. CHA opposes this piecemeal approach and instead would like to see the creation of a working group that could provide a set of recommendations to the legislature.
- CHA opposes the section regarding the maximum civil penalty that DPH or its licensing boards or commissions may impose. CHA believes that there is no evidence that a punitive, penalties-based approach to healthcare regulation improves healthcare.
- Lastly, CHA requested several technical changes and have attached substitute language for each technical request.

The Connecticut State Medical Society (CSMS):
CSMS opposes the section regarding prohibiting health systems and health care providers from requiring patients to provide any form of electronic payment on file. CSMS stated that high deductible health plans (HDHPs) dominate the market in Connecticut and health insurers are the ones to determine the price while physician's offices are left to explain the costs. No physician wants to require a credit card on file, but the regulatory and insurance environment has left physicians with no choice. He stated that requiring a card on file is a simple, transparent way to have upfront conversations about cost and ensure that practices are compensated for the care they deliver. This section disproportionately harms independent medical practices which could accelerate the consolidation of care and that the real issue is HDHPs. They also oppose the section regarding the maximum civil penalty that DPH or its licensing boards or commissions may impose. The rate was lowered last year, and it was the result of a negotiated compromise. The rate change is unnecessary and punitive as the rate was changed barely a year ago.

Reported by: Piotr Kolakowski **Date: 3/25/25**