Agency Legislative Proposal – 2025 Session
Document Name: DPH - Hospital Diversion

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Legislative Liaison	Adam Skowera 959-529-7244 Adam.Skowera@ct.gov
Division Requesting This Proposal	Department of Public Health
Drafter	Adam Skowera

Title of Proposal	AAC Hospital Emergency Department Diversion
Statutory Reference, if any	New
Brief Summary and Statement of Purpose	Emergency Department diversion is when hospitals reroute incoming ambulances due to overcrowding in their Emergency Departments or hospitals are experiencing other emergencies that may prevent them from being able to accept additional patients. In order to better address Emergency Department Overcrowding and improve Emergency Room Diversion Procedures, the proposal requires DPH to establish emergency department diversion requirements for hospitals including when a hospital may go on diversion, requirements for other hospitals to receive diverted patients, and requirements for EMS when responding in a diversion.
How does this proposal relate to the agency's mission?	Having set procedures and adequate contingency plans in case of diversions will improve responses and patient care, helping to improve the health and safety of the people of Connecticut.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

Section 1: Requires the commissioner to establish emergency department diversion requirements for hospitals, including requiring hospitals to adopt diversion policies, establish the permissible grounds for declaring a diversion, the procedures to be followed after a diversion has been declared, requirements for hospitals to receive diverted patients, and requirements for EMS organizations in the event of a diversion. A civil penalty may be assessed for violations of these requirements.

BACKGROUND

Origin of Proposal [ ] New Proposal [**X**] Resubmission

Section 2 of 2024 SB 9: AN ACT PROMOTING HOSPITAL FINANCIAL STABILITY. The bill died on the Senate Calendar. Text has not been changed from last session.

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	
Has this proposal or a similar proposal been	

implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[**X**] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[**X**] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

As part of the proposal, hospitals will be required to provide notice to the department prior to a diversion which will allow the department to better track and monitor these diversions.

ANYTHING ELSE WE SHOULD KNOW?

There have been two instances over the summer (including cloud strike) where a hospital has either gone on diversion without notice to the agency or there was the threat of diversion without agency involvement or oversight.

INSERT FULLY DRAFTED BILL HERE

Section 1: (NEW) (Effective July 1, 2025) (a) For the purposes of this section, (1) "emergency department diversion" means the status of a hospital licensed pursuant to chapter 368v of the general statutes that reroutes incoming ambulances to other hospitals due to the diverting hospital's emergency department saturation or lack of medical capability, and (2) "emergency department saturation" means a hospital's emergency department resources are fully committed and are not available for additional incoming ambulance patients.

(b) The Commissioner of Public Health shall establish (1) emergency department diversion requirements for hospitals, including, but not limited to, the requirement that each hospital adopt emergency department diversion policies and the required content of such policies, (2) the permissible grounds for, and procedures to be followed by, a hospital to declare an emergency department diversion and the procedures to be followed by the hospital after declaring such diversion, (3) requirements for hospitals to receive diverted patients, and (4) requirements for emergency medical service organizations licensed or certified under chapter 368d of the general statutes in the event that a hospital declares an emergency department diversion. Prior to declaring an emergency department diversion, a hospital shall provide notice to the Department of Public Health in the form and manner prescribed by the Commissioner of Public Health.

(c) The commissioner shall adopt regulations, in accordance with chapter 54 of the general statutes, to implement the provisions of this section. The commissioner may implement policies and procedures necessary to implement the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until final regulations are adopted in accordance with the provisions of chapter 54 of the general statutes.

(d) The commissioner may assess a civil penalty not to exceed twenty-five thousand dollars on a hospital that violates the requirements established pursuant to the provisions of this section, in accordance with the provisions of section 19a-494 of the general statutes, as amended by this act. Failure of an emergency medical service organization to comply with such

requirements shall be grounds for disciplinary action pursuant to subsection (c) of section 19a-180 of the general statutes.

Agency Legislative Proposal – 2025 Session
Document Name: DPH - Various Revisions

Document Name	DPH - Various Revisions

Legislative Liaison	Adam Skowera 959-529-7244 Adam.Skowera@ct.gov
Division Requesting This Proposal	Department of Public Health
Drafter	Adam Skowera

Title of Proposal	AAC THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES
Statutory Reference, if any	**Section 1:** 19a-6t. Connecticut Rare Disease Advisory Council **Section 2:** 19a-59h. Maternal mortality review program. Confidentiality of information. **Section 3:** 19a-59i. Maternal mortality review committee. **Section 4:** 19a-493. Initial license and renewal. Prior approval for change in ownership. Multicare institution. Regulations. **Section 5:** Sec. 19a-2a. Powers and duties **Section 6:** Sec. 20-99. Improper professional conduct. Hearing. Appeal. Prohibited conduct. **Section 7:** Sec. 19a-494 Disciplinary action.

	Section 8: Sec. 19a-565 Clinical laboratories, blood collection facilities and source plasma donation centers. Regulation and licensure. Proficiency standards for tests not performed in laboratories. Prohibitions. Penalties. Regulations
Brief Summary and Statement of Purpose	**Section 1:** To allow the Rare Disease Advisory Council (RDAC) to raise funds and apply for grants to fund the work of the council. RDAC sits within DPH for administrative purposes only. **Section 2 and 3:** To allow the Maternal Mortality Review Program (MMRP) to share information with the Surveillance Analysis and Reporting Unit (SAR) of Vital Records. The MMRP identifies maternal death cases and sends the cases to the Maternal Mortality Review Committee, which reviews the cases and makes recommendations to prevent maternal death. SAR provides the MMRP with lists of maternal death cases, based on death certificate data. These lists sometimes include false positives (i.e., pregnancy category was inadvertently checked off on death certificate) or are missing maternal death cases identified by the MMRP through other means. SAR reports the maternal death rate in Connecticut. Sharing maternal death case information with SAR will allow SAR to update death records based on information from the MMRP, resulting in more accurate data and reporting on maternal deaths. **Section 4:** State law requires physical plant inspections prior to the renewal of licenses for hospice, home health agencies, ambulatory surgical and end stage renal dialysis facilities. State license renewal for these facilities typically happens every 2 years, while federal recertification happens every 3 to 3.5 years. This results in more frequent inspection of these facilities than is required by federal law. Additionally, DPH is responsible for the federal certification inspections of these

	facilities on behalf of CMS, so we are in these facilities a lot for potentially redundant license and certification inspections. This proposal would allow DPH to renew a license without performing a physical plant inspection if the facility has maintained federal certification by the Centers for Medicare and Medicaid Services. DPH currently uses this process with hospital licensure. Allowing this change will free up staff time to address any backlogs in survey and complaint investigations. **Section 5:** Under current statute, the Department's authority to contract to disperse funds received through federal grants to local health departments and non-profits is unclear. This change will provide clear statutory authority for the Department to disperse these funds and ensure Local Health Departments and Non-Profits continue to receive these essential funding streams. **Section 6:** Ensures that the Board of Examiners for Nursing ("BOEN") is permitted to utilize hearing officers to conduct administrative hearings. This proposal will increase the efficiency and reduce the time to process allegations of misconduct by licensed nurses. **Section 7:** Expands the provisions on facility discipline in 19-494 to apply to the entirety of Title 19a. Currently, the provision of discipline is limited to provisions in Chapter 368v, however several important provisions that apply to facilities are located in other chapters under Title 19a. Some of these provisions include adverse event reporting, emergency treatment of victims of sexual assault, and opioid overdose reporting requirements. This will give the department authority to enforce those provisions.

	Section 8: Corrects an inaccurate statutory reference. Currently, 19a-565(g) references disciplinary action specified in 19a-17, which governs discipline against practitioners. Since this section governs facilities and not practitioners the correct statute for disciplinary action against facilities is 19a-494.
How does this proposal relate to the agency's mission?	Making these changes will provide for better data and allow the department to more efficiently carryout its core mission of safe guarding the public health.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

Section 1: Allows the RDAC to raise funds and accept grants.

Section 2 and 3: Allows the Maternal Mortality Review Committee to share data to improve vital statistics information.

Section 4: Allows the option for a facility, as defined in 19a-490 (a) or 19a-493b, other than a nursing home, that is currently federally certified to be granted an inspection waiver upon state license renewal.

Section 5: Clarifies the department's authority to enter into agreements to disburse funds received grants through the Federal government and other sources.

Section 6: Adds a provision clarifying that the nursing statutes do not prohibit the use of hearing officers in administrative hearings.

Section 7: Expands the provisions on facility discipline in 19-494 to apply to the entirety of Title 19a.

Section 8: Corrects an inaccurate statutory reference.

BACKGROUND

Origin of Proposal [**X**] New Proposal [ ] Resubmission

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	**Section 1:** RDACs in other states have similar authority **Section 4:** Other states, like Rhode Island, Maine, Massachusetts, and Hawaii, do not always require an inspection prior to license renewal in facilities that maintain federal certification. **Section 7:** Administrative hearing officers are utilized by executive branch boards both within Connecticut and in other states**.** This proposal will ensure the BOEN is not an outlier.
Have certain constituencies called for this proposal?	**Section 1:** Members of the Rare Disease Advisory Council

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[**X**] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

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State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

Sections 2-3: This change will provide more accurate reporting of maternal mortality data. **Section 7:** Reduced processing time for Nursing Board complaints.

ANYTHING ELSE WE SHOULD KNOW?

Section 1: Identifying potential sources of funding is a required component of the Council's annual report, however the council currently lacks authority to act on those findings.

INSERT FULLY DRAFTED BILL HERE

Section 1: Sec 19a-6t of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage):*

(a) On and after July 1, 2023, there is established a Connecticut Rare Disease Advisory Council. The council shall advise and make recommendations to the Department of Public Health and other state agencies, as appropriate, regarding the needs of persons in the state living with a rare disease and such persons' caregivers. The council may perform the following functions:

(1) Hold public hearings and otherwise make inquiries of and solicit comments from the general public to assist with a study or survey of persons living with a rare disease and such persons' caregivers and health care providers;

(2) Consult with experts on rare diseases to develop policy recommendations for improving patient access to quality medical care in the state, affordable and comprehensive insurance coverage, medications, medically necessary diagnostics, timely treatment and other necessary services and therapies;

(3) Research and make recommendations to the department, other state agencies, as necessary, and health carriers that provide services to persons living with a rare disease regarding the adverse impact that changes to health insurance coverage, drug formularies and utilization review, as defined in section 38a-591a, may have on the provision of treatment or care to persons living with a rare disease;

(4) Research and identify priorities related to treatments and services provided to persons living with a rare disease and develop policy recommendations regarding (A) safeguards and legal protections against discrimination and other practices that limit access to appropriate health care, services or therapies, and (B) planning for natural disasters and other public health emergencies;

(5) Research and make recommendations regarding improving the quality and continuity of care for persons living with a rare disease who are transitioning from pediatric to adult health care services;

(6) Research and make recommendations regarding the development of educational materials on rare diseases, including, but not limited to, online educational materials and a list of reliable resources for the department, other state agencies, as necessary, the public, persons living with a rare disease, such persons' families and caregivers, medical school students and health care providers; and

(7) Research and make recommendations for support and training resources for caregivers and health care providers of persons living with a rare disease.

(b) The council shall consist of the following members:

(1) The Commissioner of Public Health, or the commissioner's designee;

(2) The Commissioner of Social Services, or the commissioner's designee;

(3) The Insurance Commissioner, or the commissioner's designee, who may be the representative of a health carrier;

(4) Two appointed by the Governor, one of whom shall be a representative of an association of hospitals in the state or an administrator of a hospital that provides health care to persons living with a rare disease, and one of whom shall be a physician licensed under chapter 370 who has expertise in the field of medical genetics;

(5) Two appointed by the Senate chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, one of whom shall be a representative of a patient advocacy group in the state representing all rare diseases, and one of whom shall be the family member or caregiver of a pediatric patient living with a rare disease;

(6) Two appointed by the House chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to public health, one of whom shall be a representative of the biopharmaceutical industry who is involved in rare disease research and therapy development, and one of whom shall be an adult living with a rare disease;

(7) Two appointed by the Senate ranking member of the joint standing committee of the General Assembly having cognizance of matters relating to public health, one of whom shall be a member of the scientific community in the state who is engaged in rare disease research, and one of whom shall be the caregiver of a child or adult living with a rare disease; and

(8) Two appointed by the House ranking member of the joint standing committee of the General Assembly having cognizance of matters relating to public health, one of whom shall be a physician licensed to practice under chapter 370 who treats persons living with a rare disease, and one of whom shall be a representative, family member or caregiver of a person living with a rare disease.

(c) All initial appointments to the council shall be made not later than October 31, 2023. Any vacancy shall be filled by the appointing authority. Except for members of the council who represent state agencies, five of the members first appointed shall serve for a term of two years, five of such members shall serve for a term of three years and, thereafter, members shall serve for a term of two years. The Commissioner of Public Health shall determine which of the members first appointed shall serve for a term of two years and which of such members shall serve for a term of three years. The members of the council shall receive no compensation for their services but may be reimbursed for any necessary expenses incurred in the performance of their duties. The commissioner shall select an acting chairperson of the council from its members for the purpose of organizing the first council meeting. Such chairperson shall schedule and convene the first meeting, which shall be held not later than November 30, 2023. The members of the council shall appoint, by majority vote, a permanent chairperson and vice-chairperson during the first meeting of the council. Nothing in this subsection shall prohibit the reappointment of the chairperson, vice-chairperson or any member of the council to their position on the council.

(d) The council shall meet in person or on a remote platform not less than six times between November 30, 2023, and October 31, 2024, as determined by the chairperson. Thereafter, the council shall meet quarterly in person or on a remote platform, as determined by the chairperson.

(e) The council shall provide opportunities at council meetings for the general public to make comments, hear updates from the council and provide input on council activities. The council shall create an Internet web site where meeting minutes, notices of upcoming meetings and feedback may be posted.

(f) The council shall be within the Department of Public Health for administrative purposes only.

(g) Not later than one year after the date of its first meeting, and annually thereafter, the council shall report to the Governor and, in accordance with the provisions of section 11-4a, to

the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding its findings and recommendations, including, but not limited to, (1) the council's activities, research findings and any recommendations for proposed legislative changes, and (2) any potential sources of funding for the council's activities, including, but not limited to, grants, donations, sponsorships or in-kind donations.

(h) The Council may apply for and accept grants, gifts, bequests, sponsorships, and in kind donations of funds from federal and interstate agencies, private firms, individuals and foundations for the purpose of carrying out its responsibilities.

Section 2: Section 19a-59h of the general statutes is repealed and the following is substituted in lieu thereof *(Effective July 1, 2025):*

(a) As used in this section and section 19a-59i, "maternal death" means the death of a woman while pregnant or not later than one year after the date on which the woman ceases to be pregnant, regardless of whether the woman's death is related to her pregnancy, and "department" means the Department of Public Health.

(b) There is established, within the department, a maternal mortality review program. The program shall be responsible for identifying maternal death cases in Connecticut and reviewing medical records and other relevant data related to each maternal death case, including, but not limited to, information collected from death and birth records, files from the Office of the Chief Medical Examiner, and physician office and hospital records.

(c) Licensed health care providers, health care facilities and pharmacies shall provide the maternal mortality review program, established under this section with reasonable access to all relevant medical records associated with a maternal death case under review by the program.

(d) A hospital shall provide the department with access, including remote access, to the entirety of a patient's medical record, as the department deems necessary, to review case information related to a maternal death case under review by the program. Such remote access shall be provided on or before October 1, 2022, if technically feasible. All personal information obtained from the medical record **[**shall not be divulged to anyone and**]** shall be held strictly confidential pursuant to section 19a-25 by the department.

(e) All information obtained by the department for the maternal mortality review program shall be confidential pursuant to section 19a-25[.] and may be used by the department to improve the accuracy of vital statistics data.

(f) Notwithstanding subsection (e) of this section, the department may provide the maternal mortality review committee, established pursuant to section 19a-59i, with information as is necessary, in the department's discretion, for the committee to make recommendations regarding the prevention of maternal death.

Section 3: Section 19a-59i of the general statutes is repealed and the following is substituted in lieu thereof *(Effective October 1, 2025):*

(a) There is established a maternal mortality review committee within the department to conduct a comprehensive, multidisciplinary review of maternal deaths for purposes of identifying factors associated with maternal death and making recommendations to reduce maternal deaths.

(b) The cochairpersons of the maternal mortality review committee shall be the Commissioner of Public Health, or the commissioner's designee, and a representative designated by the Connecticut State Medical Society. The cochairpersons shall convene a meeting of the maternal mortality review committee upon the request of the Commissioner of Public Health.

(c) The maternal mortality review committee may include, but need not be limited to, any of the following members, as needed, depending on the maternal death case being reviewed:

(1) A physician licensed pursuant to chapter 370 who specializes in obstetrics and gynecology, appointed by the Connecticut State Medical Society;

(2) A physician licensed pursuant to chapter 370 who is a pediatrician, appointed by the Connecticut State Medical Society;

(3) A community health worker, appointed by the Commission on Women, Children, Seniors, Equity and Opportunity;

(4) A nurse-midwife licensed pursuant to chapter 377, appointed by the Connecticut Nurses Association;

(5) A clinical social worker licensed pursuant to chapter 383b, appointed by the Connecticut Chapter of the National Association of Social Workers;

(6) A psychiatrist licensed pursuant to chapter 370, appointed by the Connecticut Psychiatric Society;

(7) A psychologist licensed pursuant to chapter 20-136, appointed by the Connecticut Psychological Association;

(8) The Chief Medical Examiner, or the Chief Medical Examiner's designee;

(9) A member of the Connecticut Hospital Association;

(10) A representative of a community or regional program or facility providing services for persons with psychiatric disabilities or persons with substance use disorders, appointed by the Commissioner of Public Health;

(11) A representative of The University of Connecticut-sponsored health disparities institute; or

(12) Any additional member the cochairpersons determine would be beneficial to serve as a member of the committee.

(d) Whenever a meeting of the maternal mortality review committee takes place, the committee shall consult with relevant experts to evaluate the information and findings obtained from the department pursuant to section 19a-59h and make recommendations regarding the prevention of maternal deaths. Not later than ninety days after such meeting, the committee shall report, to the Commissioner of Public Health, any recommendations and findings of the committee in a manner that complies with section 19a-25. Findings of the committee may be used by the department to improve the accuracy of vital statistics data.

(e) Not later than January 1, 2022, and annually thereafter, the maternal mortality review committee shall submit a report of disaggregated data, in accordance with the provisions of section 19a-25, regarding the information and findings obtained through the committee's investigation process to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-

4a. Such report may include recommendations to reduce or eliminate racial inequities and other public health concerns regarding maternal mortality and severe maternal morbidity in the state.

(f) All information provided by the department to the maternal mortality review committee shall be subject to the provisions of section 19a-25.

(g) Not later than January 1, 2023, the maternal mortality review committee shall develop educational materials regarding:

(1) The health and safety of pregnant and postpartum persons with mental health disorders, including, but not limited to, perinatal mood and anxiety disorders, for distribution by the Department of Public Health to each birthing hospital in the state. As used in this subdivision, "birthing hospital" means a health care facility, as defined in section 19a-630, operated and maintained in whole or in part for the purpose of caring for patients during the delivery of a child and for a postpartum person and such person's newborn following birth;

(2) Evidence-based screening tools for screening patients for intimate partner violence, peripartum mood disorders and substance use disorder for distribution by the Department of Public Health to obstetricians and other health care providers who practice obstetrics; and

(3) Indicators of intimate partner violence for distribution by the Department of Public Health to (A) hospitals for use by health care providers in the emergency department and hospital social workers, and (B) obstetricians and other health care providers who practice obstetrics.

Section 4: Subsection (a) of section 19a-493 of the general statutes is repealed and the following is substituted in lieu thereof. (*Effective October 1, 2025*):

(a) Upon receipt of an application for an initial license, the Department of Public Health, subject to the provisions of section 19a-491a, shall issue such license if, upon conducting a scheduled inspection and investigation, the department finds that the applicant and facilities meet the requirements established under section 19a-495, provided a license shall be issued to or renewed for an institution, as defined in section 19a-490, only if such institution is not otherwise required to be licensed by the state. If an institution, as defined in **[**subsections (b), (d), (e) and (f)**]** subsection (a) of section 19a-490, except for a nursing home or nursing home facility, as defined in subsection (o) of section 19a-490, applies for license renewal and **[**has been**]** at the time of such license renewal is certified as a provider of services by the United States

Department of Health and Human Services under Medicare or Medicaid programs [within the immediately preceding twelve-month period, or if an institution, as defined in subsection (b) of section 19a-490, is currently certified,] the commissioner or the commissioner's designee may waive [on] the renewal of the institution's license the inspection and investigation of such institution [facility] required by this section and, in such event, any such institution [facility] shall be deemed to have satisfied the requirements of section 19a-495 for the purposes of licensure. Such license shall be valid for two years or a fraction thereof and shall terminate on March thirty-first, June thirtieth, September thirtieth or December thirty-first of the appropriate year. A license issued pursuant to this chapter, unless sooner suspended or revoked, shall be renewable biennially (1) after an unscheduled inspection is conducted by the department, and (2) upon the filing by the licensee, and approval by the department, of a report upon such date and containing such information in such form as the department prescribes and satisfactory evidence of continuing compliance with requirements established under section 19a-495. In the case of an institution, as defined in subsection (d) of section 19a-490, that is also certified as a provider under the Medicare program, the license shall be issued for a period not to exceed three years, to run concurrently with the certification period. In the case of an institution, as defined in subsection (m) of section 19a-490, that is applying for renewal, the license shall be issued pursuant to section 19a-491. Except in the case of a multicare institution, each license shall be issued only for the premises and persons named in the application. Such license shall not be transferable or assignable. Licenses shall be posted in a conspicuous place in the licensed premises.

Section 5: Section 19a-2a of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage):*

Powers and duties. The Commissioner of Public Health shall employ the most efficient and practical means for the prevention and suppression of disease and shall administer all laws under the jurisdiction of the Department of Public Health and the Public Health Code. The commissioner shall have responsibility for the overall operation and administration of the Department of Public Health. The commissioner shall have the power and duty to: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54, as are necessary to carry out the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services

to achieve the purposes of the department as established by statute; (5) enter into a contract, including, but not limited to, a contract with another state, for facilities, services and programs to implement the purposes of the department as established by statute; (6) designate a deputy commissioner or other employee of the department to sign any license, certificate or permit issued by said department; (7) conduct a hearing, issue subpoenas, administer oaths, compel testimony and render a final decision in any case when a hearing is required or authorized under the provisions of any statute dealing with the Department of Public Health; (8) with the health authorities of this and other states, secure information and data concerning the prevention and control of epidemics and conditions affecting or endangering the public health, and compile such information and statistics and shall disseminate among health authorities and the people of the state such information as may be of value to them; (9) annually issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings and amend such lists as the commissioner deems necessary and distribute such lists as well as any necessary forms to each licensed physician, licensed physician assistant, licensed advanced practice registered nurse and clinical laboratory in this state. The commissioner shall prepare printed forms for reports and returns, with such instructions as may be necessary, for the use of directors of health, boards of health and registrars of vital statistics; and (10) specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, frequency of admission and readmission, and frequency and duration of treatment. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder. The commissioner may designate any person to perform any of the duties listed in subdivision (7) of this section. The commissioner shall have authority over directors of health and may, for cause, remove any such director; but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the commissioner as the public interest requires. The commissioner shall assist and advise local directors of health and district directors of health in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health. In the event the commissioner reasonably suspects impropriety on the part of a local director of health or district director of health, or employee of such director, in the performance of his or her duties, the commissioner shall provide notification and any evidence of such impropriety to the appropriate governing authority of the municipal health authority, established pursuant to section 19a-200, or the district department of health, established pursuant to section 19a-244, for purposes of reviewing and assessing a director's or an employee's compliance with such duties.

Such governing authority shall provide a written report of its findings from the review and assessment to the commissioner not later than ninety days after such review and assessment. When requested by local directors of health or district directors of health, the commissioner shall consult with them and investigate and advise concerning any condition affecting public health within their jurisdiction. The commissioner shall investigate nuisances and conditions affecting, or that he or she has reason to suspect may affect, the security of life and health in any locality and, for that purpose, the commissioner, or any person authorized by the commissioner, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by the commissioner shall have the authority conferred by law upon constables. Whenever the commissioner determines that any provision of the general statutes or regulation of the Public Health Code is not being enforced effectively by a local health department or health district, he or she shall forthwith take such measures, including the performance of any act required of the local health department or health district, to ensure enforcement of such statute or regulation and shall inform the local health department or health district of such measures. In September of each year the commissioner shall certify to the Secretary of the Office of Policy and Management the population of each municipality. The commissioner may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of or contract for money, services or property from the federal government, the state, any political subdivision thereof, any other state or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant or contract. The commissioner may enter into such contracts or agreements, in accordance with established procedures, as may be necessary for the distribution or use of said money, services or property in accord with any requirements to fulfill any conditions of said gift, grant or contract. The commissioner may establish state-wide and regional advisory councils. For purposes of this section, "employee of such director" means an employee of, a consultant employed or retained by or an independent contractor retained by a local director of health, a district director of health, a local health department or a health district.

Section 6: Section Sec. 20-99 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage):*

(a) The Board of Examiners for Nursing shall have jurisdiction to hear all charges of conduct which fails to conform to the accepted standards of the nursing profession brought against persons licensed to practice nursing. After holding a hearing in accordance with chapter 54 and

the regulations adopted by the Commissioner of Public Health, said board, if it finds such person to be guilty, may revoke or suspend his or her license or take any of the actions set forth in section 19a-17. Witnesses and records may be summoned before such hearings by the issuance of subpoenas under the board's seal. The chairperson or presiding member may administer oaths. When any license is revoked or suspended, notification of such action shall be sent to the Department of Public Health. Any person aggrieved by a final decision of the board may appeal as provided in chapter 54. Such appeal shall have precedence over nonprivileged cases in respect to order of trial.

(b) Conduct which fails to conform to the accepted standards of the nursing profession includes, but is not limited to, the following: (1) Fraud or material deception in procuring or attempting to procure a license to practice nursing; (2) illegal conduct, incompetence or negligence in carrying out usual nursing functions; (3) physical illness or loss of motor skill, including, but not limited to deterioration through the aging process; (4) emotional disorder or mental illness; (5) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (6) fraud or material deception in the course of professional services or activities; (7) wilful falsification of entries in any hospital, patient or other record pertaining to drugs, the results of which are detrimental to the health of a patient; (8) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction; and (9) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.'

(c) Nothing in this section shall prohibit the Board of Examiners for Nursing from holding a contested case hearing before one or more hearing officers or one or more of the members of such board pursuant to section 4-176e.

Section 7: Section 19a-494a(a) of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage):*

(a) The Commissioner of Public Health, after a hearing held in accordance with the provisions of chapter 54, may take any of the following actions, singly or in combination, in any case in which the commissioner finds that there has been a substantial failure to comply with the requirements established under this chapter or requirements established under this title relating to institutions, the Public Health Code or licensing regulations:

(1) Revoke a license or certificate;

(2) Suspend a license or certificate;

(3) Censure a licensee or certificate holder;

(4) Issue a letter of reprimand to a licensee or certificate holder;

(5) Place a licensee or certificate holder on probationary status and require such licensee or certificate holder to report regularly to the department on the matters which are the basis of the probation;

(6) Restrict the acquisition of other facilities for a period of time set by the commissioner;

(7) Issue an order compelling compliance with applicable statutes or regulations of the department;

(8) Impose a directed plan of correction; or

(9) Assess a civil penalty not to exceed twenty-five thousand dollars, provided no such penalty shall be assessed for violations arising from the investigation of a complaint filed with the Department of Public Health before July 1, 2024, except for violations of regulatory requirements relating to abuse or neglect of patients, as such terms are defined in 42 CFR 483.5.

Section 8: Section 19a-565(g) of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*:

(g) A license issued under this section may be revoked or suspended in accordance with chapter 54 or subject to any other disciplinary action specified in section [19a-17] 19a-494 if the licensed clinical laboratory, blood collection facility or source plasma donation center has engaged in fraudulent practices, fee-splitting inducements or bribes, including, but not limited

to, in the case of a clinical laboratory, violations of subsection (h) of this section, or violated any other provision of this section or regulations adopted under this section after notice and a hearing is provided in accordance with the provisions of said chapter.

Agency Legislative Proposal – 2025 Session
Document Name: DPH - Water

Document Name	**DPH - Water**

Legislative Liaison	Adam Skowera 959-529-7244 Adam.Skowera@ct.gov
Division Requesting This Proposal	Department of Public Health
Drafter	Adam Skowera

Title of Proposal	AAC THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING DRINKING WATER
Statutory Reference, if any	**Section 1:** 19a-88 License renewal by certain health care providers and other licensees of the department. On-line license renewal system. **Section 2:** 19a-35a Alternative on-site sewage treatment systems with capacities of five thousand gallons or less per day. Jurisdiction. Establishment and definition of categories. Minimum requirements. Permits and approvals. Appeals. **Section 3:** Permit for new discharge. Regulations. Renewal. Special category permits or approvals. Limited delegation. General permits. **Section 4:** 25-33 Water company: Reporting and record retention requirements. Plan required for construction or expansion of water supply system or a proposed new source of water supply. Regulations. Approval of location of replacement public well.

Brief Summary and Statement of Purpose	**Section 1:** 20-278h(d) requires bulk haulers to renew their licenses every two years in accordance with 19a-88. However, 19a-88 does not provide any provisions related to bulk water haulers. This section adds those provisions to 19a-88, bringing the two statutes into alignment and clarifying that renewal shall happen every two years in the anniversary month of their initial license. **Section 2 and 3:** Public Act 23-207 section 27 transferred jurisdiction for subsurface sewage disposal systems with a capacity between 7,500 and 10,000 gallons from DEEP to DPH. By statute the transfer is to occur by July 1, 2025. To implement the changes in the Public Act, DPH and DEEP are working on the transfer and necessary regulations. So that these necessary policies may be in place by the statutory deadline and to conform these sections with the new requirements this proposal will add Policy and Procedure authority while regs are in the process of being adopted to raise the capacity to 10,000 gallons. **Section 4:** The current statutory language allows the Department to approve public well "plans" which does not encompass the full scope of the review performed by DPH prior to approval of a new water public source. Current practice requires DPH approval of the construction and location of the public water source, testing of the quality and quantity of the water available, and the necessary treatment for compliance with the regulations in 19-13-B102. This section clarifies the department's authority and incorporates current practice to ensure water quality.
How does this proposal relate to the agency's mission?	Ensuring the quality and safety of drinking water is one of DPH's core responsibilities.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

Section 1: Adds reference to Bulk Water Haulers to 19a-88 and clarifies that renewal happens every two years in the anniversary month of initial licensure. **Section 2 and 3:** Adds policy and procedure authority while regs are being adopted and raised the capacity to 10,000 gallons. **Section 4:** Clarifies what must be incorporated in plans for a new water supply source and the department's authority to conduct inspections.

BACKGROUND

Origin of Proposal [**X**] New Proposal [ ] Resubmission

Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	**Section 2 and 3:** Public Act 23-207 section 27
Has this proposal or a similar proposal been	

implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[**X**] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[**X**] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Section 1: Section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage)*:

(a) Each person holding a license to practice dentistry, optometry, midwifery or dental hygiene shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of: (1) The professional services fee for class I, as defined in section 33-182l, plus ten dollars, in the case of a dentist, except as provided in sections 19a-88b and 20-113b; (2) the professional services fee for class H, as defined in section 33-182l, plus five dollars, in the case of an optometrist; (3) twenty dollars in the case of a midwife; and (4) one hundred five dollars in the case of a dental hygienist. Such registration shall be on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. Each person holding a license to practice dentistry who has retired from the profession may renew such license, but the fee shall be ten per cent of the professional services fee for class I, as defined in section 33-182l, or ninety-five dollars, whichever is greater. Any license provided by the department at a reduced fee pursuant to this subsection shall indicate that the dentist is retired.

(b) Each person holding a license to practice medicine, surgery, podiatry, chiropractic or naturopathy shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of the professional services fee for class I, as defined in section 33-182l, plus five dollars. Each person holding a license to practice medicine or surgery shall pay five dollars in addition to such professional services fee. Such registration shall be on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(c) (1) Each person holding a license to practice as a registered nurse, shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of one hundred ten dollars, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. Each person holding a license to practice as a registered nurse who has retired from the profession may renew such license, but the fee shall be ten per

cent of the professional services fee for class B, as defined in section 33-182l, plus five dollars. Any license provided by the department at a reduced fee shall indicate that the registered nurse is retired.

(2) Each person holding a license as an advanced practice registered nurse shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of one hundred thirty dollars, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. No such license shall be renewed unless the department is satisfied that the person maintains current certification as either a nurse practitioner, a clinical nurse specialist or a nurse anesthetist from one of the following national certifying bodies which certify nurses in advanced practice: The American Nurses' Association, the Nurses' Association of the American College of Obstetricians and Gynecologists Certification Corporation, the National Board of Pediatric Nurse Practitioners and Associates or the American Association of Nurse Anesthetists. Each person holding a license to practice as an advanced practice registered nurse who has retired from the profession may renew such license, but the fee shall be ten per cent of the professional services fee for class C, as defined in section 33-182l, plus five dollars. Any license provided by the department at a reduced fee shall indicate that the advanced practice registered nurse is retired.

(3) Each person holding a license as a licensed practical nurse shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of seventy dollars, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. Each person holding a license to practice as a licensed practical nurse who has retired from the profession may renew such license, but the fee shall be ten per cent of the professional services fee for class A, as defined in section 33-182l, plus five dollars. Any license provided by the department at a reduced fee shall indicate that the licensed practical nurse is retired.

(4) Each person holding a license as a nurse-midwife shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of one hundred thirty dollars, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. No such license shall be renewed unless the department is satisfied that the person maintains current certification from the Accreditation Midwifery

Certification Board.

(5) (A) Each person holding a license to practice physical therapy shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of the professional services fee for class B, as defined in section 33-182l, plus five dollars, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(B) Each person holding a physical therapist assistant license shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of the professional services fee for class A, as defined in section 33-182l, plus five dollars, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(d) No provision of this section shall be construed to apply to any person practicing Christian Science.

(e) (1) Each person holding a license or certificate issued under section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-195cc or 20-206ll and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 383c, inclusive, 383g, 384, 384a, 384b, 385, 393a, 395, 399 or 400a and section 20-206n or 20-206o shall, annually, or, in the case of a person holding a license as a marital and family therapist associate under section 20-195c on or before twenty-four months after the date of initial licensure, during the month of such person's birth, apply for renewal of such license or certificate to the Department of Public Health, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(2) Each person holding a license or certificate issued under section 19a-514, and chapters 384a, 384c, 384d, 386, 387, 388 and 398 shall apply for renewal of such license or certificate once every two years, during the month of such person's birth, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(3) Each person holding a certificate issued under section 20-195ttt shall apply for renewal of such certificate once every three years, during the month of such person's birth, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(4) Each person holding a license or certificate issued pursuant to chapter 400c shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the department. Each lead training provider certified pursuant to chapter 400c and each asbestos training provider certified pursuant to chapter 400a shall, annually, during the anniversary month of such training provider's initial certification, apply for renewal of such certificate to the department.

(5) Each entity holding a license issued pursuant to section 20-475 shall, annually, during the anniversary month of initial licensure, apply for renewal of such license or certificate to the department.

(6) Each person holding a license issued pursuant to section 20-162bb shall, annually, during the month of such person's birth, apply for renewal of such license to the Department of Public Health, upon payment of a fee of three hundred twenty dollars, giving such person's name in full, such person's residence and business address and such other information as the department requests.

(7) Each person holding a license issued pursuant to subsection 20-278h shall apply for renewal of such license every two years, during the anniversary month of initial licensure.

(f) Any person or entity which fails to comply with the provisions of this section shall be notified by the department that such person's or entity's license or certificate shall become void ninety days after the time for its renewal under this section unless it is so renewed. Any such license shall become void upon the expiration of such ninety-day period.

(g) (1) The Department of Public Health shall administer a secure on-line license renewal system for persons holding a license to practice medicine or surgery under chapter 370, dentistry under chapter 379, nursing under chapter 378 or nurse-midwifery under chapter 377. The department shall require such persons to renew their licenses using the on-line renewal system and to pay professional services fees on-line by means of a credit card or electronic transfer of funds from a bank or credit union account, except in extenuating circumstances, including, but not limited to, circumstances in which a licensee does not have access to a credit card and submits a notarized affidavit affirming that fact, the department may allow the licensee to renew his or her license using a paper form prescribed by the department and pay professional service fees by check or money order.

(2) The department shall charge a service fee for each payment made by means of a credit card. The Commissioner of Public Health shall determine the rate or amount of the service fee for any such credit card in accordance with subsection (c) of section 1-1j. Such service fee may be waived by the commissioner for a category of fee if such waiver has been approved by the Secretary of the Office of Policy and Management pursuant to subsection (b) of section 1-1j.

Section 2: Subsection 19a-35a(a) of the general statutes is repealed and the following is substituted in lieu thereof *(Effective July 1, 2025):*

(a) Notwithstanding the provisions of chapter 439 and sections 22a-430 and 22a-430b, the Commissioner of Public Health shall, within available appropriations, pursuant to section 19a-36, establish and define categories of discharge that constitute alternative on-site sewage treatment systems with capacities of **[**five**]** ten thousand gallons or less per day. After the establishment of such categories, said commissioner shall have jurisdiction, within available appropriations, to issue or deny permits and approvals for such systems and for all discharges of domestic sewage to the groundwaters of the state from such systems. Said commissioner shall, pursuant to section 19a-36, and within available appropriations, establish minimum requirements for alternative on-site sewage treatment systems under said commissioner's jurisdiction, including, but not limited to: (1) Requirements related to activities that may occur on the property; (2) changes that may occur to the property or to buildings on the property that may affect the installation or operation of such systems; and (3) procedures for the issuance of permits or approvals by said commissioner, a local director of health or an environmental health specialist licensed pursuant to chapter 395. The commissioner may implement policies and procedures necessary to administer the provisions of this subsection while in the process of adopting regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation of such policies and procedures. Any policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted in accordance with provisions of Chapter 54. A permit or approval granted by said commissioner, such local director of health or such environmental health specialist for an alternative on-site sewage treatment system pursuant to this section shall: (A) Not be inconsistent with the requirements of the federal Water Pollution Control Act, 33 USC 1251 et seq., the federal Safe Drinking Water Act, 42 USC 300f et seq., and the standards of water quality adopted pursuant to section 22a-426, as such laws and standards may be amended from time to time, (B) not be construed or deemed to be an approval for any

other purpose, including, but not limited to, any planning and zoning or municipal inland wetlands and watercourses requirement, and (C) be in lieu of a permit issued under section 22a-430 or 22a-430b. For purposes of this section, "alternative on-site sewage treatment system" means a sewage treatment system serving one or more buildings on a single parcel of property that utilizes a method of treatment other than a subsurface sewage disposal system and that involves a discharge of domestic sewage to the groundwaters of the state.

Section 3: Subsection 22a-430(g) of the general statutes is repealed and the following is substituted in lieu thereof *(Effective July 1, 2025)*:

(g) The commissioner shall, by regulation adopted prior to October 1, 1977, establish and define categories of discharges that constitute household and small commercial subsurface sewage disposal systems for which the commissioner shall delegate to the Commissioner of Public Health the authority to issue permits or approvals and to hold public hearings in accordance with this section, on and after said date. Not later than July 1, 2025, the commissioner shall amend such regulations to establish and define categories of discharges that constitute small community sewerage systems and household and small commercial subsurface sewage disposal systems. The Commissioner of Public Health shall **[**, pursuant to section 19a-36,**]** in regulations adopted in accordance with the provisions of chapter 54 establish minimum requirements for small community sewerage systems and household and small commercial subsurface sewage disposal systems and procedures for the issuance of such permits or approvals by the local director of health or a sanitarian registered pursuant to chapter 395. The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this subsection while in the process of adopting regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation of such policies and procedures. Any policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted in accordance with provisions of Chapter 54. As used in this subsection, small community sewerage systems and household and small commercial disposal systems shall include those subsurface sewage disposal systems with a capacity of ten thousand gallons per day or less. Notwithstanding any provision of the general statutes (1) the regulations adopted by the commissioner pursuant to this subsection that are in effect as of July 1, 2017, shall apply to household and small commercial subsurface sewage disposal systems with a capacity of seven thousand five hundred gallons per day or less, and (2) the regulations adopted

by the commissioner pursuant to this subsection that are in effect as of July 1, 2025, shall apply to small community sewerage systems, household systems and small commercial subsurface sewerage disposal systems with a capacity of ten thousand gallons per day or less. Any permit denied by the Commissioner of Public Health, or a director of health or registered sanitarian shall be subject to hearing and appeal in the manner provided in section 19a-229. Any permit granted by the Commissioner of Public Health, or a director of health or registered sanitarian on or after October 1, 1977, shall be deemed equivalent to a permit issued under subsection (b) of this section.

Section 4: Subsection 25-33(b) of the general statutes is repealed and the following is substituted in lieu thereof *(Effective Upon Passage):*

(b) **[**No system of water supply owned or used by a water company shall be constructed or expanded or a new additional source of water supply utilized until the plans therefor have been submitted to and reviewed and approved by the department, except that no such prior review or approval is required for distribution water main installations that are constructed in accordance with sound engineering standards and all applicable laws and regulations. A plan for any proposed new source of water supply submitted to the department pursuant to this subsection shall include documentation that provides for: (1) A brief description of potential effects that the proposed new source of water supply may have on nearby water supply systems including public and private wells; and (2) the water company's ownership or control of the proposed new source of water supply's sanitary radius and minimum setback requirements as specified in the regulations of Connecticut state agencies and that such ownership or control shall continue to be maintained as specified in such regulations.**]** No public water system, individual, partnership, association, corporation, municipality or other entity or lessee thereof shall construct, expand or utilize any system that provides water for drinking from a water supply source as defined in section 25-32 of the general statutes, excluding a private well as defined in section 19a-37 of the general statutes, unless approved by the department in accordance with this subsection and upon a showing that the system shall comply with all requirements of this chapter and all applicable requirements of the regulations of Connecticut state agencies. Before granting approval to construct, expand or utilize any such system, the department shall require the submission of a plan of said proposed system by an applicant that includes, but is not limited to, the location of the system, any disposal system or other source of pollution on such system's property and the proposed sanitary radius as set forth in the

Regulations of Connecticut State Agencies, any potential effects such system may have on any nearby water supply sources, and documentation demonstrating an applicant's ownership or control of such system and the proposed sanitary radius prior to approval of the system by the department. If the department determines, based upon documentation provided, investigation or inspection, that the [water company] applicant does not own or control the proposed [new source of water supply's] sanitary radius of the well [or minimum setback requirements as specified in the regulations of Connecticut state agencies], the department shall require the [water company] applicant [proposing a new source of water supply] of said proposed system to supply additional documentation to the department that adequately demonstrates the alternative methods that will be utilized to assure the proposed [new source of water supply's] water supply source's long-term purity and adequacy. In reviewing any plan [for a proposed new source of water supply] or application for approval, the department [shall consider the issues specified in] may conduct an investigation and inspection for compliance with this subsection and the regulations adopted hereunder. The proposed system shall be used, constructed and expanded in accordance with the approval of the department unless the department unless the department has granted prior written approval of any changes. The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this subsection, [and] subsection (c) of this section[.] and to provide for: (1) procedures and requirements for granting approval; (2) requirements for the content and submission of any applications and plan; (3) inspections by the department prior to and after plan submission or approval; (4) water quality testing, monitoring and treatment methods to ensure the purity and adequacy of the drinking water; (5) requirements for construction; (6) location restrictions of such system and minimum setback requirements for disposal sources or other sources of pollution; and (7) any other requirements necessary to ensure the purity and adequacy of the drinking water of the proposed system. No approval is required for distribution water main installations that are constructed in accordance with sound engineering standards and all applicable laws and regulations. For purposes of this subsection and subsection (c) of this section, "distribution water main installations" means installations, extensions, replacements or repairs of public water supply system mains from which water is or will be delivered to one or more service connections and which do not require construction or expansion of pumping stations, storage facilities, treatment facilities or sources of supply. Notwithstanding the provisions of this subsection, the department may approve any location of a replacement public well, if such replacement public well is (A) necessary for the water company to maintain and provide to its consumers a safe and adequate water supply, (B) located in an aquifer of adequate water quality determined by historical water quality data from the

source of water supply it is replacing, and (C) in a more protected location when compared to the source of water supply it is replacing, as determined by the department. For purposes of this subsection, "replacement public well" means a public well that (i) replaces an existing public well, and (ii) does not meet the sanitary radius and minimum setback requirements as specified in the regulations of Connecticut state agencies.

Agency Legislative Proposal – 2025 Session
Document Name: DPH - Physician Recruitment

Document Name	**DPH - Physician Recruitment**

Legislative Liaison	Adam Skowera 959-529-7244 Adam.Skowera@ct.gov
Division Requesting This Proposal	Department of Public Health
Drafter	Adam Skowera

Title of Proposal	AAC THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING PHYSCIAN RECRUITMENT
Statutory Reference, if any	**Section 1:** Sec. 19a-88 License renewal by certain health care providers and other licensees of the department. On-line license renewal system. **Section 2:** New **Section 3:** 20-10b: Continuing medical education: Definitions; contact hours; attestation; record-keeping; exemptions, waivers and extensions; reinstatement of void licenses. **Section 4:** Sec. 20-11b. Professional liability insurance required. Reports from insurance companies. Exception to insurance requirement. Retired physician providing free services. **Section 5:** New

Brief Summary and Statement of Purpose	**Section 1 to 4:** To create a retired physician license, modeled after the existing retired nurse and retired dentist license, to allow retired physicians to provide free primary and behavioral health care at non-profit clinics. There are many physicians who retire but still feel like they can help patients, but at a less intense pace, with less burn out. Creating this license will create that opportunity and help ease an ongoing workforce shortage. **Section 5:** DPH currently runs a student loan repayment program using a combination of ARPA and HRSA funds. The statutory authority for the program has been around for decades, where it was previously funded through HRSA with a state match. Funding through HRSA with a state match is the future funding mechanism for the program. Last session, this statutory authority was mistakenly repealed and the agency would like it reinstated to help support the effort and the application of federal funds into the future. This program has proven to be an important tool in recruiting physicians and other providers.
How does this proposal relate to the agency's mission?	DPH is committed to supporting health care providers in their efforts to work and build a life in CT, while also serving our most vulnerable populations. This incentive could help relive some of the pressure of the health care provider shortage in the state.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

Section 1: Provides for a reduced license fee for retired physicians to match the reduced fee paid by retired dentists. **Section 2:** Requires DPH to adopt regulations governing retired physicians, including procedures to return to active employment and limiting their work to volunteer service. **Section 3:** Allows physicians who retired from the profession and let their license lapse apply for a license as a retired physician. **Section 4:** Under current law, physicians are only covered by a non-profit's liability insurance when providing primary care. This change will expand that coverage to behavioral health care. **Section 5:** Allows the commissioner to design, within available appropriations, a student loan repayment program for primary care and behavioral health providers.

BACKGROUND

Origin of Proposal [**X**] New Proposal [ ] Resubmission

Please consider the following, if applicable:

Have there been changes in federal/state laws or	**Section 5:** Public Act 24-81 repealed 19a-7d which authorized DPH to administer a student loan repayment program for behavioral health and primary care clinicians.

regulations that make this legislation necessary?	
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	**Section 1 to 4:** Approximately 19 states allow physicians to apply for a retired or volunteer license for the provision of uncompensated care.
Have certain constituencies called for this proposal?	**Section 1 to 4:** Some retired physicians

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[**X**] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	**[ ] Approved [ ] Talks Ongoing**
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[ ] Check here if this proposal does NOT have a fiscal impact

State	Within available appropriations
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[ ] Check here if this proposal does NOT lead to any measurable outcomes

Section 1 to 4: DPH will measure how many retired physicians have been licensed. **Section 5:** DPH will measure the number of providers submitting applications.

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Section 1: Sec. 19a-88 License renewal by certain health care providers and other licensees of the department. On-line license renewal system. *(Effective October 1, 2025):*

(a) Each person holding a license to practice dentistry, optometry, midwifery or dental hygiene shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of: (1) The professional services fee for class I, as defined in section 33-182l, plus ten dollars, in the case of a dentist, except as provided in sections 19a-88b and 20-113b; (2) the professional services fee for class H, as defined in section 33-182l, plus five dollars, in the case of an optometrist; (3) twenty dollars in the case of a midwife; and (4) one hundred five dollars in the case of a dental hygienist. Such registration shall be on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. Each person holding a license to practice dentistry who has retired from the profession may renew such license, but the fee shall be ten per cent of the professional services fee for class I, as defined in section 33-182l, or ninety-five dollars, whichever is greater. Any license provided by the department at a reduced fee pursuant to this subsection shall indicate that the dentist is retired.

(b) Each person holding a license to practice medicine, surgery, podiatry, chiropractic or naturopathy shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of the professional services fee for class I, as defined in section 33-182l, plus five dollars. Each person holding a license to practice medicine or surgery shall pay five dollars in addition to such professional services fee. Such registration shall be on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. Upon the adoption of regulations under section 2 of this act, each person holding a license to practice medicine who has retired from the profession may renew such license, but the fee shall be ten per cent of the professional services fee for class I, as defined in section 33-182l, or ninety-five dollars, whichever is greater. Any license provided by the department at a reduced fee pursuant to this subsection shall indicate that the practitioner is retired.

Section 2: New *(Effective October 1, 2025):*

For the purposes of subsection (b) of section 19a-88, the Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, that include, but not be limited to, (1) a definition of "retired from the profession" as that term applies to physicians, (2) procedures for the return to active employment of licensed physicians who have retired from the profession, and (3) appropriate restrictions upon the scope of practice for such physicians who are retired from the profession, including restricting the license of such physicians to the provision of volunteer services without monetary compensation.

Section 3: Sec. 20-10b. Continuing medical education: Definitions; contact hours; attestation; record-keeping; exemptions, waivers and extensions; reinstatement of void licenses. *(Effective October 1, 2025):*

(a) As used in this section:

(1) "Active professional practice" includes, but is not limited to, activities of a currently licensed physician who functions as the medical director of a managed care organization or other organization;

(2) "Commissioner" means the Commissioner of Public Health;

(3) "Contact hour" means a minimum of fifty minutes of continuing education activity;

(4) "Department" means the Department of Public Health;

(5) "Licensee" means any person who receives a license from the department pursuant to section 20-13; and

(6) "Registration period" means the one-year period for which a license has been renewed in accordance with section 19a-88 and is current and valid.

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) during the first renewal period in which continuing medical education is required and not less than once every six years thereafter,

include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, including, but not limited to, prescribing controlled substances and pain management, and screening for inflammatory breast cancer and gastrointestinal cancers, including colon, gastric, pancreatic and neuroendocrine cancers and other rare gastrointestinal tumors, and, for registration periods beginning on or after October 1, 2022, such risk management continuing medical education may also include screening for endometriosis, (C) sexual assault, (D) domestic violence, (E) cultural competency, including, but not limited to, the effects of systemic racism, explicit and implicit bias, racial disparities, and the experiences of transgender and gender diverse persons on patient diagnosis, care and treatment, and (F) behavioral health, provided further that such behavioral health continuing medical education may include, but not be limited to, at least two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter, on (i) suicide prevention, or (ii) diagnosing and treating (I) cognitive conditions, including, but not limited to, Alzheimer's disease, dementia, delirium, related cognitive impairments and geriatric depression, or (II) mental health conditions, including, but not limited to, mental health conditions common to veterans and family members of veterans. Training for mental health conditions common to veterans and family members of veterans shall include best practices for determining whether a patient is a veteran or family member of a veteran, screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and suicide prevention training. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Association, Connecticut Hospital Association, Connecticut State Medical Society, Connecticut Osteopathic Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department. The commissioner, or the commissioner's designee, may grant a waiver for not more than ten contact hours of continuing medical education for a physician who engages in activities related to the physician's service as a member of the Connecticut Medical Examining Board, established pursuant to section 20-8a, engages in activities related to the physician's service as a member of a medical hearing panel, pursuant to section 20-8a, or assists the department with its duties to boards and commissions as described in section 19a-14.

(c) Each licensee applying for license renewal pursuant to section 19a-88 shall sign a statement

attesting that the licensee has satisfied the continuing education requirements of subsection (b) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of subsection (b) of this section for a minimum of six years following the year in which the continuing education activities were completed and shall submit such records or certificates to the department for inspection not later than forty-five days after a request by the department for such records or certificates.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 is exempt from the continuing medical education requirements of this section.

(e) (1) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing medical education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subdivision shall contain a statement that the licensee may not engage in professional practice until the licensee has met the requirements set forth in subdivision (2) or (3) of this subsection, as appropriate.

(2) Any licensee who is exempt from the provisions of subsection (b) of this section for less than two years shall be required to complete twenty-five contact hours of continuing medical education that meets the criteria set forth in said subsection (b) within the twelve-month period immediately preceding the licensee's return to active professional practice.

(3) Any licensee who is exempt from the requirements of subsection (b) of this section for two or more years shall be required to successfully complete the Special Purpose Examination of the Federation of State Medical Boards prior to returning to active professional practice.

(f) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or

extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(g) Any licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license pursuant to section 19a-14 shall submit evidence documenting successful completion of twenty-five contact hours of continuing education within the one-year period immediately preceding application for reinstatement.

(h) Any licensee who retired from the profession and whose license has become void pursuant to section 19a-88 may apply for reinstatement of such license pursuant to section 19a-14 in accord with regulations adopted by the Commissioner of Public Health in accordance with the provisions of chapter 54. Said regulations shall include, but not be limited to, (1) a definition of "retired from the profession" as that term applies to physicians, (2) the application process and eligibility requirements including the factors set forth in subsection (a)(6) of section 19a-14 for the reinstatement of the license of physicians retired from the profession. The commissioner may impose conditions and restrictions upon the scope of practice of a reinstated license of said physician including but not limited to the provision of volunteer services without monetary compensation.

Section 4: Sec. 20-11b. Professional liability insurance required. Reports from insurance companies. Exception to insurance requirement. Retired physician providing free services. *(Effective October 1, 2025):*

(a) Except as provided in subsection (c) of this section, each person licensed to practice medicine and surgery under the provisions of section 20-13 who provides direct patient care services shall maintain professional liability insurance or other indemnity against liability for professional malpractice. The amount of insurance which each such person shall carry as insurance or indemnity against claims for injury or death for professional malpractice shall not be less than five hundred thousand dollars for one person, per occurrence, with an aggregate of not less than one million five hundred thousand dollars.

(b) Each insurance company which issues professional liability insurance, as defined in

subdivisions (1), (6), (7), (8) and (9) of subsection (b) of section 38a-393, shall on and after January 1, 1995, render to the Commissioner of Public Health a true record of the names and addresses, according to classification, of cancellations of and refusals to renew professional liability insurance policies and the reasons for such cancellation or refusal to renew said policies for the year ending on the thirty-first day of December next preceding.

(c) A person subject to the provisions of subsection (a) of this section shall be deemed in compliance with such subsection when providing primary health care or behavioral health care services at a clinic licensed by the Department of Public Health that is recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986 or any successor internal revenue code, as may be amended from time to time, provided: (1) Such person is not compensated for such services; (2) the clinic does not charge patients for such services; (3) the clinic maintains professional liability insurance coverage in the amounts required by subsection (a) of this section for each aggregated forty hours of service or fraction thereof for such persons; (4) the clinic carries additional appropriate professional liability coverage on behalf of the clinic and its employees in the amounts of five hundred thousand dollars per occurrence, with an aggregate of not less than one million five hundred thousand dollars; and (5) the clinic maintains total professional liability coverage of not less than one million dollars per occurrence with an annual aggregate of not less than three million dollars. Such person shall be subject to the provisions of subsection (a) of this section when providing direct patient care services in any setting other than such clinic. Nothing in this subsection shall be construed to relieve the clinic from any insurance requirements otherwise required by law.

(d) No person insured pursuant to the requirements of subsection (a) of this section with a claims-made medical malpractice insurance policy shall lose the right to unlimited additional extended reporting period coverage upon such person's permanent retirement from practice if such person solely provides professional services without charge at a clinic recognized as tax exempt under Section 501(c)(3) of said internal revenue code.

Section 5: (New) *(Effective Upon Passage):*

The Commissioner of Public shall design and implement, within available appropriations, a student loan repayment program for healthcare practitioners who provide primary care and behavioral health services in Connecticut. For the purposes of this section, "Primary care" means the medical fields of family medicine, general pediatrics, primary care, internal medicine,

primary care obstetrics or primary care gynecology, without regard to board certification. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to administer the provisions of this section including but not limited to establishing eligibility criteria and obligations of program participants.