



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	An Act Concerning the Department of Public Health's Recommendations Regarding Unlicensed Institutions and Practice
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Henry Salton and Adam Skowera

Overview

Brief Summary of Proposal

The proposal will allow the department to institute a fine for unlicensed operation of a health care institution and create a crime for such operation. The proposal also institutes a fine enforced by the department for the unlicensed practice of professions under the department's jurisdiction.

What problem is this proposal looking to solve?

Currently, the only remedy for the unlicensed operation of a health care institution is an injunction by the court. While the injunction is being sought, operations often continue at the facility and the court action does not serve as an effective deterrent for operation. Recently, DPH has seen infusion centers and elder care homes operating without a license. One incident at an unlicensed elder care home involved the death of a resident who was trapped under his bed. For practitioners, DPH currently lacks the authority to levy penalties against those that may be practicing a profession without a license. The only remedy the department currently possesses is the issuance of cease and desist orders. The Department has issued 15 cease and desist orders since 2020. Cases include an APRN claiming to be an MD, an unlicensed person performing laser hair removal that caused burns, and an unlicensed person performing Botox injections that caused MRSA and staph infections.

How does the proposal solve the problem?

This proposal will create a new deterrent and penalty for unauthorized operation of an institution by creating new civil penalties enforced by the department in line with the penalties faced by licensed institutions. It will also create a criminal penalty for such operation that is in line with the criminal penalties for unlicensed practice by practitioners. For unlicensed practice by practitioners, it will create civil penalties enforceable by the department that are in line with the civil monetary penalties faced by licensed practitioners.

Section by section summary:

Section #(s)	Section Summary
1	Amends 19a-502 to make it a Class D Felony to operate a health care institution without a license.
2	Amends 19a-503 to allow the Commissioner to impose a civil penalty for the operation of a health care institution without a license.
3	Amends 19a-11 to allow the Commissioner, as well as the boards and commissions under DPH, to impose a civil penalty on unlicensed practice.

Statutory Reference (if any):	Section 1: Sec. 19a-502. (Formerly Sec. 19-585). Penalty for operating without a license or owning property without a certificate. Revocation or suspension of license for failure to yield financial information.
	Section 2: Sec. 19a-503. (Formerly Sec. 19-586). Authority re-establishment, conduct, management or operation of institution without a license or nursing facility management services without a certificate.
	Section 3: Sec. 19a-11. (Formerly Sec. 19-41). Boards and commissions: Orders for discontinuance; injunctive or other relief.

Background

☒ New Proposal

☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward
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Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

Yes Many states levy fines and criminal penalties for failure to obtain proper licenses. Exact details vary between states and license types.

Have certain constituencies called for this proposal?

No

Interagency Impact

☒ Check here if this proposal does NOT impact other agencies

Agency	N/A
Contact	N/A
Date Contacted	N/A
Status	N/A
Open Issues	N/A

Fiscal Impact

☐ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State	This proposal may result in additional revenue from the imposition of new
Yes	finances. The criminal penalty may result in a cost for the incarceration or
	probation of the offender.
Municipal	
No	
Federal	
No	

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1: Sec. 19a-502. of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) Any person establishing, conducting, managing or operating any institution without the license required under the provisions of [sections 19a-490 to 19a-503, inclusive] this chapter or [owning real property or improvements upon or within which such an institution is established, conducted, managed or operated,] without the certificate required under the provisions of section [19a-491 shall be fined not more than one hundred dollars for each offense, and each day of a continuing violation of said after conviction shall be considered a separate offense.] 19a-561 shall be guilty of a Class D Felony and shall be fined not more than five thousand dollars for each day of continuing action in violation of said provisions.

(b) Any person owning real property or improvements upon or within which an institution is established, conducted, managed or operated without the license required under the provisions of this chapter or without the certificate required under the provisions of section 19a-561 shall be fined not more than one hundred dollars for each offense, and each day of a continuing violation after conviction shall be considered a separate offense.

(c) The penalty provisions of this subsection shall not apply to any financial institution regulated by any state or federal agency or body, which financial institution has succeeded to the title of the premises by mortgage foreclosure and the operator, if any, continues to occupy such property. Failure to apply for a renewal of a license during the thirty days after its expiration shall not constitute a violation of this section.

[(b)] (d) If any person conducting, managing or operating any nursing home facility, as defined in section 19a-521, or residential care home, as defined in section 19a-521, fails to maintain or make available the financial information, data or records required under subsection (d) of section 19a-498, such person's license as a nursing home facility or residential care home administrator may be revoked or suspended in accordance with section 19a-517 or the license of such nursing home facility or residential care home may be revoked or suspended in the manner provided in section 19a-494, or both.

Section 2: Sec. 19a-503. of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) Notwithstanding the existence or pursuit of any other remedy, the Department of Public Health may, in the manner provided by law and upon the advice of the Attorney General, conduct an investigation and maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of an institution or nursing facility management services, without a license or certificate under this chapter

(b) The Commissioner, after notice and the opportunity for a hearing in accord with the provisions of chapter 54 of the General Statutes, may impose a civil penalty on any person establishing, conducting, managing or operating any institution without the license required under this chapter or without the certificate required under the provisions of section 19a-561 of not more than twenty five thousand dollars for each day action in violation of said provisions.

Section 3: Sec. 19a-11. of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

Any board or commission listed in subsection (b) of section 19a-14 and the Department of Public Health with respect to professions under its jurisdiction that have no board or commission may, in its discretion, issue [an appropriate] a summary order to any person found to be violating an applicable statute or regulation, providing for the immediate discontinuance of the violation that poses an imminent risk to public health, safety or welfare pending proceedings to determine whether to issue a cease and desist order. In addition to a cease and desist order, such board or commission or the Department may impose a civil penalty not to exceed \$25,000 for the provision of services without a license or certificate in violation of the provisions of this Title. For the purposes of this section, each day of such services shall be grounds for such a penalty. Proceedings under this section shall provide notice and a hearing in accord with the provisions of chapter 54 of the General Statutes. The board or commission may, through the Attorney General, petition the superior court for the judicial district wherein the violation occurred, or wherein the person committing the violation resides or transacts business, for the enforcement of any order issued by it and for appropriate temporary relief or a restraining order. Such board or

commission shall certify and file in such court a transcript of the entire record of the hearing or hearings, including all testimony upon which such order was made and the findings and orders made by such board or commission. The court may grant such relief by injunction or otherwise, including temporary relief, as it deems equitable and may make and enter a decree enforcing, modifying and enforcing as so modified, or setting aside, in whole or in part, any order of the board or commission.



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	AAC the Department of Public Health's Recommendations Regarding Treatment of Hepatitis C
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Adam Skowera and Samantha Westbrook

Overview

Brief Summary of Proposal

Adds a requirement to offer treatment for Hepatitis C if a person has tested positive

What problem is this proposal looking to solve?

Individuals who test positive for Hepatitis C through the current Universal Hep C Testing law are not always referred to treatment, even though there is an 8-12 week regimen that leads to a cure.

How does the proposal solve the problem?

This proposal adds a requirement that, in the event of a positive test, the health care provider must either offer treatment or refer an individual to another provider for treatment.

Section by section summary:

Section #(s)	Section Summary
1	Adds a requirement that in the event of a positive test, the health care provider must either offer treatment or refer an individual to another provider for treatment.

Statutory Reference (if any): 19a-7o

Background

☒ New Proposal ☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward
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Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

Yes Similar treatment requirements have been implemented in NY, PA, CA, and Puerto Rico

Have certain constituencies called for this proposal?

Yes DPH anticipates support from the statewide Viral Hepatitis Technical Advisory Committee (VHETAC), people with lived experience, DPH funded HIV/HCV Prevention Providers, the DPH Syndemic Partners Group—a workgroup comprised of subject matter experts in the field of

Interagency Impact

☒ Check here if this proposal does NOT impact other agencies

Agency	N/A
Contact	N/A
Date Contacted	N/A
Status	N/A
Open Issues	N/A

Fiscal Impact

☒ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State

No

Municipal

No

Federal

No

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1. Section 19a-7o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) For purposes of this section:

(1) "Hepatitis C screening test" means a laboratory test that detects the presence of hepatitis C virus antibodies in the blood;

(2) "Hepatitis C diagnostic test" means a laboratory test that detects the presence of hepatitis C virus in the blood and provides confirmation of whether the person whose blood is being tested has a hepatitis C virus infection;

(3) "HIV infection" means infection with the human immunodeficiency virus or any other related virus identified as a probable causative agent of acquired immune deficiency syndrome, as defined by the Centers for Disease Control and Prevention of the United States Public Health Service;

(4) "HIV-related test" means any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or indicate the presence of HIV infection;

(5) "Primary care provider" means a physician, advanced practice registered nurse or physician assistant who provides primary care services and is licensed by the Department of Public Health pursuant to title 20; and

(6) "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.

(b) A primary care provider shall offer to provide to, or order for, each patient eighteen years of age and older, and each pregnant woman a hepatitis C screening test or hepatitis C diagnostic test at the time the primary care provider provides services to such patient, except a primary care provider is not required to offer to provide to, or order for, such patient a hepatitis C screening test or hepatitis C diagnostic test when the primary care provider reasonably believes: (1) Such patient is being treated for a life-threatening

emergency; (2) such patient has previously been offered or has received a hepatitis C screening test; or (3) such patient lacks the capacity to consent to a hepatitis C screening test.

(c) If a hepatitis C screening test provided pursuant to subsection (b) of this section is reactive, the primary care provider shall order a confirmatory hepatitis C diagnostic test. If an individual's hepatitis C diagnostic test, provided pursuant to subsection (b) of this section or in confirmation of a reactive hepatitis C screening test, is positive for hepatitis C, the primary care provider shall provide the individual treatment for hepatitis C or refer such individual to a licensed health care provider qualified to provide treatment for hepatitis C.

~~[(c)]~~ (d) On and after January 1, 2023, a primary care provider, or such provider's designee, shall offer to provide to, order for, or arrange for the order for, each patient who is thirteen years of age or older, an HIV-related test, except a primary care provider, or such provider's designee, is not required to offer to provide to, or order for, such patient an HIV-related test when the primary care provider reasonably believes: (1) Such patient is being treated for a life-threatening emergency; (2) such patient has previously been offered or has received an HIV-related test; or (3) such patient lacks the capacity to consent to an HIV-related test. The primary care provider, or such provider's designee, shall comply with all requirements concerning HIV-related testing and HIV-related information prescribed in chapter 368x.



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	AAC The Department of Public Health's Recommendations Regarding the Change of Ownership Process and Real Property
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Adam Skowera and Samantha Westbrook

Overview

Brief Summary of Proposal

To extend the change of ownership approval process for healthcare facilities to include the real property owner.

What problem is this proposal looking to solve?

When a facility goes through a change of ownership, DPH has regulatory authority to review the history and require certain disclosures from the licensee and the management company. We do not have the same authority for real property owners. Entities that have been banned from doing business in CT or have bad histories as licensees are remaining involved in the healthcare system by becoming owners of the real property. There is no current notification to DPH required if the real property sells after a change of ownership of the facility.

How does the proposal solve the problem?

The proposal extends the change of ownership process to include the real property owner and creates a waiver process for such review if the property owner demonstrates that the proposed real property shall have no involvement in the management or operation of the nursing home.

Section by section summary:

Section #(s)	Section Summary
1	Extends the change of ownership process to include the real property owner and creates a waiver process for such review if the property owner demonstrates that the proposed real property shall have no involvement in the management or operation of the nursing home.

Statutory Reference (if any): CGS 19a-493

Background

☒ New Proposal

☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward

Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

Yes Rhode Island requires the approval of real property change of ownerships involving nursing homes

Have certain constituencies called for this proposal?

No

Interagency Impact

☒ Check here if this proposal does NOT impact other agencies

Agency	N/A
Contact	N/A
Date Contacted	N/A
Status	N/A
Open Issues	N/A

Fiscal Impact

☒ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State

No

Municipal

No

Federal

No

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1: Subsection (c) of section 19a-493 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(c) (1) (A) For the purposes of this subsection, (i) “a person related by blood or marriage” means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew, (ii) “business entity” means a corporation, association, trust, estate, partnership, limited partnership, limited liability partnership, limited liability company, sole proprietorship, joint stock company, nonstock corporation or other legal entity, (iii) “institution” has the same meaning as provided in section 19a-490, and (iv) “organizational chart” means a graphical representation of an organization, including, but not limited to, the relationships between such organization's ownership interests.

(B) For the purposes of this subsection, (i) a change in the legal form of the licensee, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar changes, shall not be considered a change in ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the commissioner to properly identify the current status of ownership and beneficial ownership of the facility or institution, (ii) a public offering of the stock of any corporation that owns, conducts, operates or maintains any facility or institution shall not be considered a change in ownership or beneficial ownership of such facility or institution if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution, and (iii) a change of ownership of, or to, a business entity recognized as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, that is licensed as a hospital pursuant to this chapter resulting in the transfer of ownership which is exempt

from review required under subsection (a) of section 19a-486a shall not be considered a change in ownership provided the owner provides such information regarding the change to the department as may be required by the commissioner to properly identify the current status of ownership.

(C) For the purposes of this subsection, “serious risk to the life, safety or quality of care of patients or residents” includes, but is not limited to, any deficiency in state licensure or federal certification requirements, including the provisions of 42 CFR 488.400 et seq., resulting in:

(i) An action by a state or federal agency to ban, curtail or temporarily suspend admissions to a facility or to suspend or revoke a facility's license;

(ii) A decertification, termination or exclusion from Medicaid or Medicare participation, including denial of payment for new admissions resulting solely due to the provider's failure to correct deficiencies or noncompliance with regulatory requirements, imposed by the Department of Public Health or by the Centers for Medicare and Medicaid Services, as a result of noncompliance with Medicaid or Medicare conditions of participation;

(iii) A citation of any deficiency that constitutes a pattern or widespread scope of actual harm or immediate jeopardy, or any deficiency causing widespread actual harm, as described in 42 CFR 488;

(iv) A determination that the provider is a “poor performer” as defined by the Centers for Medicare and Medicaid Services on the basis of a finding of substandard quality of care or immediate jeopardy, as described in 42 CFR 488, on the current survey and on a survey during one of the two preceding years. For the purposes of this subparagraph, “substandard quality of care” means the failure to meet one or more requirements of 42 CFR 483.13, 42 CFR 483.15 or 42 CFR 483.25, that constitute either immediate jeopardy to resident health or safety, a pattern of or widespread actual harm that is not immediate jeopardy or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm; or

(v) A determination that the facility has failed to correct, on a second revisit, deficiencies that have been cited during a prior survey, and that has resulted in a denial by the Centers

for Medicare and Medicaid Services of payment for new admissions or a requirement by the department to curtail admission.

(2) Any change in the ownership or beneficial ownership of a facility or institution owned by an individual or a business entity that owns, conducts, operates or maintains such facility or institution, including a change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to an owner or a beneficial owner, shall be subject to prior approval of the department, provided such approval shall be conditioned upon a showing by such facility or institution to the commissioner that it has complied with all requirements of this chapter, the regulations relating to licensure and all applicable requirements of the regulations of Connecticut state agencies and the change of ownership or beneficial ownership meets the requirements of subdivision (5) of subsection (c) of this section.

(3) Not later than one hundred twenty days before the proposed date of a change in ownership or beneficial ownership of a facility or institution, the proposed new owner, or in the case of a change in beneficial ownership, the current owner, of such facility or institution shall submit an application for approval to the department. Such application shall be in a form and manner prescribed by the commissioner and shall include, but need not be limited to, the following:

(A) A cover letter identifying the facility or institution subject to such change by name, address, county and number and type of beds licensed by the department;

(B) A description of the proposed transaction resulting in such change, including the name of each current owner of the facility or institution;

(C) The name of each proposed new owner or beneficial owner;

(D) The name of each owner of any nonpublicly traded parent corporation of each proposed new owner and beneficial owner;

(E) If applicable, (i) the proposed new owner's organizational chart, (ii) the proposed new owner's parent business entity's organizational chart, (iii) the organizational chart of each wholly-owned subsidiary of such proposed new owner, and (iv) the current owner's organizational chart showing the changes in beneficial ownership;

(F) The name of each owner or proposed owner or beneficial owner of the real property where the facility is located;

~~[(F)]~~ (G) A copy of the agreement of sale or other transfer of ownership interests and, if applicable, a copy of any lease or management agreements that will be in effect after the transaction;

~~[(G)]~~ (H) The name and address of any licensed health care facility owned, operated or managed by each proposed new owner, ~~[and] proposed new beneficial owner and proposed real property owner or beneficial owner of the real property~~ in the United States or any territory of the United States during the five years preceding the date on which such application is submitted, and information relating to any such facility, including:

(i) Disclosure of any direct or indirect interests, including such interests in intermediate entities and parent, management and property companies and other related entities arising from such ownership, operation or management;

(ii) Disclosure of whether each such facility or institution is the subject of a pending complaint, investigation or licensure action by a governmental authority;

(iii) Disclosure of whether each such facility or institution has been subject to:

(I) Three or more civil penalties imposed through final order of the commissioner in accordance with the provisions of sections 19a-524 to 19a-528, inclusive, or civil penalties imposed pursuant to the laws or regulations of another state during the two-year period preceding the date on which such application is submitted;

(II) Sanctions, other than civil penalties less than or equal to twenty thousand dollars, imposed in any state through final adjudication under the Medicare or Medicaid program pursuant to Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended from time to time;

(III) Termination or nonrenewal of a Medicare or Medicaid provider agreement;

(IV) Any state licensing or federal certification deficiency during the five-year period prior to the submission of the application that presented a serious risk to the life, safety or quality of care of the facility's patients or residents; and

(V) Any violation of any state licensing or federal certification standard in connection with an inappropriate discharge or denial of admission; and

~~[(H)]~~ (I) Disclosure of whether each proposed new owner has ever been convicted or pleaded guilty to a charge of fraud, patient or resident abuse or neglect or a crime of violence or moral turpitude.

(4) After receiving an application for change in ownership, the commissioner may schedule an inspection of such facility or institution to determine if the facility or institution has complied with the requirements of this chapter and the regulations of Connecticut state agencies relating to licensure of such facility or institution.

(5) When evaluating an application for a change in ownership, the commissioner shall consider whether each proposed new owner, ~~[and] beneficial owner, and real property owner~~ demonstrates character and competence, quality of care and whether an acceptable history of past and current compliance with state licensure requirements, applicable federal requirements and state regulatory requirements exists for each licensed health care facility owned, operated or managed by each proposed new owner, ~~[and] beneficial owner, and real property owner~~ in the United States or any territory of the United States during the five years preceding the date on which such application is submitted. The commissioner may deny an application for change in ownership if such qualities are not demonstrated, as evidenced by:

(A) Any such licensed health care facility being subject to any adverse action described in subparagraph ~~[(G)(iii)]~~ (H)(iii) of subdivision (3) of this subsection;

(B) Any such licensed health care facility exhibiting continuing violations or a pattern of violations of state licensure standards or federal certification standards; or

(C) An applicant's criminal conviction of, or guilty plea to, any of the crimes described in subparagraph ~~[(H)]~~ (I) of subdivision (3) of this subsection.

(6) Notwithstanding the provisions of subdivision (5) of this subsection, the commissioner may stay the determination of an application if the commissioner determines that there is a pending investigation of actions of the applicant at any facility operated or managed by the applicant that, if substantiated, would constitute a threat to the life, safety or quality of

care of the patients or residents until such time as there is a final determination of the allegations underlying the investigation.

(7) If the commissioner denies an application for change in ownership, a person related by blood or marriage to the applicant may not apply to acquire ownership interest in the facility or institution.

(8) In the event of a change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to an owner or beneficial owner, the commissioner may waive the submission of information required pursuant to the provisions of subparagraph [(G)] (H) of subdivision (3) of this subsection. In the event of a change in ownership or beneficial ownership of five per cent or less of the ownership of a business entity that is a licensed institution, the commissioner may waive the submission of some or all of the information required pursuant to the provisions of subdivision (3) of this subsection or the determination required pursuant to subdivision (5) of this subsection. The commissioner shall develop an application process through which a person may request a waiver described in this subdivision and criteria to be used by the commissioner when evaluating such a request. The commissioner shall consult with representatives of the long-term care industry when developing such application process and criteria.

(9) The provisions of this subsection shall not apply in the event of a change of ownership or beneficial ownership of ten per cent or less of the ownership of a licensed outpatient surgical facility, as defined in section 19a-493b, resulting in a transfer to a physician licensed under chapter 370 if such facility provides information, in a form and manner prescribed by the commissioner, to update such facility's licensing information.

(10) The commissioner may waive the submission of information related to the real property owner required pursuant to subdivision (3) of this subsection or the determination required pursuant to subdivision (5) of this subsection if the proposed new owner demonstrates that the proposed real property owner shall have no involvement in the management or operation of the nursing home. In making the determination as to whether to grant the waiver, the commissioner may consider the terms of the lease between the proposed owner and the proposed real property owner, the proposed real property owner's lack of history with the ownership or management of nursing homes, and any other information deemed relevant.



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	AAA The Department of Public Health's Recommendations Regarding Certified Nursing Aides
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Adam Skowera and Samantha Westbrook

Overview

Brief Summary of Proposal

The current definition of nurse's aide is limited to those working in nursing homes, leaving similar positions in other institutions regulated by DPH with no oversight. This proposal would expand the definition to allow nurse's aides to work in other settings that are regulated by the department.

What problem is this proposal looking to solve?

Under the current definition, a nurse's aide working outside a nursing home would not be subject to discipline for violations of the standard of care nor would their actions be included in the federal nurse's aide registry, allowing an aide to continue to practice despite providing substandard care or being guilty of abuse.

How does the proposal solve the problem?

Expanding the definition will allow the department to hold accountable those aides outside of the nursing home setting who are guilty of abuse or other acts that endanger patient health.

Section by section summary:

Section #(s)	Section Summary
1	Makes changes to the definition of nurse's aide to include aides that work at DPH-regulated institutions, instead of only nursing homes.
2	Makes conforming changes to account for the expanded definition, adds illegal or negligent conduct as grounds for discipline, defines abuse and neglect as having the same meaning as 42 CFR 483.5, and allows the commissioner to make emergency suspensions.

Statutory Reference (if any): CGS 20-102aa, 20-102cc

Background

☒ New Proposal

☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward
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Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

Yes Many other states have more expansive definitions of CNA than what we have in Connecticut.

Have certain constituencies called for this proposal?

No

Interagency Impact

☒ Check here if this proposal does NOT impact other agencies

Agency	N/A
Contact	N/A
Date Contacted	N/A
Status	N/A
Open Issues	N/A

Fiscal Impact

☒ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State

No

Municipal

No

Federal

No

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1. Section 20-102aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2027*):

As used in subsection (c) of section 19a-14 and sections 20-102aa to 20-102ff, inclusive: (1) "Commissioner" means the Commissioner of Public Health; (2) "nurse's aide" means an individual that has obtained the credential of registered nurse's aide and [providing] provides nursing or nursing-related services [to residents in a chronic and convalescent nursing home or rest home with nursing supervision] in the course of their employment or under contract in an institution as defined in section 19a-490, but does not include an individual who is a health professional otherwise licensed or certified by the Department of Public Health, or who volunteers to provide such services without monetary compensation; (3) "registration" means a document issued by the Department of Public Health to a nurse's aide which certifies that such aide has satisfied the training and competency evaluation requirements prescribed by the commissioner and has been found qualified for employment in a chronic and convalescent nursing home or rest home with nursing supervision; and (4) "registered nurse's aide" means an individual who has been issued a registration as defined in this section.

Section 2. Subsection (a) of section 20-102cc of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2027*):

(a) The Department of Public Health may receive, investigate and prosecute complaints against individuals who are providing or have provided services as a nurse's aide in [a chronic and convalescent nursing home or rest home with nursing supervision] an institution as defined in section 19a-490. The grounds for complaint shall include illegal, incompetent or negligent conduct in the provision of nursing or nursing related services; [resident] abuse of a resident, patient or client, [resident] neglect of a resident, patient or client, misappropriation of resident, patient or client property, and fraud or deceit in obtaining or attempting to obtain a registration as a nurse's aide. For purposes of this section, "abuse" and "neglect" have the same meaning as in 42 CFR section 483.5. A nurse's aide shall be given written notice by certified mail by the commissioner of any complaint against him or her. If the department finds that, based on the complaint, public health,

safety or welfare imperatively requires emergency action, it may summarily suspend the nurse aide's ability to practice in accordance with chapter 54 and section 19a-17 of the General Statutes. A nurse's aide who wishes to appeal a complaint against him or her shall, not later than thirty days after the date of the mailing, file with the department a request in writing for a hearing to contest the complaint. The commissioner shall render a finding on such complaint, and, if a hearing is requested, it shall be conducted pursuant to chapter 54. The commissioner shall have the authority to take any action against a nurse aide set forth in section 19a-17 and to render a finding and enter such finding on the registry against an individual who is providing or has provided services as a nurse's aide [in a chronic and convalescent nursing home or rest home with nursing supervision], without regard to whether such individual is on the registry or has obtained registration as a nurse's aide from the department.



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	AAC The Department of Public Health's Recommendations Regarding Consent Orders
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Henry Salton and Adam Skowera

Overview

Brief Summary of Proposal

This proposal will streamline the current process for consent orders with all DPH licensees and permit holders by removing a requirement that formal charges be filed and a hearing be held when a consent order has already been agreed to with the party.

What problem is this proposal looking to solve?

When a consent order is agreed to between DPH and a licensee, formal charges still need to be filed and hearing held even though the resolution of the matter is already known.

How does the proposal solve the problem?

By allowing the commissioner to include conditions on license renewal and allowing the commissioner to enter into consent orders, this will eliminate the duplicative requirement for hearing and formal charges for matters where there is an agreed upon resolution, which will streamline the process for both the department and the licensee.

Section by section summary:

Section #(s)	Section Summary
1	Allows the commissioner to set conditions for granting licenses and license renewals if the commissioner deems it necessary to assure regulatory compliance and allows any dispute regarding compliance to be agreed by settlement or consent order.

Statutory Reference (if any): CGS 19a-2a

Background

☒ New Proposal

☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward
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Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

No

Have certain constituencies called for this proposal?

No

Interagency Impact

☒ Check here if this proposal does NOT impact other agencies

Agency	N/A
Contact	N/A
Date Contacted	N/A
Status	N/A
Open Issues	N/A

Fiscal Impact

☒ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State

No

Municipal

No

Federal

No

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1: Sec. 19a-2a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

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. In exercising any authority to issue or renew any permit, approval, registration, certificate or license, the Commissioner may include such conditions as the Commissioner deems necessary in granting any such permit, registration, certificate or other license to assure compliance with the regulatory requirements related to such permit, approval, registration, certificate or license. In the administration or enforcement by the Department of Public Health of any applicable statute, regulation, permit or order, any dispute regarding compliance may be resolved by agreed settlement or consent order. 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 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



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	An Act Concerning The Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Adam Skowera

Overview

Brief Summary of Proposal

Each year, DPH proposes an omnibus bill containing various policy and technical changes designed to improve public health and streamline the operations of the department so that we can better serve the public. This year's proposal includes numerous provisions, including on the handling of abandoned remains from funeral homes, electronic access to death records, revisions to the Medical Orders for Life Sustaining Treatment statute, and others.

What problem is this proposal looking to solve?

To make various policy and technical changes to improve public health and streamline the operations of the department so that we can better serve the public. Further details are provided in each section summary

How does the proposal solve the problem?

Further details are provided in each section summary

Section by section summary:

Section #(s)	Section Summary
1	A recent case made it clear that DPH lacks clear authority to deal with remains that have been abandoned by a funeral home or funeral director. This proposal will give DPH the authority to appoint a licensed embalmer to take possession of remains abandoned by a funeral home, funeral director, or embalmer.
2	Under current statute, DPH lacks the authority to issue death records in an electronic format if the death occurred before July 1, 1997. This proposal will allow the department to issue those death records electronically.
3	In 2009, PA 09-145 changed the name of Hospital for Mental Illness to Hospital for Psychiatric Disabilities and made conforming changes throughout the statute. However, 19a-537 still references hospital for mental illness instead of the hospital for psychiatric disability. This section provides an update to conform with current terminology.
4	Clarifies terms in section 19a-36b and 19a-36r by expanding the definitions in the model food code to these sections.
5	Allows for the commissioner to adopt regulations for food protection audits under 19a-36r.
6	Updates the term “qualified food operator” to “certified food protection manager” for consistency with the model food code.
7	In drafting regulations for Medical Orders for Life Sustaining Treatment (MOLST), DPH has identified two provisions that need to be updated in the statute. One will allow for conservators to be a legally authorized representative and the other removes language for “original” copy since that precluded the use of electronic forms. Allowing for the use of electronic forms will help ensure ease of use and continuity between providers.
Statutory Reference (if any):	
CGS 7-51a; 19a-537(a); 19a-36g; 19a-36h(b); 19a-36b; 19a-580h	

Background

☐ New Proposal☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward
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Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

No

Have certain constituencies called for this proposal?

No

Interagency Impact

☒ Check here if this proposal does NOT impact other agencies

Agency	N/A
Contact	N/A
Date Contacted	N/A
Status	N/A
Open Issues	N/A

Fiscal Impact

☒ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State

No

Municipal

No

Federal

No

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1. (NEW) (*Effective July 1, 2026*):

If any funeral home, funeral director, or embalmer abandons a dead human body or the cremated remains of a dead human body, the Department may appoint a licensed embalmer to take possession of the dead human body or cremated remains to arrange for the disposition of the dead body or cremated remains in accordance with the requirements of this Connecticut law. If necessary to identify an abandoned dead human body or cremated remains, said appointed embalmer may also take possession of records as deemed necessary to identify the dead human body or cremated remains. Said appointed embalmer shall provide notice to the department after the completion of the disposition of all abandoned dead human bodies a cremated remains in their possession that such disposition has been completed and provide the manner of such disposition. As used in this section, “abandon” means the voluntary or improper relinquishment of custody by a licensed or formerly licensed funeral director or embalmer of a dead human body or cremated remains in violation of the requirements of Connecticut law, including but not limited to when a funeral director or embalmer ceases to operate a funeral home and fails to arrange for the transfer or disposition of any dead human body or cremated remains in their possession prior to ceasing operations.

Section 2: Section 7–51a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any person eighteen years of age or older may purchase certified copies of marriage and death records, and certified copies of records of births or fetal deaths which are at least one hundred years old, in the custody of any registrar of vital statistics. The department may issue uncertified copies of death certificates for deaths occurring less than one hundred years ago, and uncertified copies of birth, marriage, death and fetal death certificates for births, marriages, deaths and fetal deaths that occurred at least one hundred years ago, to researchers approved by the department pursuant to section 19a–25, and to state and federal agencies approved by the department. During all normal business hours, members of genealogical societies incorporated or authorized by the

Secretary of the State to do business or conduct affairs in this state shall (1) have full access to all vital records in the custody of any registrar of vital statistics, including certificates, ledgers, record books, card files, indexes and database printouts, except for those records containing Social Security numbers protected pursuant to 42 USC 405 (c)(2)(C), and confidential files on adoptions, gender change, surrogacy agreements and parentage, (2) be permitted to make notes from such records, (3) be permitted to purchase certified copies of such records, and (4) be permitted to incorporate statistics derived from such records in the publications of such genealogical societies. For all vital records containing Social Security numbers that are protected from disclosure pursuant to federal law, the Social Security numbers contained on such records shall be redacted from any certified copy of such records issued to a genealogist by a registrar of vital statistics.

(b) For marriage and civil union licenses, the Social Security numbers of the parties to the marriage or civil union shall be recorded in the “administrative purposes” section of the marriage or civil union license and the application for such license. All persons specified on the license, including the parties to the marriage or civil union, officiator and local registrar shall have access to the Social Security numbers specified on the marriage or civil union license and the application for such license for the purpose of processing the license. Only the parties to a marriage or civil union, or entities authorized by state or federal law, may receive a certified copy of a marriage or civil union license with the Social Security numbers included on the license. Any other individual, researcher or state or federal agency requesting a certified or uncertified copy of any marriage or civil union license in accordance with the provisions of this section shall be provided such copy with such Social Security numbers removed or redacted, or with the “administrative purposes” section omitted.

(c) [For deaths occurring on or after July 1, 1997, the] The Social Security number of the deceased person recorded on the death certificate shall be [recorded in the “administrative purposes” section of the death certificate. Such administrative purposes section, and the Social Security number contained therein, shall be] restricted and disclosed only to the following eligible parties: (1) All parties specified on the death certificate, including the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician or advanced practice registered nurse and town clerk, for the purpose of processing the certificate, (2) the surviving spouse, (3) the next of

kin, or (4) any state and federal agencies authorized by federal law to receive the Social Security number. The department shall provide any other individual, researcher or state or federal agency requesting a certified or uncertified copy of a death certificate, in accordance with the provisions of this section, [or the information contained within such certificate, for a death occurring on or after July 1, 1997,] such certificate [or information. The] with the decedent's Social Security number [shall be] removed or redacted [from such certificate or information or the administrative purposes section shall be omitted from such certificate].

(d) The department shall provide, as electronic data, the information contained within a certified copy of a death certificate to any individual, researcher or state or federal agency upon request. The decedent's Social Security number shall be removed, redacted, or omitted from such data unless the requester is a state or federal agency authorized by federal law to receive the Social Security number.

~~[(d)]~~(e) The registrar of vital statistics of any town or city in this state that has access to an electronic vital records system, as authorized by the department, may use such system to issue certified copies of birth, death, fetal death or marriage certificates that are electronically filed in such system.

Section 3: Subsection (a) of section 19a-537 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(a) As used in this section and section 19a-537a:

(1) "Vacancy" means a bed that is available for an admission;

(2) "Nursing home" means any chronic and convalescent facility or any rest home with nursing supervision, as defined in section 19a-521;

(3) "Hospital" means a general short-term hospital licensed by the Department of Public Health or a hospital for [mental illness] psychiatric disabilities, as defined in section 17a-495, or a chronic disease hospital

Section 4: Section 19a-36g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

As used in this section and sections 19a-36b, 19a-36h to 19a-36o, inclusive and 19a-36r:

(1) "Catering food service establishment" means a business that is involved in the (A) sale or distribution of food and drink prepared in bulk in one geographic location for retail service in individual portions in another location, or (B) preparation and service of food in a public or private venue that is not under the ownership or control of the operator of such business;

(2) "Certified food protection manager" means a food employee that has supervisory and management responsibility and the authority to direct and control food preparation and service;

(3) "Class 1 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety;

(4) "Class 2 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared or cooked and served immediately, or that prepares or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

(5) "Class 3 food establishment" means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers food that is time or temperature controlled for safety and requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding;

(6) "Class 4 food establishment" means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food;

- (7) "Cold holding" means maintained at a temperature of forty-one degrees Fahrenheit or below;
- (8) "Commissioner" means the Commissioner of Public Health or the commissioner's designee;
- (9) "Contact hour" means a minimum of fifty minutes of a training activity;
- (10) "Department" means the Department of Public Health;
- (11) "Director of health" means the director of a local health department or district health department appointed pursuant to section 19a-200 or 19a-242;
- (12) "Food code" means the food code administered under section 19a-36h;
- (13) "Food establishment" means an operation that (A) stores, prepares, packages, serves, vends directly to the consumer or otherwise provides food for human consumption, including, but not limited to, a restaurant, catering food service establishment, food service establishment, temporary food service establishment, itinerant food vending establishment, market, conveyance used to transport people, institution or food bank, or (B) relinquishes possession of food to a consumer directly, or indirectly through a delivery service, including, but not limited to, home delivery of grocery orders or restaurant takeout orders or a delivery service that is provided by common carriers. "Food establishment" does not include a vending machine, as defined in section 21a-34, a private residential dwelling in which food is prepared under section 21a-62a or a food manufacturing establishment, as defined in section 21a-151;
- (14) "Food inspector" means a director of health, or his or her authorized agent, or a registered environmental health specialist who has been certified as a food inspector by the commissioner;
- (15) "Food inspection training officer" means a certified food inspector who has received training developed or approved by the commissioner and been authorized by the commissioner to train candidates for food inspector certification;
- (16) "Food-borne illness" means illness, including, but not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A, acquired through the ingestion of a

common-source food or water contaminated with a chemical, infectious agent or the toxic products of a chemical or infectious agent;

(17) "Food-borne outbreak" means illness, including, but not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A, in two or more individuals, acquired through the ingestion of common-source food or water contaminated with a chemical, infectious agent or the toxic products of a chemical or infectious agent;

(18) "Hot holding" means maintained at a temperature of one hundred thirty-five degrees Fahrenheit or above;

(19) "Itinerant food vending establishment" means a vehicle-mounted, self-contained, mobile food establishment;

(20) "Permit" means a written document issued by a director of health that authorizes a person to operate a food establishment;

(21) "Temporary food service establishment" means a food establishment that operates for a period of not more than fourteen consecutive days in conjunction with a single event or celebration;

(22) "Time or temperature controlled for safety" means maintained at a certain temperature or maintained for a certain length of time, or both, to prevent microbial growth and toxin production; and

(23) "Variance" means a written document issued by the commissioner that authorizes a modification or waiver of one or more requirements of the food code.

Section 5: Subsection (b) of section 19a-36h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(b) The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section and sections 19a-36i to 19a-36m, inclusive, and 19a-36r.

Section 6. Section 19a-36b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(a) Any person who serves meals to individuals at registered congregate meal sites funded under Title III of the Older Americans Act of 1965, as amended,¹ which were prepared under the supervision of a [qualified food operator,] certified food protection manager shall be exempt from the examination requirement for [qualified food operators.] certified food protection manager.

(b) Any volunteer who serves meals for a nonprofit organization shall be exempt from the examination requirement for [qualified food operators.] certified food protection manager.

(c) The Commissioner of Public Health, in conjunction with the Commissioner of Social Services, shall adopt regulations in accordance with the provisions of chapter 54² to establish training procedures for persons exempt from the examination requirement for [qualified food operators] certified food protection manager under the provisions of subsections (a) and (b) of this section.

Section 7: Section 19a-580h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*)

(1) "Medical order for life-sustaining treatment" means a written medical order by a physician, advanced practice registered nurse or physician assistant to effectuate a patient's request for life-sustaining treatment when the patient has been determined by a physician or advanced practice registered nurse to be approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty;

(2) "Health care provider" means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional medical services; and

(3) "Legally authorized representative" means a minor patient's parent, a guardian appointed by the Probate Court, a conservator appointed by the Probate Court in accordance with chapter 802h, or a health care representative appointed in accordance with sections 19a-576 and 19a-577.

(b) The Commissioner of Public Health shall establish a state-wide program to implement the use of medical orders for life-sustaining treatment by health care providers. Patient participation in the program shall be voluntary. An agreement to participate in the

program shall be documented by the signature of the patient or the patient's legally authorized representative on the medical order for life-sustaining treatment form.

(c) Notwithstanding the provisions of sections 19a-495 and 19a-580d and the regulations adopted thereunder, the Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, for the program established in accordance with this section to ensure that: (1) Medical orders for life-sustaining treatment are transferrable among, and recognized by, various types of health care institutions subject to any limitations set forth in federal law; (2) any required procedures and forms [developed] for recording medical orders for life-sustaining treatment [require] including, but not limited to, requiring the signature of the patient or the patient's legally authorized representative on the medical order for life-sustaining treatment [and]; requiring the patient or the patient's legally authorized representative [is given the original order immediately after signing such order and a copy of such order is immediately placed] to receive a copy of or access to the signed form, and requiring the signed form to be included in the patient's medical record; (3) prior to requesting the signature of the patient or the patient's legally authorized representative on such order, the physician, advanced practice registered nurse or physician assistant writing the medical order discusses with the patient or the patient's legally authorized representative the patient's goals for care and treatment and the benefits and risks of various methods for documenting the patient's wishes for end-of-life treatment, including medical orders for life-sustaining treatment; and (4) each physician, advanced practice registered nurse or physician assistant that intends to write a medical order for life-sustaining treatment receives training concerning: (A) The importance of talking with patients about their personal treatment goals; (B) methods for presenting choices for end-of-life care that elicit information concerning patients' preferences and respects those preferences without directing patients toward a particular option for end-of-life care; (C) the importance of fully informing patients about the benefits and risks of an immediately effective medical order for life-sustaining treatment; (D) awareness of factors that may affect the use of medical orders for life-sustaining treatment, including, but not limited to, advanced health care directives, race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness and geographic area of residence; and (E)

procedures for properly completing and effectuating medical orders for life-sustaining treatment.

(d) A medical order for life-sustaining treatment is valid only when completed on a form prescribed by the department and executed in accordance with the requirements of this section and any regulations adopted under the authority of this section.

[(d)] (e) Nothing in this section shall be construed to limit the authority of the Commissioner of Developmental Services under subsection (g) of section 17a-238 concerning orders applied to persons receiving services under the direction of said commissioner.

[(e)] (f) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section until such time as regulations are adopted pursuant to subsection (c) of this section.



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	An Act Concerning the Department of Public Health's Recommendations for Various Revisions to the Environmental Health and Drinking Water Statutes
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Adam Skowera

Overview

Brief Summary of Proposal

Each year, DPH proposes an omnibus bill containing various policy and technical changes designed to improve public health and streamline the operations of the department so that we can better serve the public. This year we are including a second Various Revisions bill focused on improving Environmental Health and Drinking Water. This proposal includes numerous provisions, including improvements to our environmental lab statutes, oversight of bottled water, asbestos, and zoning for crematoriums.

What problem is this proposal looking to solve?

To make various policy and technical changes to improve public health and streamline the operations of the department's Environmental Health and Drinking Water branch so that we can better serve the public. Further details are provided in each section summary

How does the proposal solve the problem?

Further details are provided in each section summary

Section by section summary:

Section #(s)	Section Summary
1	DPH approves the source of bottled water. Section 1 through 6 seeks to better clarify terms, the department's authority and codify current practice for DPH's review of bottled water sources. This section defines the terms "Commissioner of Public Health", "Perfluoroalkyl Substances", and "unregulated contaminants."
2	Allows for terms and conditions when approving a source location to address any treatment violations.
3	Clarifies the standards governing testing of the bottled water source, makes a technical change of "registered" to "certified" environmental labs; a technical change to reflect certification approval from the Environmental Protection Agency; and establishes the annual list by the Commissioner of Public Health setting forth acceptable levels for unregulated contaminants and Perfluoroalkyl substances.
4	Makes a technical change to reflect the current statute the regulations are adopted under.
5	Makes consistent the testing requirements set forth in revisions to 21a-150b(c) and clarifies closure of the source until compliance with those levels are achieved rather than until "unacceptable risk of injury to health or safety of person" is achieved. This section also allows DPH to set forth the method of reporting of test results.
6	Corrects a statutory reference and makes conforming changes to reflect new definitions.
7	19a-29a provides DPH authority to regulate environmental laboratories, however out of state laboratories are currently operating service centers in Connecticut and DPH lacks the statutory authority to regulate these service centers. In addition, the words "register," "certify" and "license" are used interchangeably without definition. This proposal will give the department authority over these out of state service centers, clarify definitions, and codify current practice.
8-16	Current asbestos statutes do not give the department authority to promulgate regulations that reflect current best practices. There is also a lack of clarity and consistency of terms throughout the asbestos licensing statute, leading to confusion and inconsistency between the statute and the regulations. These sections will grant

	the department authority to update these regulations, clarify terminology and reflect current best practices.
17-18	Public Act 24-68 added alkaline hydrolysis to the definition of crematorium and required alkaline hydrolysis only be performed on the grounds of a funeral home. However, it failed to address existing statutes that prohibited crematoriums from within 500 feet of residential area, creating a conflict since most funeral homes are within that limit. These sections clarify that the 500 foot limit only applies to cremation by incineration and allows for the adoption of regulations.
19	Repeals asbestos statute made obsolete by changes in section 8-16
Statutory Reference (if any):	CGS 21a-150, 21a-150a, 21a-150b, 21a-150c, 19a-37k, 19a-29a, 19a-14d, 19a-332, 20-435, 20-436, 20-437, 20-438, 20-439, 20-440, 20-441, 20-441, 20-442a, 19a-320, 8-2n

Background

☐ New Proposal☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward
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Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

No

Have certain constituencies called for this proposal?

No

Interagency Impact

☒ Check here if this proposal does NOT impact other agencies

Agency	Select Agency
Contact	Enter Contact Name
Date Contacted	Select Date
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	Detail Open Issues

Fiscal Impact

☒ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State

No

Municipal

No

Federal

No

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1: Section 21a-150 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

For the purposes of this section and sections 21a-150a to 21a-150j, inclusive:

(1) “Approved laboratory” means a laboratory registered by the Department of Public Health pursuant to section 19a-29a or certified by the United States Environmental Protection Agency to analyze drinking water;

(2) “Approved source” means the source of any bottled water, including, but not limited to, a spring, artesian well, drilled well or public water supply, that, for a source located in the state, has been inspected and approved by the Department of Public Health, or for a source located out of state, has been inspected and approved by the government entities having jurisdiction to regulate the use of such out-of-state source;

(3) “Artesian well water” means bottled natural water obtained from a well tapping an aquifer in which the level of the water is above the bottom of the confining bed of the aquifer and in which the hydraulic pressure of the water in the aquifer is greater than the atmospheric pressure;

(4) “Bottled water”, or any term of similar import, means water obtained from an approved source that is packaged for sale or distribution. “Bottled water” shall not include any soda or seltzer that is packaged for sale or distribution;

(5) “Bottler” means any person, firm or corporation engaging in the business of bottling or distributing water for sale or distribution;

(6) “Commissioner of Public Health” means the Commissioner of Public Health or the Commissioner of Public Health’s designee;

[(6)] (7) “Distilled water” means purified water that has been produced by a process of distillation;

[(7)] (8) “Drinking water” means bottled water that has been distilled, fluoridated or purified or that has been disinfected by a process of ozonation and filtration or any substantially similar disinfection process;

[(8)] (9) "Fluoridated water" means bottled water that contains fluoride ions in an amount not less than eight-tenths of one milligram per liter and not more than one and two-tenths milligrams per liter or such alternative concentration limit as the Commissioner of Consumer Protection, with the advice and assistance of the Commissioner of Public Health, may determine by regulations adopted in accordance with the provisions of chapter 54¹ and that otherwise complies with the provisions of Subsections (b), (c) and (d) of 21 CFR 165.110;

[(9)] (10) "Mineral water" means natural water that contains not less than five hundred parts per million total dissolved solids;

[(10)] (11) "Natural water" means bottled spring water, artesian well water or well water, that has been obtained from any approved source other than a public water supply and that has not been modified by blending with water from any other source or by the addition or deletion of any mineral other than any addition or deletion that may occur as a result of ozonation, filtration or any other substantially similar disinfection process;

(12) "Perfluoroalkyl substances" means perfluorooctanoic acid, perfluorooctane sulfonic acid, perfluorononanoic acid, perfluorohexane sulfonic acid and hexafluoropropylene oxide dimer acid and such other perfluoroalkyl substances for which the Commissioner deems an action level is required for the protection of public health, safety or welfare;

[(11)] (13) "Principal display panel" means the portion of a label on any container or package that is most likely to be displayed, presented or examined under normal and customary conditions of display and purchase of bottled water;

[(12)] (14) "Public water supply" means any individual, partnership, association, corporation, municipality or other entity, or the lessee thereof, that owns, maintains, operates, manages, controls or employs any pond, lake, reservoir, well, stream or distributing plant or system for the purpose of supplying water by service connections or pipe distribution systems to two or more hotels, motels, boardinghouses, apartments, stores, office buildings, institutions, mechanical or manufacturing establishments or other places of business or industry to which water is supplied by a water company or to twenty-five or more persons on a regular basis;

[(13)] (15) “Purified water” means bottled water that is produced by distillation, deionization, reverse osmosis or any other suitable process and that meets standards established for purified water in the twentieth edition of the United States Pharmacopoeia;

[(14)] (16) “Spring water” means natural water obtained from an underground formation from which water flows naturally to the surface of the earth; [and]

(17) “Unregulated contaminant” means any chemical, physical, biological or radiological substances in a bottled water source, except for perfluoroalkyl substances, for which there is no currently published health standard by the United States Environmental Protection Agency or the Commissioner of Public Health in statute or regulation for drinking water; and

[(15)] (17) “Well water” means natural water obtained from a hole bored, drilled or otherwise constructed in the ground, that taps the water of an aquifer.

Section 2: Subsection (a) of section 21a-150a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) (1) Bottled water sold or distributed in the state shall be obtained from an approved source.

(2) A bottler selling or distributing bottled water obtained from a source located in the state shall obtain approval for the use of such source from the Department of Public Health. The Department of Public Health shall inspect each bottled water source located in the state and, if such source meets quality and safety requirements, issue an approval for such source. An approval issued by the Department of Public Health pursuant to this subsection may contain terms and conditions to address quality and safety of the source and shall expire three years from the date of issue.

Section 3: Subsection (c) of section 21a-150b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(c) The Commissioner of Public Health shall annually issue a schedule that contains (i) a list of unregulated contaminants and (ii) the acceptable levels of such contaminants and perfluoroalkyl substances in drinking water. Such schedule may be amended as the Commissioner of Public Health deems necessary and shall not require adoption as a regulation under section 21a-150j or by the Commissioner of Public Health under Chapter 54 of the General Statutes to be effective. On or before January 1, 202[2]7, and annually

thereafter, qualified employees of a bottler shall (1) collect samples of water from each approved source that is located in the state, that has been inspected and approved by the Department of Public Health pursuant to subdivision (2) of subsection (a) of section 21a-150a and is used by such bottler, prior to any treatment, to test for compliance with the levels or standards governing perfluoroalkyl substances[,] and [other] unregulated contaminants in the schedule established in this subsection and the physical, chemical, radiological and microbiological standards for the quality of public drinking water set forth in regulation adopted by the Department of Public Health pursuant to section 25-32 of the general statutes, and (2) have such samples analyzed by an environmental laboratory [registered] certified by the Department of Public Health pursuant to section 19a-29a that has the Environmental Protection Agency approved certification to conduct such analysis. [As used in this subsection, “unregulated contaminant” means a contaminant for which the Commissioner of Public Health, pursuant to section 22a-471, has set a level at which such contaminant creates or can reasonably be expected to create an unacceptable risk of injury to the health or safety of persons drinking such source of water.]

Section 4: Subsection (a) of section 21a-150c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) Each bottler shall:

(1) Collect, on a weekly basis, a representative sample from a batch or segment of a continuous production of each type of water sold by such bottler in this state, and have such sample analyzed by an approved laboratory to determine whether such sample complies with the microbiological standards set forth in 21 CFR 165.110; and

(2) Collect, not less than once annually, a representative sample from a batch or segment of a continuous production of each type of bottled water sold by such bottler in this state, and have such sample analyzed by an approved laboratory to determine whether such sample complies with the chemical, inorganic, organic, physical and radiological standards set forth in regulations adopted by the Department of Public Health pursuant to section [19a-36] 25-32 concerning public drinking water. Each bottler that uses water obtained from an out-of-state source may meet the requirements of this subdivision by demonstrating compliance with substantially similar standards established by the government entity having jurisdiction to regulate the use of such source.

Section 5: Subsection (d) of section 21a-150d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(d) A bottler shall report the results of the analysis conducted pursuant to subsection (c) of section 21a-150b to the Department of Public Health and the Department of Consumer Protection not later than nine calendar days after receipt of the results from the environmental laboratory. The report to Department of Public Health shall be in a format and manner prescribed by the Department of Public Health. If such results exceed the [level] levels set by the Commissioner of Public Health [pursuant to section 22a-471] for [such] perfluoroalkyl substances and [other] unregulated contaminants pursuant to section 22a-150b[,] and physical, chemical, radiological and microbiological standards for the quality of public drinking water set forth in regulation adopted by the Department of Public Health pursuant to section 25-32 of the general statutes, the Department of Public Health may require such bottler to discontinue use of its approved source until such source [no longer creates an unacceptable risk of injury to the health or safety of persons drinking the bottled water that comes from such source] complies with such levels and standards. The Department of Public Health shall notify the Department of Consumer Protection of any source for which the Department of Public Health has discontinued use until such source no longer creates an unacceptable risk of injury to the health or safety of the persons drinking the bottled water that comes from such source. [As used in this subsection, “unregulated contaminants” means a contaminant for which the Commissioner of Public Health, pursuant to section 22a-471, has set a level at which such contaminant creates or can reasonably be expected to create an unacceptable risk of injury to the health or safety of the persons drinking such source of water.]

Section 6: Section 19a-37k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

The owner of any residential or commercial property shall notify each tenant of any leased or rented unit located on such property and the lessee of such property whenever any testing of the water supply for such property indicates that the water exceeds [a] any maximum contaminant level [applicable to] for water supply systems [for any contaminant listed] set forth in the regulations of Connecticut state agencies and in the perfluoroalkyl substances [or for any contaminant listed on the state drinking water action list established pursuant to section 22a-471] and unregulated contaminants schedule

issued by the Commissioner pursuant to 21a-150b. As soon as practicable, but not later than forty-eight hours after receiving notification of the results of such testing, the owner shall forward a copy of such notification to each such tenant and lessee. The local director of health shall take all reasonable steps to verify that such owner forwarded the notice required pursuant to this section.

Section 7: Section 19a-29a of the general statutes of the general statutes is repealed and the following is substituted in lieu thereof (*October 1, 2026*):

(1) "Environmental laboratory" means any facility or other area, including, but not limited to, an outdoor area where testing occurs, used for microbiological, chemical, radiological or other analyte testing of drinking waters, ground waters, sea waters, rivers, streams and surface waters, recreational waters, fresh water sources, wastewaters, swimming pools, construction, renovation and demolition building materials, soil, solid waste, animal and plant tissues, sewage, sewage effluent, sewage sludge or any other matrix for the purpose of providing information on the sanitary quality or the amount of pollution or any substance prejudicial to health or the environment. "Environmental laboratory" does not include a publicly-owned treatment works, as defined in section 22a-521, that performs only physical, residue, microbiological and biological oxygen demand tests for its own facility for which results are required by or submitted to the Department of Energy and Environmental Protection to comply with permits or authorizations issued pursuant to section 22a-6k, 22a-430 or 22a-430b, or a pollution abatement facility, as defined in either section 22a-423 or 22a-475, that tests for pH, turbidity, conductivity, salinity and oxidation-reduction potential, and tests for residual chlorine for its own facility for which results are required by or submitted to the Department of Energy and Environmental Protection to comply with permits or authorizations issued pursuant to section 22a-6k, 22a-430 or 22a-430b;]

(2) "Analyte" means a microbiological, chemical, radiological or other component of a matrix being measured by an analytical test; and

(3) "Certification" means an approval issued by the department to an environmental laboratory to operate and which sets forth the specific analyte that may be tested and specific method that may be utilized by the environmental laboratory;

~~[(3)]~~(4) "Matrix" means the substance or medium in which an analyte [is] may be contained, that may include drinking water or wastewater[.];

(5) "Out of state environmental laboratory" means an environmental laboratory that is located and physically operates in a state other than this State where the results of any testing conducted are used to demonstrate compliance with any statutory or regulatory requirements of this state.; and

(6) "Service Center" means a collection site located in this State operated solely for the purpose of collecting samples to be tested at a certified environmental laboratory or an out of state environmental laboratory.

(b) The Department of Public Health shall (1) adopt regulations, in accordance with the provisions of chapter 54, to establish [reasonable] standards governing environmental laboratory operations and facilities, including service centers, personnel qualifications, certification and for testing for analytes, levels of acceptable proficiency in testing programs approved by the department, the collection, acceptance and suitability of samples for analysis and such other pertinent laboratory functions, including the establishment of advisory committees, as may be necessary to ensure environmental quality, public health and safety.], and (2) establish one or more schedules of the amounts of civil penalties that may be imposed under this section. Each registered environmental laboratory shall comply with all standards for environmental laboratories established by the department and] An environmental laboratory shall be subject to inspection by said department, including inspection of all records necessary to carry out the purposes of this section. [The Commissioner of Public Health may revoke or otherwise limit the license of any environmental laboratory that fails to comply with the provisions of this section or regulations adopted under 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 the department posts such policies and procedures on the eRegulations System not later than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with the provisions of chapter 54.

(c) [The Commissioner of Public Health shall determine whether it is necessary for the protection of the public health or the environment for an environmental laboratory to be registered and to have certification to conduct a test for an analyte in a matrix. If the commissioner determines that it is necessary for the environmental laboratory to be

registered, such environmental laboratory shall obtain from the commissioner a certification to conduct such tests for analytes.] No person shall operate, manage, own, or control an environmental laboratory that tests for analytes[,] on the list published by the commissioner pursuant to subsection (d) of this section, for the purpose of providing information on the sanitary quality or the amount of pollution of any substance prejudicial to health or the environment [for which the commissioner has determined registration and certification is required without having first registered and obtained such certification.] without having first obtained certification. No certification shall be issued to an environmental laboratory until the environmental laboratory demonstrates compliance with applicable statutory and regulatory requirements.

(d) [The commissioner shall, annually, publish a list setting forth all analytes and matrices for which a certification for testing is required.] The commissioner shall annually publish a list setting forth all analytes and matrices for which certification is required. Such annual list shall include the specific methods acceptable to the department for all testing of analytes and matrices. Said listing shall not require adoption as a regulation of the Department under chapter 54 of the General Statutes to be effective.

(e) Each application [for registration of an environmental laboratory and] for certification [for testing any analyte] shall be made on forms provided by said department, shall be accompanied by a fee of one thousand two hundred fifty dollars and shall be executed by the owner or owners or by a responsible officer authorized to do so by the [agency, firm or corporation] person or entity owning the environmental laboratory. Upon receipt of any such application, the department shall make such inspections and investigations as the department deems necessary and [shall] may deny [registration] certification when operation of the environmental laboratory would be in violation of applicable statutes and regulations or prejudicial to the health of the public. [Registration] Certification shall not be in force until notice of its effective date and term has been sent to the applicant. No environmental lab owned or operated by the state shall be subject to the foregoing fee.

(f) Each [registration or] certification shall be issued for a period of not less than twenty-four or more than twenty-seven months [from any deadline for applications established by the commissioner]. Renewal applications shall be made (1) biennially within the twenty-fourth month of the current registration; (2) before any change in ownership is made; and (3) prior to any major expansion or alteration in, or changing of, quarters.

(g) This section shall not apply to any environmental laboratory that only provides laboratory services or information for the agency, person[, firm or corporation] or entity which owns or operates such laboratory[.] and uses the results solely for their own information. No agency, person, or entity shall use such results to demonstrate compliance with any statutory or regulatory requirement.

(h) If, upon review, investigation or inspection, the Commissioner of Public Health determines [an] a certified environmental laboratory has violated any provision of this section or regulations adopted under this section, the commissioner may impose a civil penalty not to exceed five thousand dollars per violation per day and issue such other orders as the commissioner determines necessary to protect the public health. Upon notice of the issuance of an order or imposition of the civil penalty, the commissioner shall provide the environmental laboratory with an opportunity for a hearing. The Commissioner of Public Health may take any of the actions authorized under section 19a-494 of the General Statutes against the certification of an environmental laboratory that fails to comply with the provisions of this section or regulations adopted under this section. The Commissioner of Public Health may summarily suspend the certification of an environmental laboratory in advance of a final adjudication or during the appeals process if the Commissioner of Public finds that the certified environmental laboratory presents a clear and present danger to the public health and safety if allowed to continue operating. Governmental immunity shall not be a defense against the imposition of any civil penalty imposed pursuant to this section. In determining the amount of the civil penalty to be imposed on an environmental laboratory, the commissioner shall consider the degree of the threat to public health or the environment, the amount necessary to achieve compliance, and the history of compliance [of] by the environmental laboratory. Any order or civil penalty issued under this provision may be appealed in accordance with the provisions of section 4-183.

(i) The failure of an environmental laboratory to pay a civil penalty imposed by the commissioner shall be grounds for revocation of the environmental laboratory's [registration and] certification [for testing.] to operate and test analytes.

(j) The commissioner may order an [unregistered] environmental laboratory that is not certified to test an analyte to cease operations. The commissioner may impose a civil fine to not exceed five thousand dollars per violation per day to an environmental laboratory for operating without a certification from the department.

(k) The commissioner may request the Attorney General to petition the Superior Court for an order to aid in enforcement of any provision of this section.

(l) No out of state environmental laboratory shall operate a service center in this state without obtaining approval from the department. The out of state environmental laboratory shall apply for approval on forms developed by the department. The department may approve a service center operated by an out of state environmental laboratory if such environmental laboratory demonstrates (1) it maintains an active certification to test for an analyte using a specific method published on the list in section (d) from the state in which the environmental laboratory is located; and (2) the policies and procedures governing the service center are sufficient to protect the integrity of the samples to be tested. The approval shall expire two years from the date of the initial approval and may be renewed for a period of two years on forms developed by the department. The department may inspect a service center operated by an out of state lab at any time. The department may revoke such approval upon a determination that revocation is necessary to protect the public health. The commissioner of public health may issue a civil fine up to five thousand dollars upon a determination that the out of state environmental laboratory violated any provision of this section or regulations adopted under this section per violation per day. The amount of the civil penalty to be imposed shall be in accordance with the factors provided in subsection (h). Upon notice of the imposition of the civil penalty, the commissioner shall provide the environmental laboratory with an opportunity for a hearing. Any revocation or civil penalty issued under this subsection may be appealed in accordance with the provisions of section 4-183.

Section 8: Section (a) of 19a-14d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) An occupational or professional license, permit, certification or registration issued by the Department of Public Health pursuant to chapter 368v, 370, 372, 373, 375, 375a, 376, 376a, 376b, 376c, 377, 378, 378a, 379, 379a, 380, 381, 381a, 381b, 382a, 382b, 382c, 383, 383a, 383b, 383c, 383d, 383e, 383f, 383g, 383h, 384, 384a, 384b, 384c, 384d, 385, 386, 387, 387a, 388, 388a, 393a, 395, 397a, 398, 399, [400a,] 400c or 474 shall be issued, in the occupation or profession applied for and at a practice level determined by the department, to a person, including, but not limited to, an active duty member of the armed forces of the United States or such person's spouse, if:

(1) The person holds a valid license, permit, certification or registration in at least one other jurisdiction in the United States in the occupation or profession applied for;

(2) The person has practiced under such license, permit, certification or registration for not less than four years;

(3) The person is in good standing in all jurisdictions in the United States in which he or she holds a license, permit, certification or registration and has not had a license, permit, certification or registration revoked or discipline imposed by any jurisdiction in the United States, does not have a complaint, allegation or investigation related to unprofessional conduct pending in any jurisdiction, and has not voluntarily surrendered a license, permit, certification or registration while under investigation for unprofessional conduct in any jurisdiction;

(4) The person satisfies any background check or character and fitness check required of other applicants for the license, permit, certification or registration; and

(5) The person pays all fees required of other applicants for the license, permit, certification or registration.

(b) In addition to the requirements set forth in subsection (a) of this section, the Department of Public Health may require a person applying for a license, permit, certification or registration under this section to take and pass all, or a portion of, any examination required of other persons applying for such license, permit, certification or registration.

(c) Any person issued a license, permit, certification or registration pursuant to this section shall be subject to the laws of this state and the jurisdiction of the Department of Public Health.

(d) Notwithstanding the provisions of this section and pursuant to section [19a-14](#), the Commissioner of Public Health may deny an occupational or professional license, permit, certification or registration if he or she finds such denial is in the best interest of the state.

Section 9: Section 19a-332 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

As used in subsection (c) of section 19a-14 and sections 19a-332 to 19a-332e, inclusive, 20-435 to 20-442, inclusive, and 52-577a:

(1) "Asbestos" means the asbestiform varieties of actinolite, amosite, anthophyllite, chrysotile, crocidolite and tremolite;

(2) "Asbestos abatement" means the removal, encapsulation, enclosure, renovation, repair, demolition or other disturbance of asbestos-containing materials or suspect asbestos-containing materials, but does not include activities which are related to (A) the removal or repair of asbestos cement pipe and are performed by employees of a water company as defined in section 25-32a, or (B) the removal of nonfriable asbestos-containing material found exterior to a building or structure other than material defined as regulated asbestos-containing material in 40 CFR 61, the National Emission Standards for Hazardous Air Pollutants, as amended from time to time;

(3) "Asbestos abatement worker" means any employee of a licensed asbestos contractor who engages in asbestos abatement, has completed a training program approved by the department and has been issued a certificate by the [department] commissioner;

(4) "Asbestos abatement site supervisor" means any asbestos abatement worker employed by a licensed asbestos contractor who has been specifically trained as a supervisor in a training program approved by the [department] commissioner and who has been issued a certificate by the [department] commissioner;

(5) "Asbestos-containing material" means material composed of asbestos of any type and in an amount equal to or greater than one per cent by weight, either alone or mixed with other fibrous or nonfibrous material;

(6) "Asbestos contractor" means any [person] individual or entity engaged in asbestos abatement [whose employees] who actually [perform] performs the asbestos abatement work and who has been issued a license by the commissioner;

(7) "Asbestos consultant" means any [person] individual who engages in any activity directly involved with asbestos consultation services and who has been issued a [certificate] license by the commissioner [and a license by the department];

(8) "Asbestos consultation services" means the inspection or evaluation of a building for asbestos hazards, including, but not limited to, the development of asbestos abatement

plans, site inspections, air monitoring and provisions of industrial hygiene services related to asbestos abatement;

(9) "Authorized agent" means an officer or employee duly designated by the commissioner;

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

(11) "Department" means the Department of Public Health; and

(12) "Suspect asbestos-containing materials" means interior and exterior materials that have a reasonable likelihood of containing asbestos based on their appearance, composition and use.

Section 10: Section 20-435 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

[On and after one year following the effective date of regulations adopted pursuant to section 20-440, no] No [person] individual or entity shall provide services as an asbestos contractor in this state without a license issued by the commissioner. Notwithstanding licensure as an abatement contractor, an individual who provides supervision of an asbestos site shall require certification as required under section 20-438. Applications for such license shall be made to the department on forms provided by it, shall be accompanied by a fee of six hundred twenty-five dollars and shall contain such information regarding the applicant's qualifications as the [department] commissioner may require in regulations adopted pursuant to section 20-440, including, but not limited to, proof of a valid certification as an asbestos abatement site supervisor if the applicant is an individual, and documentation demonstrating that all employees have passed a training course approved by the [department] commissioner [and have been issued a certificate by the department]. The department shall approve the technical, equipment and personnel resources of each applicant. No [person] individual or entity shall be issued a license to act as an asbestos contractor unless [he obtains] such individual or entity obtains such approval. The commissioner may issue a license under this section to any [person] individual or entity who is licensed in another state under a law [which] that provides standards which are equal to or higher than those of Connecticut and is not subject to any unresolved complaints or pending disciplinary actions. Licenses issued

pursuant to this section shall be renewed annually in accordance with the provisions of section 19a-88 upon payment of a fee of six hundred twenty-five dollars.

Section 11: Section 20-436 of the general statutes is repealed and the following is substituted in lieu thereof. (*Effective October 1, 2026*):

(a) [On and after one year following the effective date of regulations adopted pursuant to section 20-440, no person No] Except as otherwise authorized in this section, no individual shall [act as an asbestos consultant] provide asbestos consultant services in this state without a license issued by the commissioner. Applications for such license shall be made to the department on forms provided by it, and shall be accompanied by a fee of two hundred fifty dollars, and shall contain such information regarding the applicant's qualifications and experience related to asbestos consultation services, including supervised field experience related to asbestos consultation services, [in asbestos-related consultations] as the [department] commissioner may require in regulations adopted pursuant to section 20-440. An applicant for licensure shall not be required to be licensed while completing any supervised field experience requirements prescribed in such regulations. An applicant may seek licensure as an asbestos consultant in one or more of the asbestos consultant services disciplines of inspector, management planner, project designer, or project monitor. [Except as provided in this section, no person shall be licensed as an asbestos consultant unless he completes a training course approved by the department, passes an examination prescribed by the department, receives a certificate issued by the department and satisfies employment experience and educational requirements established by the commissioner pursuant to section 20-441.] Except as provided in this section, no individual shall be licensed as an asbestos consultant unless such individual has (i) successfully completed a training program approved by the commissioner pursuant to section 20-439 in the applicant's chosen asbestos consultant services discipline of inspector, management planner, project designer, or project monitor, and (ii) satisfies the experience and educational requirements established in regulation by the commissioner pursuant to section 20-440. Licensure in each asbestos consultant services discipline requires completion of the required training in that discipline.

(b) The commissioner may issue a license under this section without examination to any [person] individual who is licensed in another state under a law [which] that provides standards equal to or higher than those of Connecticut and is not subject to any unresolved

complaints or pending disciplinary actions. Licenses issued pursuant to this section shall be renewed annually in accordance with the provisions of section 19a-88 upon payment of a fee of two hundred fifty dollars.

[(c) Notwithstanding the provisions of subsection (a) of this section, a person who between July 1, 1985, and November 1, 1994, has been employed for a minimum of two years as an asbestos consultant may be licensed as an asbestos consultant without the educational requirements established pursuant to subsection (a) of this section.]

Section 12: Section 20-437 of the general statutes is repealed and the following is substituted in lieu thereof. (*Effective October 1, 2026*):

[On and after one year following the effective date of regulations adopted pursuant to section 20-440, no person] No individual shall be employed as an asbestos abatement worker unless such [worker] individual has successfully completed a training program approved by the commissioner pursuant to section 20-439 on asbestos hazards and abatement procedures [approved by the department] and has been issued a certificate by the [department] commissioner. Applications for such certificate shall be made to the department on forms provided by the department and shall contain such information regarding the applicant's qualifications as may be required in regulations adopted pursuant to section 20-440, and shall be accompanied by a fee of fifty dollars. The [department] commissioner may issue a certificate under this section to any [person] individual who is licensed or certified in another state under a law [which] that provides standards which are equal to or higher than those of this state, provided such [person] individual is not subject to any unresolved complaints or pending disciplinary actions. Certificates issued pursuant to this section shall be renewed annually in accordance with the provisions of section 19a-88 upon payment of a fee of fifty dollars.

Section 13: Section 20-438 of the General Statutes is repealed and the following is substituted in lieu thereof. (*Effective October 1, 2026*):

[On and after one year following the effective date of regulations adopted pursuant to section 20-440, no person] No individual shall be employed as an asbestos abatement site supervisor unless such [worker] individual has successfully completed a training program approved by the commissioner pursuant to section 20-439 on the supervision of asbestos abatement [approved by the department] and has been issued a certificate by the

[department] commissioner. Applications for such certificate shall be made to the department on forms provided by the department and shall contain such information regarding the applicant's qualifications as may be required in regulations adopted pursuant to section 20-440, and shall be accompanied by a fee of one hundred dollars. The [department] commissioner may issue a certificate under this section to any [person] individual who is licensed or certified in another state under a law which provides standards which are equal to or higher than those of the state of Connecticut, provided such [person] individual is not subject to any unresolved complaints or pending disciplinary actions. Certificates issued pursuant to this section shall be renewed annually in accordance with the provisions of section 19a-88 upon payment of a fee of one hundred dollars.

Section 14: Section 20-439 of the General Statutes is repealed and the following is substituted in lieu thereof. (*Effective October 1, 2025*):

(a) For purposes of this section, "asbestos training provider" means [a person] an individual or entity that offers a training program [for] in asbestos abatement or asbestos consultation services and [certifies] issues a certificate of completion for asbestos abatement workers, asbestos abatement site supervisors [and] or asbestos consultants who have successfully completed such training program in accordance with the requirements of the United States Environmental Protection Agency's model accreditation plan or equivalent training standards recognized by the commissioner. [On and after October 1, 2017, each asbestos training provider shall be certified by the department. The department shall issue an initial certification of a provider upon the provider's completion of an application and payment of a fee of fifty dollars.] For the purposes of this section and section 20-435, "training course" means a specific course offered as part of a training program by a certified asbestos training provider for asbestos abatement, asbestos site supervision, or asbestos consultation services and approved in accordance with this section.

(b) No individual or entity shall act as an asbestos training provider without a certificate issued by the commissioner. The commissioner may issue such certificate upon the applicant's submission of a complete application, payment of a fee of fifty dollars, and upon the commissioner's determination that such applicant complies with such requirements as may be established in regulations adopted pursuant to section 20-440, including but not limited to standards for the qualifications of instructors, recordkeeping,

and documentation requirements for training course completion. [The certification] Certificates issued pursuant to this section shall be [renewed] subject to renewal annually in accordance with the provisions of subsection (e) of section 19a-88 upon payment of a fee of fifty dollars.

(c) The [department] commissioner shall approve a training program for asbestos abatement or asbestos consultation services, including each training course offered as part of such training program, upon determination that such program and training course complies with the requirements of United States Environmental Protection Agency's model accreditation plan and with such requirements as may be established in regulations adopted pursuant to section 20-440. Training programs shall be submitted to the department for reapproval every three years. In the event that the EPA model accreditation plan or the department's regulations are amended, training programs shall submit proposed changes to the program to conform with such amendments not later than 90 days following the effective date of such amendments. Each application or reapplication for approval of a training program shall be accompanied by a fee of five hundred dollars. Each application for approval or reapproval of a refresher training program [as required by section 20-441] shall be accompanied by a fee of two hundred fifty dollars. Each asbestos training provider shall furnish the department with a list of the persons who have successfully completed [the] a training course or training program within thirty days of such completion. The [department] commissioner shall conduct periodic reviews of approved training programs and training courses and may revoke approval of a training program or training course at any time [it] the commissioner determines that [the] a training program or training course fails to meet the requirements established in such regulations or this section.

Section 15: Section 20-440 of the general statutes is repealed and the following is substituted in lieu thereof. (*Effective October 1, 2025*):

(a) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to administer the provisions of subsection (c) of section 19a-14, and sections [19a-332 and] 20-435 to [20-441] 20-442a, inclusive. Such regulations shall include, but not be limited to, the following: (1) Passing scores for licensure examination of asbestos [consultants] professionals licensed pursuant to this chapter; (2) standards for the licensing of asbestos contractors and asbestos consultants in each of the asbestos

consultant disciplines and for the certification of asbestos abatement workers, and asbestos abatement site supervisors; (3) standards for approval of asbestos training providers and training programs [of asbestos abatement and asbestos consultation services] under section 20-439, including standards for successful completion of such programs; (4) standards and procedures for suspension and revocation of [certification] licensure of asbestos consultants and asbestos contractors, and of certification of asbestos abatement workers and asbestos abatement site supervisors; and (5) standards and procedures for suspension and [withdrawal] revocation of approval of training programs and certification of asbestos training providers.

(b) The commissioner may adopt regulations in accordance with the provisions of chapter 54 to provide for the refresher training of asbestos abatement site supervisors, asbestos abatement workers and asbestos consultants, and for the specification of closely related environmental science degrees. Refresher training programs shall require approval as training programs pursuant to section 20-439. Regulations adopted pursuant to this section may include retraining requirements for employees of asbestos contractors. The regulations [required] adopted under [subsection (a) of] this section shall be revised, as necessary, to ensure that such regulations meet or exceed the requirements of the United States Environmental Protection Agency's model accreditation plan in accordance with federal regulations, as amended from time to time [amended]. The commissioner may implement policies and procedures necessary to administer 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.

Section 16: Section 20-442a of the general statutes is repealed and the following is substituted in lieu thereof. (*Effective October 1, 2026*):

(a) The department may deny an application of an individual or entity or take any action set forth in section 19a-17 and subsection (f) of section 19a-88 against [a person] an individual or entity licensed, [or] certified, or approved pursuant to chapter 400a for [reasons including, but not limited to,] the following reasons: (1) Conviction of a felony, provided any action taken is based upon (A) the nature of the conviction and its

relationship to the license or certificate holder's ability to safely or competently perform the work under such license, (B) information pertaining to the degree of rehabilitation of the license or certificate holder, and (C) the time elapsed since the conviction or release; (2) fraud or deceit in the practice of such [person's] individual's or entity's profession; (3) negligent, incompetent or wrongful conduct in professional activities; (4) misrepresentation or concealment of a material fact in the obtaining, reinstatement or renewal of a license or certificate; or (5) violation of any provision of chapter 400a, or any regulation adopted thereunder or under chapter 368L. The 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. Notice of any contemplated action under section 19a-17, the cause of action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54.

Section 17: Subsection (a) of section 19a-320 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

(a) Any resident of this state, or any corporation formed under the law of this state, may erect, maintain and conduct a crematory in this state and provide the necessary appliances and facilities for the disposal by incineration of the bodies of the dead, in accordance with the provisions of this section. The location of such crematory shall be within the confines of an established cemetery containing not less than twenty acres, which cemetery shall have been in existence and operation for at least five years immediately preceding the time of the erection of such crematory, or shall be within the confines of a plot of land approved for the location of a crematory by the selectmen of any town, the mayor and council or board of aldermen of any city and the warden and burgesses of any borough; provided, in any town, city or borough having a zoning commission, such commission shall have the authority to grant such approval. On and after July 1, 2017, no new crematory shall be located within five hundred feet of any residential structure or land for residential purposes not owned by the owner of the crematory. The location restrictions contained in this subsection shall not apply to a crematory performing only alkaline hydrolysis at a funeral home under subsection (d) of this section.

(b) Application for such approval shall be made in writing to the local authority specified in subsection (a) of this section and a hearing shall be held within the town, city or borough in which such location is situated within sixty-five days from the date of receipt of such

application. Notice of such hearing shall be given to such applicant by mail, postage paid, to the address given on the application, and to the Commissioner of Public Health, and by publication twice in a newspaper having a substantial circulation in the town, city or borough at intervals of not less than two days, the first being not more than fifteen days or less than ten days, and the second being not less than two days before such hearing. The local authority shall approve or deny such application within sixty-five days after such hearing, provided an extension of time not to exceed a further period of sixty-five days may be had with the consent of the applicant. The grounds for its action shall be stated in the records of the authority. Each applicant shall pay a fee of ten dollars, together with the costs of the publication of such notice and the reasonable expense of such hearing, to the treasurer of such town, city or borough.

(c) (1) No such crematory shall be erected until the plans therefor have been filed with and approved by the Department of Public Health; and no such crematory shall be used until it has been inspected and received a certificate of inspection by said department and a fee of one thousand two hundred fifty dollars is paid to the Department of Public Health for its inspection and approval.

(2) Each holder of an inspection certificate shall, annually, on or before July first, submit in writing to the Department of Public Health an application for renewal of such certificate together with a fee of three hundred fifteen dollars. If the department issues to such applicant such an inspection certificate, the same shall be valid until July first next following, unless revoked or suspended.

(3) Upon receipt of an application for a renewal of such certificate, the Department of Public Health shall make an inspection of each crematory.

(4) A crematory shall be open at all times for inspection by the Department of Public Health. The department may make inspections whenever it deems advisable.

(5) If, upon inspection by the Department of Public Health, it is found that such crematory is in such condition as to be detrimental to public health, the department shall give to the applicant or operator of the crematory notice and opportunity for hearing as provided in regulations adopted by the Commissioner of Public Health, in accordance with the provisions of chapter 54. The commissioner may, after such hearing, revoke, suspend or refuse to issue or renew any such certificate upon cause found at hearing. Any person

aggrieved by the finding of or action taken by the Department of Public Health may appeal therefrom in accordance with the provisions of section 4-183.

(6) Any of the inspections provided for in this section may be made by a person designated by the Department of Public Health or by a representative of the Commissioner of Public Health.

(d) A crematory that performs alkaline hydrolysis shall be located on the grounds of a funeral home licensed under chapter 385.

(e) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section, including but not limited to, establishing technical standards governing the use of alkaline hydrolysis and other chemical processes for cremation and the disposal of any products or by-products used in such processes. The Commissioner of Public Health may adopt policies and procedures necessary to implement the provisions of this section in advance of adopting regulations, provided such policies and procedures are posted on eRegulations prior to adoption. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with chapter 54.

Section 18: Section 8-2n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective upon passage*):

The zoning regulations adopted under section 8-2 or any special act shall not authorize the location of a crematory within five hundred feet of any residential structure or land zoned for residential purposes not owned by the owner of the crematory. As used in this section, "crematory" means a building or structure containing one or more cremation chambers or retorts for the cremation of dead human bodies or large animals but does not include cremation only by alkaline hydrolysis at a funeral home under section 19a-320(d) and "large animals" means all cattle, horses, sheep, goat, swine or similar species commonly kept as livestock.

Section 19: Section 20-441 of the general statutes is repealed (*Effective October 1, 2026*)



Agency Legislative Proposal

2026 Session

General Information

Agency	Dept. of Public Health
Proposal Name	An Act Concerning the Department of Public Health's Recommendations Regarding Onsite Wastewater Specialists and Water Operator Apprentices
Legislative Liaison	Adam Skowera
Division Requesting Proposal	N/A
Drafter	Adam Skowera and Kerry Colson

Overview

Brief Summary of Proposal

This proposal creates a certification for on-site wastewater specialists and allows for Certified Water Operator Apprentices.

What problem is this proposal looking to solve?

For On-site Wastewater Specialists, DPH currently trains individuals to perform the important work of reviewing plans of subsurface sewage disposal systems and their installation for local health departments. However, there is no statutory requirement for certification, oversight or continued training, which is especially important as technology and regulations change. For Certified Water Operator Apprentices, there is currently a shortage of Certified Water Operators.

How does the proposal solve the problem?

For On-Site Wastewater Specialists, this proposal creates statutory authority for a certification and training program of On-site Wastewater Specialists. For Certified Water Operator Apprentices, this proposal provides the basis for paid training for new water operators.

Section by section summary:

Section #(s)	Section Summary
1	Creates statutory certification and training requirements for on-site waste water specialists.
2	No Board shall exist for these Wastewater Specialists
3	Sets the renewal schedule for Wastewater Specialists
4	Allows the department to certify Water Operator Apprentices who have completed an apprenticeship program and passed a written examination.

Statutory Reference (if any): CGS 19a-14(c), 19a-88(e), 25-32

Background

☒ New Proposal

☐ Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

Bill #(s)	Reason bill(s) did not move forward

Have there been any changes in federal laws or regulations that make this legislation necessary?

No

Have there been any changes in state laws or regulations that make this legislation necessary?

No

Has this proposal or a similar proposal been implemented in other states?

Yes Section 1-3: Massachusetts requires specialized training for local health department staff to conduct inspections of subsurface sewage disposal systems. Section 4: Many states have similar apprenticeship programs.

Have certain constituencies called for this proposal?

Yes Section 4: Water Companies have highlighted their workforce needs and would likely be supportive

Interagency Impact

☐ Check here if this proposal does NOT impact other agencies

Agency	Dept. of Labor		
Contact	Billy Taylor		
Date Contacted	11/21/2025		
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved		
Open Issues			

Fiscal Impact

☒ No Fiscal Impact

☐ Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

State
No
Municipal
No
Federal
No

Other Information

If there is any additional information we should know, please detail below: N/A

Legislative Language

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

Section 1. NEW. (*Effective upon passage*):

- (a) As used in this section:
- (1) “Agent of the local director of health” means an individual who holds an approval to investigate, inspect and approve plans relating to subsurface sewage disposal systems pursuant section 19-13-B103e of the Regulations of Connecticut State Agencies;
 - (2) “Central subsurface sewage disposal system” or “central system” means a subsurface sewage disposal system serving a residential building and one or more outbuildings, serving a residential building and one or more nonresidential buildings, serving two or more nonresidential buildings, or serving two or more outbuildings. A central subsurface sewage disposal system is excluded from small community sewerage systems as defined in this section.
 - (3) “Commissioner” means Commissioner of Public Health;
 - (4) “Department” means the Department of Public Health;
 - (5) “Local director of health” means a director of a municipal health department pursuant to 19a-200 or district health department pursuant to 19a-242;
 - (6) “On-site wastewater specialist” means an individual who has obtained certification from the commissioner to review and approve plans for subsurface sewage disposal systems, conduct regulatory inspections and investigations of and investigations into complaints concerning subsurface sewage disposal systems within the jurisdiction of the local director of health, or perform other related duties as specified by the commissioner;
 - (7) “Phase I on-site wastewater specialist” means an individual certified to perform the activities of an on-site wastewater specialist for subsurface sewage disposal systems serving a building with a design flow of less than 2,000 gallons per day except those designed by a professional engineer licensed or registered in the

State of Connecticut, centralized sewage disposal systems and small community sewerage systems;

(8) "Phase II on-site wastewater specialist" means an individual certified to perform the activities of an on-site wastewater specialist for subsurface sewage disposal systems serving a building with a design flow between 2,000 and up to 10,000 gallons per day;

(9) "Phase III on-site wastewater specialist" means an individual certified to perform the activities of an on-site wastewater specialist for alternative on-site sewage treatment systems serving a building with a design flow of 10,000 gallons per day or less;

(10) "Small community sewerage system" means any subsurface sewage disposal system, serving 2 or more residential buildings or residential institutions located on the same lot, that is not connected to a municipal sewerage system, but does not include any subsurface sewage disposal system serving only a principal dwelling unit and an accessory apartment, as defined by section 8-1a of the Connecticut General Statutes.

(b) On and after October 1, 2026, no individual, including a licensed environmental health specialist as defined in section 20-358 of the General Statutes, may perform the responsibilities of an on-site wastewater sewage specialist unless such individual has obtained certification from the commissioner and been appointed by a local director of health to perform the duties under their certification. Said appointment shall be either by employment or written contract with the municipal health department or district health department. The local director of health shall maintain records of such appointments and shall provide a copy of, or access to, such records to the department upon request.

(c) Notwithstanding the requirements in subsection (b), an agent of the local director of health may perform the duties of an on-site wastewater specialist for a local health director without certification provided that on or before October 1, 2027, such individual applies to the department for an initial certification on-site wastewater specialist. An agent of the local health director approved under section 19-13-B103e(b)(1) of the Regulations of Connecticut State Agencies shall be certified

as a Phase I on-site wastewater specialist and an agent approved under subsection (b)(2) of said regulation shall be certified as a Phase II on-site wastewater specialist. After receiving initial certification from the commissioner, such certification shall be renewed in accordance with subsection (e).

- (d) Unless subsection (c) is applicable, an individual may obtain an initial certification from the commissioner upon successful completion of a training course prescribed by the department and upon receipt of a passing score on the examination prescribed by the department for which phase of certification the individual seeks. The individual shall apply for certification on forms created by the department following successful completion of the training course and receipt of a passing score on the examination. No individual may be certified as a Phase III on-site wastewater specialist until after the minimum requirements for alternative on-site sewage treatment systems are established in accord with section 19a-35a of the General Statutes.
- (e) There shall be no fee to apply for an initial on-site wastewater specialist certification or to renew such certification. A certification shall be renewed in accordance with 19a-88.
- (f) All certified on-site wastewater specialists shall attend conferences called by the department to provide information and updates regarding on-site sewage treatment systems and which may include, but need not be limited to, the review of the department's technical standards for the siting, design and installation requirements of a subsurface sewage disposal system. Conferences may be provided either in person, on line or via prerecorded on line presentations. The department shall not call more than two such conferences in any year.
- (g) An individual may only hold one on-site wastewater specialist certification at time. A Phase I on-site wastewater specialist may only perform the activities associated with a Phase I on-site wastewater specialist certification. A Phase II on-site wastewater specialist may perform the activities associated with a Phase I and Phase II on-site wastewater specialist certification. A Phase III on-site wastewater specialist may perform the activities associated with Phase I and Phase II on-site wastewater specialist certification as well as those associated with alternative on-

site sewage treatment systems. No individual shall apply for certification as a Phase II on-site wastewater specialist without having previously obtained certification as a Phase I on-site wastewater specialist or served as an agent of a local health director prior to October 1, 2026. No individual shall apply for certification as a Phase III on-site wastewater specialist without having previously obtained certification as a Phase II on-site wastewater specialist.

- (h) The department shall develop the following applications for the certification of:
 - (1) attestation an agent of a local health director approved prior to October 1, 2026;
 - (2) all other individuals seeking (a) an initial certification to be a Phase I on-site wastewater specialist; (b) a Phase II on-site wastewater specialist certification; (c) a Phase III on-site wastewater specialist certification. The department shall develop an application for a certified on-site wastewater specialist to renew their certification in accordance with subsection (e). The department shall develop an application for training providers seeking department approval to provide training courses.
- (i) The department shall develop training courses and corresponding examinations for
 - (1) Phase I on-site wastewater specialists, 2) Phase II on-site wastewater specialists,
 - (3) Phase III on-site wastewater specialists. The training courses may include a practical component, plan reviews, and homework. The department may approve training providers to teach the courses. To be approved, the training provider shall demonstrate that the training course and its materials are consistent with the department's technical standards for the siting, design and installation of subsurface sewage disposal systems. Any approval issued to a training provider expires three years from the date of approval and the training provider shall apply on applications developed by the department. The department may administer or contract with a testing center to administer examinations.
- (j) The commissioner may adopt regulations pertaining to the certification of on-site wastewater specialists, in accordance with chapter 54, to provide: (1) the scope of duties performed by each certification of on-site wastewater specialist; (2) requirements and procedures for the issuance of an initial certification; (3) requirements and procedures for the issuance of certification renewal in accordance with 19-88; (4) standards and procedures for certification examinations administered by the department or a testing center; (5) standards for training

required for initial and renewal certification; (6) standards and procedures for the department's approval of training providers and courses of study offered by training providers. 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 the department publishes notice of its intent to adopt regulations pursuant to this subsection on the eRegulations System not later than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with the provisions of chapter 54. At such time that the Commissioner begins issuance of certifications under this section, no approvals shall be issued for agents of local health directors.

- (k) The commissioner may take any disciplinary action set forth in section 19a-17 of the General Statutes, except for the assessment of a civil penalty under subdivision (7) of subsection (a) of section 19a-17, against an on-site wastewater specialist for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraudulent practices including, but not limited to acceptance of bribes in the performance of the on-site wastewater specialist's professional activities; (C) incompetent, negligent or illegal performance of the on-site wastewater specialist's professional activities; (D) conviction of the on-site wastewater specialist for a felony; or (E) failure of the on-site wastewater specialist to complete the training prescribed by the commissioner or attend conferences as required under subsection (f). The commissioner may take any disciplinary action set forth in section 19a-17 except for the assessment of a civil penalty against a training provider upon a determination that the provider's training course hours and its materials were not consistent with the department's technical standards for the siting, design and installation of subsurface sewage disposal systems or the training provider engaged in incompetent, negligent, or illegal activities in the provision of training courses.

Section 2. Subsection (c) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof. (*Effective upon passage*):

- (c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

- (1) Speech and language pathologist and audiologist;
- (2) Hearing instrument specialist;
- (3) Nursing home administrator;
- (4) Sanitarian;
- (5) Subsurface sewage system installer or cleaner;
- (6) Marital and family therapist and marriage and family therapist associate;
- (7) Nurse-midwife;
- (8) Licensed clinical social worker;
- (9) Respiratory care practitioner;
- (10) Asbestos contractor, asbestos consultant and asbestos training provider;
- (11) Massage therapist;
- (12) Registered nurse's aide;
- (13) Radiographer;
- (14) Dental hygienist;
- (15) Dietitian-Nutritionist;
- (16) Asbestos abatement worker;
- (17) Asbestos abatement site supervisor;
- (18) Licensed or certified alcohol and drug counselor;
- (19) Professional counselor and professional counselor associate;
- (20) Acupuncturist;
- (21) Occupational therapist and occupational therapist assistant;
- (22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, lead training provider, lead inspector, lead inspector risk assessor and lead planner-project designer;

- (23) Emergency medical technician, advanced emergency medical technician, emergency medical responder and emergency medical services instructor;
- (24) Paramedic;
- (25) Athletic trainer;
- (26) Perfusionist;
- (27) Master social worker subject to the provisions of section 20-195v;
- (28) Radiologist assistant, subject to the provisions of section 20-74tt;
- (29) Homeopathic physician;
- (30) Certified water treatment plant operator, certified distribution system operator, certified small water system operator, certified backflow prevention device tester and certified cross connection survey inspector, including certified limited operators, certified conditional operators and certified operators in training;
- (31) Tattoo technician;
- (32) Genetic counselor;
- (33) Behavior analyst;
- (34) Art therapist;
- (35) Esthetician;
- (36) Eyelash technician; and
- (37) Nail technician[.]; and,
- (38) On-site wastewater specialist;

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

Section 3. Section (e) of 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof. (*Effective upon passage*):

(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 individual 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 certificate pursuant to this section for an on-site wastewater specialist shall on or before three years from the issuance of the initial or renewed certification apply for renewal of such license to the Department of Public Health.

Section 4: Subsection (n)(1) of section 25-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(n) (1) On and after the effective date of regulations adopted under this subsection, no person shall operate any water treatment plant, water distribution system or small water system that treats or supplies water used or intended for use by the public, test any backflow prevention device, perform a cross connection survey without a certificate issued by the commissioner under this subsection or operate any water treatment plant or water distribution system as an operator-in-training unless such person is issued a certificate by the commissioner under this subsection. The commissioner shall adopt regulations, in accordance with chapter 54, to provide: (A) Standards for the operation of such water treatment plants, water distribution systems and small water systems; (B) standards and procedures for the issuance of certificates to operators and operators-in-training of such water treatment plants and water distribution systems and operators of small water systems, including, but not limited to, standards and procedures for the department's approval of third parties to administer certification examinations to such operators and operators-in-training; (C) procedures for the renewal of such certificates to operators every three years; (D) standards for training required for the issuance or renewal of a certificate; (E) standards and procedures for the department's approval of course providers and courses of study as they relate to certified operators and certified operators-in-training of water treatment plants and water distribution systems and certified operators of small water systems and certified persons who test backflow prevention devices or perform cross connection surveys for initial and renewal applications; and (F) standards and procedures for the issuance and renewal of certificates to persons who test backflow prevention devices or perform cross connection surveys. Such regulations shall

be consistent with applicable federal law and guidelines for operator certification programs promulgated by the United States Environmental Protection Agency. For purposes of this subsection, "small water system" means a public water system, as defined in section 25-33d, that serves less than one thousand persons and has no treatment or has only treatment that does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator.

(2) The commissioner may take any disciplinary action set forth in section 19a-17, except for the assessment of a civil penalty under subdivision (7) of subsection (a) of section 19a-17, against an operator, an operator-in-training, a person who tests backflow prevention devices or a person who performs cross connection surveys holding a certificate issued under this subsection for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraud or material deception in the performance of the certified operator's or certified operator-in-training's professional activities; (C) incompetent, negligent or illegal performance of the certified operator's or certified operator-in-training's professional activities; (D) conviction of the certified operator or certified operator-in-training for a felony; or (E) failure of the certified operator or certified operator-in-training to complete the training required under subdivision (1) of this subsection.

(3) The commissioner may issue an initial certificate to perform a function set forth in subdivision (1) of this subsection upon receipt of a completed application, in a form prescribed by the commissioner, together with an application fee as follows: (A) For a water treatment plant, water distribution system or small water system operator certificate, or operator-in-training certificate for a water treatment plant or water distribution system, two hundred twenty-four dollars, except there shall be no such application fee required for a student enrolled in an accredited high school small water system operator certification course; (B) for a backflow prevention device tester certificate, one hundred fifty-four dollars; and (C) for a cross-connection survey inspector certificate, one hundred fifty-four dollars. A certificate issued pursuant to this subdivision shall expire three years from the date of issuance unless renewed by the certificate holder prior to such expiration date, except a certificate issued for an operator-in-training pursuant to this section shall expire six years from the date of issuance and shall not be renewable. The commissioner may

renew a certificate, other than a certificate for an operator-in-training, for an additional three years upon receipt of a completed renewal application, in a form prescribed by the commissioner, together with a renewal application fee as follows: (i) For a water treatment plant, water distribution system or small water system operator certificate, ninety-eight dollars; (ii) for a backflow prevention device tester certificate, sixty-nine dollars; and (iii) for a cross-connection survey inspector certificate, sixty-nine dollars.

(4) Notwithstanding the provisions of subsection (n)(1) and (n)(3) of this section, the Commissioner of Public Health may issue a certification to an applicant for water treatment plant operator, water distribution system operator or small water system operator under this subsection, upon written application prescribed by the Department of Public Health, if (i) the applicant is an apprentice registered with the Labor Department , (ii) has successfully completed an apprenticeship approved by the Labor Department and conducted in accordance with sections 31-22m to 31-22u, inclusive, for the type of system for which the apprentice is seeking certification; and (iii) has passed a written examination prescribed in the Department of Public Health's regulations after completion of an approved registered apprenticeship program for the classification level sought for certification. Written notification shall be provided by the apprentice to the Department of Public Health ten days prior to participating in such apprenticeship program. Said notice shall be in a form and manner prescribed by the Department of Public Health and shall include but not be limited to the information regarding the entity providing the apprenticeship program and the supervising certified water operator(s). A registered apprentice shall be under direct supervision of a certified water operator of the type of system for which the apprentice is seeking certification but shall not make any process and system integrity decisions concerning the quality and quantity of water that affects public health. Section 25-32(n)(1) prohibiting the operation of a water treatment plant, water distribution system or small water system without a certificate from the Commissioner of Public Health shall not apply to persons under such direct supervision participating in a registered apprenticeship training program approved by the Labor Department. Such training program shall include the training required for the classification level sought for certification established by the Commissioner in regulations adopted under section 25-32 of the General Statutes. Failure of a certified water operator to provide the supervision or

training required under this section shall be grounds for disciplinary action against the certified water operator under section 25-32 of the General Statutes.