



# House of Representatives

General Assembly

**File No. 116**

January Session, 2025

Substitute House Bill No. 6979

*House of Representatives, March 18, 2025*

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING PHYSICIAN RECRUITMENT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 19a-88 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective October*  
3 *1, 2025*):

4 (b) Each person holding a license to practice medicine, surgery,  
5 podiatry, chiropractic or naturopathy shall, annually, during the month  
6 of such person's birth, register with the Department of Public Health,  
7 upon payment of the professional services fee for class I, as defined in  
8 section 33-182l, plus five dollars. Each person holding a license to  
9 practice medicine or surgery shall pay five dollars in addition to such  
10 professional services fee. Such registration shall be on blanks to be  
11 furnished by the department for such purpose, giving such person's  
12 name in full, such person's residence and business address and such  
13 other information as the department requests. On and after January 1,

14 2026, each person holding a license to practice medicine who has retired  
15 from the profession may renew such license. The fee for such license  
16 renewal shall be ten per cent of the professional services fee for class I,  
17 as determined in accordance with section 33-182l, or ninety-five dollars,  
18 whichever is greater. Any such license provided by the department at a  
19 reduced fee pursuant to this subsection shall indicate that the  
20 practitioner is retired.

21       Sec. 2. (NEW) (*Effective October 1, 2025*) For the purposes of subsection  
22 (b) of section 19a-88 of the general statutes, as amended by this act, the  
23 Commissioner of Public Health shall, not later than January 1, 2026,  
24 adopt regulations, in accordance with the provisions of chapter 54 of the  
25 general statutes. Such regulations shall include, but need not be limited  
26 to, (1) a definition of "retired from the profession" as that term applies  
27 to physicians, (2) procedures for licensed physicians, who have retired  
28 from the profession, to return to active employment, and (3) appropriate  
29 restrictions upon the scope of practice for such physicians who are  
30 retired from the profession, including restricting the license of such  
31 physicians to the provision of volunteer services without monetary  
32 compensation.

33       Sec. 3. (NEW) (*Effective October 1, 2025*) Any person licensed pursuant  
34 to section 20-13 of the general statutes, who is retired from the  
35 profession and whose license has become void pursuant to section 19a-  
36 88 of the general statutes, as amended by this act, may apply for  
37 reinstatement of such license pursuant to the provisions of section 19a-  
38 14 of the general statutes. The Commissioner of Public Health shall  
39 adopt regulations, in accordance with the provisions of chapter 54 of the  
40 general statutes, to implement the provisions of this section. Such  
41 regulations shall include, but need not be limited to, (1) a definition of  
42 "retired from the profession" as that term applies to physicians, and (2)  
43 (A) eligibility requirements consistent with the provisions of  
44 subdivision (6) of subsection (a) of section 19a-14 of the general statutes,  
45 and (B) application procedures relating to license reinstatement. The  
46 commissioner may impose any conditions or restrictions upon the scope  
47 of practice of a physician whose license is reinstated pursuant to the

48 provisions of this subdivision, including, but not limited to, conditions  
49 or restrictions relating to the provision of volunteer services without  
50 monetary compensation.

51 Sec. 4. Subsections (a) to (c), inclusive, of section 20-11b of the general  
52 statutes are repealed and the following is substituted in lieu thereof  
53 (*Effective October 1, 2025*):

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

63 (b) Each insurance company which issues professional liability  
64 insurance, as defined in subdivisions (1), (6), (7), (8) and (9) of subsection  
65 (b) of section 38a-393, shall on and after January 1, 1995, render to the  
66 Commissioner of Public Health a true record of the names and  
67 addresses, according to classification, of cancellations of and refusals to  
68 renew professional liability insurance policies and the reasons for such  
69 cancellation or refusal to renew said policies for the year ending on the  
70 thirty-first day of December next preceding.

71 (c) A person subject to the provisions of subsection (a) of this section  
72 shall be deemed in compliance with such subsection when providing  
73 primary health care or behavioral health care services at a clinic licensed  
74 by the Department of Public Health that is recognized as tax exempt  
75 pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986 or  
76 any successor internal revenue code, as may be amended from time to  
77 time, provided: (1) Such person is not compensated for such services; (2)  
78 the clinic does not charge patients for such services; (3) the clinic  
79 maintains professional liability insurance coverage in the amounts  
80 required by subsection (a) of this section for each aggregated forty hours

81 of service or fraction thereof for such persons; (4) the clinic carries  
 82 additional appropriate professional liability coverage on behalf of the  
 83 clinic and its employees in the amounts of five hundred thousand  
 84 dollars per occurrence, with an aggregate of not less than one million  
 85 five hundred thousand dollars; and (5) the clinic maintains total  
 86 professional liability coverage of not less than one million dollars per  
 87 occurrence with an annual aggregate of not less than three million  
 88 dollars. Such person shall be subject to the provisions of subsection (a)  
 89 of this section when providing direct patient care services in any setting  
 90 other than such clinic. Nothing in this subsection shall be construed to  
 91 relieve the clinic from any insurance requirements otherwise required  
 92 by law.

93       Sec. 5. (NEW) (*Effective from passage*) The Commissioner of Public  
 94 Health shall establish, within available appropriations, a student loan  
 95 repayment program for health care providers who provide primary care  
 96 and behavioral health services in the state. For the purposes of this  
 97 section, "primary care" means the medical fields of family medicine,  
 98 general pediatrics, primary care, internal medicine, primary care  
 99 obstetrics or primary care gynecology, without regard to board  
 100 certification. The commissioner may adopt regulations, in accordance  
 101 with the provisions of chapter 54 of the general statutes, to implement  
 102 the provisions of this section, including, but not limited to, establishing  
 103 eligibility criteria and obligations of program participants.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2025</i>	19a-88(b)
Sec. 2	<i>October 1, 2025</i>	New section
Sec. 3	<i>October 1, 2025</i>	New section
Sec. 4	<i>October 1, 2025</i>	20-11b(a) to (c)
Sec. 5	<i>from passage</i>	New section

**Statement of Legislative Commissioners:**

In Sections 2 and 3, "as amended by this act" was inserted after "section 19a-88 of the general statutes" for clarity; in Section 3, "section" was inserted before "19a-14" for consistency with standard drafting

conventions, and "scope of a practice" was changed to "scope of practice" for statutory consistency.

**PH**      *Joint Favorable Subst. -LCO*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

## **OFA Fiscal Note**

### **State Impact:**

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Public Health, Dept.	GF - Revenue Impact	See Below	See Below

Note: GF=General Fund

**Municipal Impact:** None

### **Explanation**

The bill, which creates a retired physician license and reinstates statutory authorization for a student loan repayment program, results in various revenue impacts to the Department of Public Health (DPH) as described below.

**Section 1** allows retired physicians to renew their licenses at a reduced fee<sup>1</sup> (\$95), starting January 1, 2026. A General Fund revenue loss is anticipated to result beginning in FY 26, dependent on the number of licensed physicians who elect to avail themselves of this opportunity. The revenue reduction will be \$480 per retired physician renewal. Currently, 15,056 individuals hold physician licenses<sup>2</sup> in Connecticut. For illustration, about 6% of dentists currently hold retiree licenses. If a similar percentage of physicians choose to do so, an annualized revenue loss of approximately \$433,440 would result. Since the provision is

<sup>1</sup> The proposed retired physician license renewal fee shall be the greater of: (1) 10% of the class I professional services fee (per CGS Sec. 33-182l), currently \$565, or (2) \$95. All licensed professionals practicing medicine also pay a \$5 fee upon renewal that supports the assistance program for healthcare professionals (known as HAVEN), which is included in the fee amount.

<sup>2</sup> Physicians currently pay a \$575 license renewal fee.

effective January 1, 2026, the revenue loss associated with the bill in FY 26 will be approximately half of the amount above (\$216,720).

**Section 2** requires the Public Health Commissioner to adopt regulations implementing the new retired physician licensure category. This has no fiscal impact. Existing regulations pertaining to other retired health professional licenses will provide a basis for the new regulations, allowing DPH to comply without undue burden.

**Section 3** allows retired physicians whose licenses have become void due to nonrenewal to apply for reinstatement. A potential General Fund revenue gain beginning in FY 26 will result, to the extent that retired physicians apply for reinstatement, who would not otherwise have reapplied for licensure. The extent of the potential revenue gain depends on the number of reinstatements and the amount of the reinstatement fee. The bill does not specifically apply the retired physician renewal fee established in Section 1 to a retired physician seeking license reinstatement. It is therefore uncertain whether such an applicant would be required to pay the current initial licensure fee of \$565 instead. The FY 26 impact will be three-quarters of the annual impact due to the section's October 1, 2026 effective date.

**Section 4** exempts physicians from having to maintain malpractice insurance when providing volunteer behavioral health services at certain nonprofit clinics and results in no fiscal impact.

**Section 5** reinstates statutory authorization for a student loan repayment program (SLRP) for in-state providers of primary care and behavioral health services. This has no direct fiscal impact as DPH currently operates an SLRP. The program currently receives no funding from the General Fund; it is supported by federal funding through an American Rescue Plan Act (ARPA) allocation as well as a grant from the federal Health Resources and Services Administration.

### ***The Out Years***

The ongoing fiscal impact identified above would continue into the future.

**OLR Bill Analysis****sHB 6979*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS REGARDING PHYSICIAN RECRUITMENT.*****SUMMARY**

This bill requires the Department of Public Health (DPH), within available appropriations, to establish a student loan repayment program for in-state providers of primary care and behavioral health services. For this purpose, “primary care” includes family medicine, general pediatrics, primary care, internal medicine, and primary care obstetrics or gynecology, regardless of board certification. The bill allows the commissioner to adopt implementing regulations, including to set eligibility criteria and obligations of program participants. (A similar provision was inadvertently repealed last year.)

Starting January 1, 2026, the bill allows retired physicians to renew their licenses, at a reduced fee of 10% of the class I professional services fee or \$95, whichever is greater. (The class I fee is \$565; the annual renewal fee for physician licenses is \$575.) DPH must indicate on the license that the physician is retired. The bill requires the DPH commissioner, by January 1, 2026, to adopt regulations (1) defining “retired from the profession” for this purpose; (2) providing procedures for retired physicians to return to active employment; and (3) setting appropriate restrictions on retired physicians’ scope of practice, including restricting the license to providing unpaid volunteer services.

The bill also allows retired physicians whose licenses have become void due to nonrenewal to apply for reinstatement. It requires the DPH commissioner to adopt regulations on similar matters as noted above. (The existing reinstatement fee is \$565.)

Lastly, the bill exempts physicians from having to maintain



malpractice insurance when providing volunteer behavioral health services at a nonprofit clinic that (1) provides free services and (2) maintains its own insurance in specified amounts.

EFFECTIVE DATE: October 1, 2025, except the provisions on the student loan repayment program are effective upon passage.

### **§ 3 — REGULATIONS ON REINSTATED PHYSICIAN LICENSES**

Under the bill, DPH’s regulations on license reinstatement for retired physicians must (1) define “retired from the profession” for physicians and (2) include eligibility requirements consistent with existing law and application procedures. Existing law allows DPH to deny applications for license reinstatement on various grounds, such as that the applicant failed to comply with laws and regulations governing the profession.

The bill also allows the commissioner to impose any conditions or restrictions upon a reinstated physician’s scope of practice, including conditions or restrictions relating to volunteer services.

### **§ 4 — MALPRACTICE INSURANCE EXEMPTION**

Existing law generally requires physicians who provide direct patient care to carry medical malpractice insurance of at least \$500,000 per person, per occurrence with an aggregate of at least \$1.5 million. But the law provides an exemption, under certain conditions, for volunteer physicians providing primary care services at a free clinic. The bill extends this exemption to volunteer physicians providing behavioral health care services at these clinics.

For the exemption to apply, the physician must be providing these services, for no compensation, at a DPH-licensed, tax-exempt clinic that (1) does not charge for its services; (2) maintains the \$500,000/\$1.5 million malpractice coverage required by law for each 40 hours (or fractional amount) of service these physicians provide; (3) carries additional malpractice coverage in these amounts on behalf of itself and its employees; and (4) maintains total malpractice coverage of at least \$1 million per occurrence and \$3 million in total. A physician covered by the exemption must still maintain legally required malpractice coverage

when providing services in any other situation.

Under existing law, a physician who permanently retires from practice having maintained the malpractice coverage required by law and then solely provides free services at a tax-exempt clinic does not lose the right to unlimited additional extended reporting period coverage (that is, coverage for claims made after the policy's expiration, sometimes referred to as "tail coverage").

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea    26    Nay   6    (03/05/2025)