



General Assembly

January Session, 2025

***Raised Bill No. 1452***

LCO No. 5741



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***AN ACT CONCERNING HOSPITAL-AFFILIATED PHYSICIANS.***

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

1       Section 1. (NEW) (*Effective October 1, 2025*) (a) As used in this section:

2       (1) "Attending physician" means a physician licensed pursuant to  
3 chapter 370 of the general statutes who is selected by, or assigned to, the  
4 patient and who has primary responsibility for the treatment and care  
5 of the patient;

6       (2) "Hospital" means any short-term acute care general or children's  
7 hospital licensed by the Department of Public Health, including the John  
8 Dempsey Hospital of The University of Connecticut Health Center; and

9       (3) "Relative value unit" means the value assigned by the Centers for  
10 Medicare and Medicaid Services to certain current procedural  
11 terminology (CPT) codes and Health Care Procedure Coding System  
12 (HCPCS) codes to represent the cost of providing a service and  
13 comprised of physician work relative value unit, practice expense  
14 relative value unit and malpractice relative value unit multiplied by  
15 conversion factor and geographic practice cost indices adjustments.

16 (b) No hospital shall assign an attending physician more than  
17 eighteen patients during a twelve-hour shift unless the hospital  
18 compensates such attending physician at (1) a rate equal to (A) one and  
19 one-half times such attending physician's hourly rate, or (B) one and  
20 one-half times an hourly rate based on such attending physician's  
21 annual salary, as applicable, or (2) an amount equal to the payments  
22 such hospital would receive under a relative value unit payment  
23 methodology for the attending physician's treatment of patients during  
24 such shift, whichever is greater.

25 Sec. 2. (NEW) (*Effective October 1, 2025*) (a) As used in this section:

26 (1) "Group practice" means seven or more full-time equivalent  
27 physicians, legally organized in a partnership, professional corporation,  
28 limited liability company formed to render professional services,  
29 medical foundation, not-for-profit corporation, faculty practice plan or  
30 other similar entity (A) in which each physician who is a member of the  
31 group provides substantially the full range of services that the physician  
32 routinely provides, including, but not limited to, medical care,  
33 consultation, diagnosis or treatment, through the joint use of shared  
34 office space, facilities, equipment or personnel; (B) for which  
35 substantially all of the services of the physicians who are members of  
36 the group are provided through the group and are billed in the name of  
37 the group practice and amounts so received are treated as receipts of the  
38 group; or (C) in which the overhead expenses of, and the income from,  
39 the group are distributed in accordance with methods previously  
40 determined by members of the group. An entity that otherwise meets  
41 the definition of group practice under this section shall be considered a  
42 group practice although the shareholders, partners or owners of the  
43 group practice include single-physician professional corporations,  
44 limited liability companies formed to render professional services or  
45 other entities in which beneficial owners are individual physicians;

46 (2) "Health system" means: (A) A parent corporation of one or more  
47 hospitals and any entity affiliated with such parent corporation through

48 ownership, governance, membership or other means, or (B) a hospital  
49 and any entity affiliated with such hospital through ownership,  
50 governance, membership or other means;

51 (3) "Hospital" has the same meaning as provided in section 19a-490  
52 of the general statutes; and

53 (4) "Staffing change" means an increase, reduction or reassignment of  
54 a large group's workforce that is not a significant staffing change, as  
55 defined in section 3 of this act.

56 (b) No health system shall make any staffing change to a group  
57 practice without (1) consulting with and giving due consideration to the  
58 physician members of such group practice, or (2) submitting such  
59 staffing change for review to the Commissioner of Health Strategy,  
60 pursuant to section 3 of this act, if applicable. If a health system makes  
61 any such staffing change without consulting with and giving due  
62 consideration to such physician members or receiving approval for such  
63 staffing change from the Commissioner of Health Strategy pursuant to  
64 section 3 of this act, the Commissioner of Public Health shall appoint an  
65 independent monitor to oversee such group practice for a period of one  
66 year starting on the date of such appointment. A monitor appointed  
67 pursuant to the provisions of this section shall: (A) Evaluate the quality  
68 of patient care at such group practice after the staffing change is  
69 implemented and ensure that the quality of patient care is maintained;  
70 (B) assess and address any challenges faced by patients due to the  
71 staffing change; (C) monitor whether the staffing change has resulted in  
72 any decrease in services provided by the group practice; and (D) assess  
73 and address any difficulties or adverse impacts experienced by  
74 displaced physicians or group practices, including, but not limited to,  
75 difficulties relating to the professional, financial or personal well-being  
76 of such physicians or group practices.

77 (c) If the commissioner appoints a monitor pursuant to the provisions  
78 of this section, the health system that made the staffing change to the

79 group practice without consulting with and giving due consideration to  
80 the physician members of such group practice shall compensate such  
81 monitor at a rate determined by the commissioner.

82 (d) No health system shall require a physician practicing in a group  
83 practice to join another group practice without such physician's consent.

84 (e) The commissioner may adopt regulations, in accordance with the  
85 provisions of chapter 54 of the general statutes, to implement the  
86 provisions of this section.

87 Sec. 3. (NEW) (*Effective October 1, 2025*) (a) As used in this section:

88 (1) "Group practice" means seven or more full-time equivalent  
89 physicians, legally organized in a partnership, professional corporation,  
90 limited liability company formed to render professional services,  
91 medical foundation, not-for-profit corporation, faculty practice plan or  
92 other similar entity (A) in which each physician who is a member of the  
93 group provides substantially the full range of services that the physician  
94 routinely provides, including, but not limited to, medical care,  
95 consultation, diagnosis or treatment, through the joint use of shared  
96 office space, facilities, equipment or personnel; (B) for which  
97 substantially all of the services of the physicians who are members of  
98 the group are provided through the group and are billed in the name of  
99 the group practice and amounts so received are treated as receipts of the  
100 group; or (C) in which the overhead expenses of, and the income from,  
101 the group are distributed in accordance with methods previously  
102 determined by members of the group. An entity that otherwise meets  
103 the definition of group practice under this section shall be considered a  
104 group practice although the shareholders, partners or owners of the  
105 group practice include single-physician professional corporations,  
106 limited liability companies formed to render professional services or  
107 other entities in which beneficial owners are individual physicians;

108 (2) "Health system" means: (A) A parent corporation of one or more  
109 hospitals and any entity affiliated with such parent corporation through

110 ownership, governance, membership or other means, or (B) a hospital  
111 and any entity affiliated with such hospital through ownership,  
112 governance, membership or other means;

113 (3) "Hospital" has the same meaning as provided in section 19a-490  
114 of the general statutes; and

115 (4) "Significant staffing change" means an increase, reduction or  
116 reassignment of fifty per cent or more of a large group's workforce.

117 (b) Not less than one hundred eighty days before implementing a  
118 significant staffing change, a health system shall provide notice to the  
119 (1) large group practice affected by such change by first class mail or  
120 electronic mail, and (2) Commissioner of Health Strategy.

121 (c) On or before the date a health system provides notice to the  
122 commissioner regarding a significant staffing change pursuant to  
123 subsection (b) of this section, such health system shall submit, in a form  
124 and manner prescribed by the commissioner, an application review and  
125 approval or disapproval of such staffing change. When evaluating such  
126 application, the commissioner shall consider: (1) The extent to which the  
127 significant staffing change will affect patient care at the group practice  
128 or otherwise present challenges for the patients of the group practice;  
129 (2) whether the significant staffing change will result in any decrease in  
130 the services provided by the group practice; and (3) any difficulties or  
131 adverse impacts that physicians affected by the significant staffing  
132 change will experience, including, but not limited to, difficulties relating  
133 to the professional, financial or personal well-being of such physicians  
134 or group practices. The commissioner shall issue a decision approving  
135 or disapproving an application not later than one hundred eighty days  
136 after the date the commissioner receives notice pursuant to subsection  
137 (b) of this section.

138 (d) No health system shall implement a significant staffing change at  
139 a group practice without receiving approval pursuant to the provisions  
140 of this section.

141 (e) The Commissioner of Health Strategy may adopt regulations, in  
142 accordance with the provisions of chapter 54 of the general statutes, to  
143 implement the provisions of this section.

144 Sec. 4. (NEW) (*Effective October 1, 2025*) On and after October 1, 2025,  
145 no institution, as defined in section 19a-490 of the general statutes, shall  
146 terminate a physician licensed pursuant to chapter 370 of the general  
147 statutes, except for just cause, which shall be determined solely by the  
148 performance or conduct of the particular physician. Any provision in a  
149 physician employment contract entered into on and after October 1,  
150 2025, that permits an employer to terminate a physician at will shall be  
151 void.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2025</i>	New section
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>	New section

***Statement of Purpose:***

To establish various employment protections for hospital-affiliated physicians.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*