



Substitute House Bill No. 6978

Public Act No. 25-96

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE
PUBLIC HEALTH STATUTES.***

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

Section 1. Section 19a-6t of the general statutes is amended by adding subsection (h) as follows (*Effective from passage*):

(NEW) (h) The council may (1) apply for and accept grants, gifts, bequests, sponsorships and in-kind donations of funds from federal and interstate agencies, private firms, individuals and foundations for the purpose of carrying out its responsibilities, and (2) enter into any contracts or agreements, in accordance with any established procedures, as may be necessary for the distribution or use of any received funds, services or property in accordance with any requirements to fulfill any conditions of a grant, gift, bequest, sponsorship or in-kind donation.

Sec. 2. Subsections (d) and (e) of section 19a-59h of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(d) A hospital shall provide the department with access, including remote access, to the entirety of a patient's medical record, as the department deems necessary, to review case information related to a

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maternal death case under review by the program. Such remote access shall be provided on or before October 1, 2022, if technically feasible. All personal information obtained from the medical record [shall not be divulged to anyone and] shall be held strictly confidential pursuant to section 19a-25, as amended by this act, by the department.

(e) All information obtained by the department for the maternal mortality review program shall be confidential pursuant to section 19a-25, as amended by this act. The department may use such information to improve the accuracy of vital statistics data.

Sec. 3. Subsection (d) of section 19a-59i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

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

Sec. 4. Subsection (a) of section 19a-25 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(a) All information, records of interviews, written reports, statements, notes, memoranda or other data, including personal data as defined in subdivision (9) of section 4-190, procured by: (1) The Department of Public Health, by staff committees of facilities accredited by the

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Department of Public Health, the maternity mortality review committee, established pursuant to section 19a-59i, as amended by this act, or the infant mortality review committee, established pursuant to section 19a-59k, in connection with studies of morbidity and mortality conducted by the Department of Public Health, such staff committees, the maternal mortality review committee or the infant mortality review committee, or carried on by said department, such staff committees or the maternal mortality review committee jointly with other persons, agencies or organizations, (2) the directors of health of towns, cities or boroughs or the Department of Public Health pursuant to section 19a-215, or (3) the Department of Public Health or such other persons, agencies or organizations, for the purpose of reducing the morbidity or mortality from any cause or condition, shall be confidential and shall be used solely for the purposes of (A) medical or scientific research, [and,] (B) for information obtained pursuant to section 19a-215, disease prevention and control by the local director of health and the Department of Public Health, [and] (C) reducing the morbidity or mortality from any cause or condition, (D) for information obtained by the department for the maternal mortality review program pursuant to section 19a-59h, as amended by this act, improving the accuracy of vital statistics data, and (E) for findings of the maternal mortality review committee, established pursuant to section 19a-59i, as amended by this act, improving the accuracy of vital statistics data. Such information, records, reports, statements, notes, memoranda or other data shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency or person, nor shall it be exhibited or its contents disclosed in any way, in whole or in part, by any officer or representative of the Department of Public Health or of any such facility, by any person participating in such a research project or by any other person, except as may be necessary for the purpose of furthering the research project or public health use to which it relates.

Sec. 5. Subsection (a) of section 19a-493 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Upon receipt of an application for an initial license, the Department of Public Health, subject to the provisions of section 19a-491a, shall issue such license if, upon conducting a scheduled inspection and investigation, the department finds that the applicant and facilities meet the requirements established under section 19a-495, provided a license shall be issued to or renewed for an institution, as defined in section 19a-490, only if such institution is not otherwise required to be licensed by the state. If an institution, as defined in [subsections (b), (d), (e) and (f) of] section 19a-490, except for a nursing home or nursing home facility, as defined in section 19a-490, applies for license renewal and, [has been] at the time of such application for license renewal, is certified as a provider of services by the United States Department of Health and Human Services under Medicare or Medicaid programs, [within the immediately preceding twelve-month period, or if an institution, as defined in subsection (b) of section 19a-490, is currently certified,] the commissioner or the commissioner's designee may waive, on renewal of the institution's license, the inspection and investigation of such [facility] institution required by this section and, in such event, any such [facility] institution shall be deemed to have satisfied the requirements of section 19a-495 for the purposes of licensure. Such license shall be valid for two years or a fraction thereof and shall terminate on March thirty-first, June thirtieth, September thirtieth or December thirty-first of the appropriate year. A license issued pursuant to this chapter, unless sooner suspended or revoked, shall be renewable biennially (1) after an unscheduled inspection is conducted by the department, and (2) upon the filing by the licensee, and approval by the department, of a report upon such date and containing such information in such form as the department prescribes and satisfactory evidence of continuing compliance with requirements established under section 19a-495. In the case of an institution, as defined in subsection (d) of

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section 19a-490, that is also certified as a provider under the Medicare program, the license shall be issued for a period not to exceed three years, to run concurrently with the certification period. In the case of an institution, as defined in subsection (m) of section 19a-490, that is applying for renewal, the license shall be issued pursuant to section 19a-491. Except in the case of a multicare institution, each license shall be issued only for the premises and persons named in the application. Such license shall not be transferable or assignable. Licenses shall be posted in a conspicuous place in the licensed premises.

Sec. 6. Section 19a-2a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

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any statute dealing with the Department of Public Health; (8) with the health authorities of this and other states, secure information and data concerning the prevention and control of epidemics and conditions affecting or endangering the public health, and compile such information and statistics and shall disseminate among health authorities and the people of the state such information as may be of value to them; (9) annually issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings and amend such lists as the commissioner deems necessary and distribute such lists as well as any necessary forms to each licensed physician, licensed physician assistant, licensed advanced practice registered nurse and clinical laboratory in this state. The commissioner shall prepare printed forms for reports and returns, with such instructions as may be necessary, for the use of directors of health, boards of health and registrars of vital statistics; and (10) specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, frequency of admission and readmission, and frequency and duration of treatment. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder. The commissioner may designate any person to perform any of the duties listed in subdivision (7) of this section. The commissioner shall have authority over directors of health and may, for cause, remove any such director; but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the commissioner as the public interest requires. The commissioner shall assist and advise local directors of health and district directors of health in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health. In the event the commissioner reasonably suspects impropriety on the part of a local director of health

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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

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government or any of its agencies in making an application for any grant or contract. The commissioner may enter into any contracts or agreements, in accordance with any established procedures, as may be necessary for the distribution or use of such money, services or property in accordance with any requirements to fulfill any conditions of a gift, grant or contract. The commissioner may establish state-wide and regional advisory councils. For purposes of this section, "employee of such director" means an employee of, a consultant employed or retained by or an independent contractor retained by a local director of health, a district director of health, a local health department or a health district.

Sec. 7. Section 20-99 of the general statutes is amended by adding subsection (c) as follows (*Effective from passage*):

(NEW) (c) Nothing in this section shall prohibit the board from holding a contested case hearing, in accordance with the provisions of chapter 54, before (1) one or more hearing officers, or (2) one or more members of the board pursuant to section 4-176e.

Sec. 8. Subsection (a) of section 19a-494 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

- (1) Revoke a license or certificate;
- (2) Suspend a license or certificate;

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- (3) Censure a licensee or certificate holder;
- (4) Issue a letter of reprimand to a licensee or certificate holder;
- (5) Place a licensee or certificate holder on probationary status and require such licensee or certificate holder to report regularly to the department on the matters which are the basis of the probation;
- (6) Restrict the acquisition of other facilities for a period of time set by the commissioner;
- (7) Issue an order compelling compliance with applicable statutes or regulations of the department;
- (8) Impose a directed plan of correction; or
- (9) Assess a civil penalty not to exceed twenty-five thousand dollars, provided no such penalty shall be assessed for violations arising from the investigation of a complaint filed with the Department of Public Health before July 1, 2024, except for violations of regulatory requirements relating to abuse or neglect of patients, as such terms are defined in 42 CFR 483.5.

Sec. 9. Subsection (g) of section 19a-565 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

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section after notice and a hearing is provided in accordance with the provisions of said chapter.

Sec. 10. (NEW) (*Effective October 1, 2025*) (a) For the purposes of this section, "emergency department diversion" means the status of a hospital licensed pursuant to chapter 368v of the general statutes that reroutes incoming ambulances to other hospitals due to the diverting hospital's lack of medical capability.

(b) Not later than two hours after declaring an emergency department diversion, a hospital licensed pursuant to chapter 368v of the general statutes shall provide notice to the Department of Public Health, in a form and manner prescribed by the Commissioner of Public Health, of such declaration.

Sec. 11. Subsection (b) of section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(b) Each person holding a license to practice medicine, surgery, podiatry, chiropractic or naturopathy shall, annually, during the month of such person's birth, register with the Department of Public Health, upon payment of the professional services fee for class I, as defined in section 33-182l, plus five dollars. Each person holding a license to practice medicine or surgery shall pay five dollars in addition to such professional services fee. Such registration shall be on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests. On and after January 1, 2026, each person holding a license to practice medicine who has retired from the profession may renew such license. The fee for such license renewal shall be ten per cent of the professional services fee for class I, as determined in accordance with section 33-182l, or ninety-five dollars, whichever is greater. Any such license provided by the department at a

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reduced fee pursuant to this subsection shall indicate that the practitioner is retired.

Sec. 12. (NEW) (*Effective October 1, 2025*) For the purposes of subsection (b) of section 19a-88 of the general statutes, as amended by this act, the Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes. Such regulations shall include, but need not be limited to, (1) a definition of "retired from the profession" as that term applies to physicians, (2) procedures for licensed physicians, who have retired from the profession, to return to active employment, and (3) appropriate restrictions upon the scope of practice for such physicians who are retired from the profession, including restricting the license of such physicians to the provision of volunteer services without monetary compensation.

Sec. 13. (NEW) (*Effective October 1, 2025*) Any person licensed pursuant to section 20-13 of the general statutes, who is retired from the profession and whose license has become void pursuant to section 19a-88 of the general statutes, as amended by this act, may apply for reinstatement of such license pursuant to the provisions of section 19a-14 of the general statutes. The licensing fee for a reinstated retiree shall be ten per cent of the professional services fee for class I, as determined in accordance with section 33-182l of the general statutes, or ninety-five dollars, whichever is greater. The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section. Such regulations shall include, but need not be limited to, (1) a definition of "retired from the profession" as that term applies to physicians, and (2) (A) eligibility requirements consistent with the provisions of subdivision (6) of subsection (a) of section 19a-14 of the general statutes, and (B) application procedures relating to license reinstatement. The commissioner may impose any conditions or restrictions upon the scope

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of practice of a physician whose license is reinstated pursuant to the provisions of this subdivision, including, but not limited to, conditions or restrictions relating to the provision of volunteer services without monetary compensation.

Sec. 14. Subsections (a) to (c), inclusive, of section 20-11b of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

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

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

(c) A person subject to the provisions of subsection (a) of this section shall be deemed in compliance with such subsection when providing primary health care or behavioral health care services at a clinic licensed by the Department of Public Health that is recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986 or any successor internal revenue code, as may be amended from time to

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time, provided: (1) Such person is not compensated for such services; (2) the clinic does not charge patients for such services; (3) the clinic maintains professional liability insurance coverage in the amounts required by subsection (a) of this section for each aggregated forty hours of service or fraction thereof for such persons; (4) the clinic carries additional appropriate professional liability coverage on behalf of the clinic and its employees in the amounts of five hundred thousand dollars per occurrence, with an aggregate of not less than one million five hundred thousand dollars; and (5) the clinic maintains total professional liability coverage of not less than one million dollars per occurrence with an annual aggregate of not less than three million dollars. Such person shall be subject to the provisions of subsection (a) of this section when providing direct patient care services in any setting other than such clinic. Nothing in this subsection shall be construed to relieve the clinic from any insurance requirements otherwise required by law.

Sec. 15. (NEW) (*Effective from passage*) On and after October 1, 2025, each chief medical officer and chief nursing officer employed by a hospital licensed pursuant to chapter 368v of the general statutes shall be licensed pursuant to chapters 370 and 378 of the general statutes, respectively.

Sec. 16. Subsection (e) of section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from 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 person holding a license as a marital and family therapist associate under section 20-195c on or before twenty-four months after the date of initial licensure,

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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

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payment of a fee of three hundred twenty dollars, giving such person's name in full, such person's residence and business address and such other information as the department requests.

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

Sec. 17. Subsection (a) of section 19a-35a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(a) Notwithstanding the provisions of chapter 439 and sections 22a-430, as amended by this act, and 22a-430b, the Commissioner of Public Health shall [, within available appropriations, pursuant to section 19a-36,] adopt regulations, in accordance with the provisions of chapter 54, that establish and define categories of discharge that constitute alternative on-site sewage treatment systems with capacities of [five] ten thousand gallons or less per day. After the establishment of such categories, said commissioner shall have jurisdiction, within available appropriations, to issue or deny permits and approvals for such systems and for all discharges of domestic sewage to the groundwaters of the state from such systems. Said commissioner shall [, pursuant to section 19a-36, and within available appropriations,] adopt regulations, in accordance with the provisions of chapter 54, that establish minimum requirements for alternative on-site sewage treatment systems under said commissioner's jurisdiction, including, but not limited to: (1) Requirements related to activities that may occur on the property; (2) changes that may occur to the property or to buildings on the property that may affect the installation or operation of such systems; and (3) procedures for the issuance of permits or approvals by said commissioner, a local director of health or an environmental health specialist licensed pursuant to chapter 395. The commissioner may issue and update technical standards applicable to the design, installation,

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engineering and operation of alternative on-site sewage disposal systems. Such technical standards shall not be considered regulations of Connecticut state agencies, as defined in section 4-166. The commissioner may implement policies and procedures necessary to implement the provisions of this subsection 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 of such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted in accordance with the provisions of chapter 54. A permit or approval granted by said commissioner, such local director of health or such environmental health specialist for an alternative on-site sewage treatment system pursuant to this section shall: (A) Not be inconsistent with the requirements of the federal Water Pollution Control Act, 33 USC 1251 et seq., the federal Safe Drinking Water Act, 42 USC 300f et seq., and the standards of water quality adopted pursuant to section 22a-426, as such laws and standards may be amended from time to time, (B) not be construed or deemed to be an approval for any other purpose, including, but not limited to, any planning and zoning or municipal inland wetlands and watercourses requirement, and (C) be in lieu of a permit issued under section 22a-430, as amended by this act, or 22a-430b. For purposes of this section, "alternative on-site sewage treatment system" means a sewage treatment system serving one or more buildings on a single parcel of property that utilizes a method of treatment other than a subsurface sewage disposal system and that involves a discharge of domestic sewage to the groundwaters of the state.

Sec. 18. Subsection (g) of section 22a-430 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

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(g) The commissioner shall, by regulation adopted prior to October 1, 1977, establish and define categories of discharges that constitute household and small commercial subsurface sewage disposal systems for which the commissioner shall delegate to the Commissioner of Public Health the authority to issue permits or approvals and to hold public hearings in accordance with this section, on and after said date. Not later than July 1, 2025, the commissioner shall amend such regulations to establish and define categories of discharges that constitute small community sewerage systems and household and small commercial subsurface sewage disposal systems. The Commissioner of Public Health shall [, pursuant to section 19a-36,] adopt regulations, in accordance with the provisions of chapter 54, to establish minimum requirements for small community sewerage systems and household and small commercial subsurface sewage disposal systems and procedures for the issuance of such permits or approvals by the local director of health or an environmental health specialist registered pursuant to chapter 395. The commissioner shall issue and update technical standards applicable to the design, installation, engineering and operation of on-site sewage disposal systems under the jurisdiction of the Department of Public Health. Such technical standards shall not be considered regulations of Connecticut state agencies, as defined in section 4-166. The commissioner may implement policies and procedures necessary to implement the provisions of this subsection 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 of such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted in accordance with the provisions of chapter 54. As used in this subsection, small community sewerage systems and household and small commercial disposal systems shall include those subsurface sewage disposal systems with a capacity of ten thousand gallons per day or less. Notwithstanding any provision of the

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general statutes (1) the regulations adopted by the commissioner pursuant to this subsection that are in effect as of July 1, 2017, shall apply to household and small commercial subsurface sewage disposal systems with a capacity of seven thousand five hundred gallons per day or less, and (2) the regulations adopted by the commissioner pursuant to this subsection that are in effect as of July 1, 2025, shall apply to small community sewerage systems, household systems and small commercial subsurface sewerage disposal systems with a capacity of ten thousand gallons per day or less. Any permit denied by the Commissioner of Public Health, or a director of health or registered environmental health specialist shall be subject to hearing and appeal in the manner provided in section 19a-229. Any permit granted by the Commissioner of Public Health, or a director of health or registered environmental health specialist on or after October 1, 1977, shall be deemed equivalent to a permit issued under subsection (b) of this section.

Sec. 19. Subsection (b) of section 25-33 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) [No system of water supply owned or used by a water company shall be constructed or expanded or a new additional source of water supply utilized until the plans therefor have been submitted to and reviewed and approved by the department, except that no such prior review or approval is required for distribution water main installations that are constructed in accordance with sound engineering standards and all applicable laws and regulations. A plan for any proposed new source of water supply submitted to the department pursuant to this subsection shall include documentation that provides for: (1) A brief description of potential effects that the proposed new source of water supply may have on nearby water supply systems including public and private wells; and (2) the water company's ownership or control of the

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proposed new source of water supply's sanitary radius and minimum setback requirements as specified in the regulations of Connecticut state agencies and that such ownership or control shall continue to be maintained as specified in such regulations.] No public water system, as defined in section 19a-37f, or lessee thereof, or individual, partnership, association, corporation, municipality or other entity shall construct, expand or utilize any system that provides water for drinking from a water supply source, as defined in section 25-32, except a private well or semipublic well, as such terms are defined in section 19a-37, unless approved by the department in accordance with the provisions of this subsection and upon a showing that the applicant shall comply with all the applicable requirements of this chapter and the regulations of Connecticut state agencies. Before granting approval to construct, expand or utilize any such system, the department shall require an applicant to submit to the department for approval a plan of such proposed public water system that includes, but need not be limited to, the location of the system, the location of any disposal system or other source of pollution on the property on which such system is located and the proposed sanitary radius as set forth in the regulations of Connecticut state agencies, any potential effects such system may have on any nearby water supply sources and documentation demonstrating an applicant's ownership or control of such system and the proposed sanitary radius. If the department determines, based upon investigation, inspection or documentation provided, [that the water company] an applicant does not own or control the proposed [new source of water supply's] sanitary radius [or minimum setback requirements as specified in the regulations of Connecticut state agencies] of the well, the department shall require the [water company proposing a new source of water supply] applicant to [supply] submit additional documentation to the department that adequately demonstrates the alternative methods that will be utilized to [assure] ensure the proposed [new source of water supply's] water supply source's long-term purity and adequacy. In reviewing any plan [for a proposed new source of

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water supply] or application, the department [shall consider the issues specified in this subsection] may conduct an investigation and inspection for compliance with all the applicable requirements of this chapter and the regulations of Connecticut state agencies. A proposed water system approved pursuant to this subsection shall be used, constructed or expanded in accordance with the approval issued by the department unless the department has issued prior written approval of any changes. The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this subsection and subsection (c) of this section. Such regulations shall include (1) procedures and requirements for granting approval for the construction, expansion or utilization of a proposed water system, (2) requirements for the content and procedures for submitting applications pursuant to the provisions of this subsection, (3) department inspections prior to and after an application is submitted or approved, (4) water quality testing, monitoring and treatment methods to ensure the purity and adequacy of drinking water, (5) requirements for construction of the proposed water system, (6) location restrictions of a proposed water system and minimum setback requirements for disposal sources or other sources of pollution, and (7) any other requirements necessary to ensure the purity and adequacy of the drinking water of the proposed water system. No approval shall be required for distribution water main installations that are constructed in accordance with sound engineering standards and all applicable laws and regulations. For purposes of this subsection and subsection (c) of this section, "distribution water main installations" means installations, extensions, replacements or repairs of public water supply system mains from which water is or will be delivered to one or more service connections and which do not require construction or expansion of pumping stations, storage facilities, treatment facilities or sources of supply. Notwithstanding the provisions of this subsection, the department may approve any location of a replacement public well, if such replacement public well is (A) necessary for the water company to

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

Governor's Action:
Approved June 24, 2025