



General Assembly

Amendment

January Session, 2025

LCO No. **9874**



Offered by:

REP. MCCARTHY VAHEY, 133rd Dist.

SEN. ANWAR, 3rd Dist.

To: Subst. House Bill No. **6978**

File No. 149

Cal. No. 123

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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

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

13 Sec. 2. Subsections (d) and (e) of section 19a-59h of the general

14 statutes are repealed and the following is substituted in lieu thereof
15 (*Effective July 1, 2025*):

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

24 (e) All information obtained by the department for the maternal
25 mortality review program shall be confidential pursuant to section 19a-
26 25, as amended by this act. The department may use such information
27 to improve the accuracy of vital statistics data.

28 Sec. 3. Subsection (d) of section 19a-59i of the general statutes is
29 repealed and the following is substituted in lieu thereof (*Effective July 1,*
30 *2025*):

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

41 Sec. 4. Subsection (a) of section 19a-25 of the general statutes is
42 repealed and the following is substituted in lieu thereof (*Effective July 1,*
43 *2025*):

44 (a) All information, records of interviews, written reports, statements,

45 notes, memoranda or other data, including personal data as defined in
46 subdivision (9) of section 4-190, procured by: (1) The Department of
47 Public Health, by staff committees of facilities accredited by the
48 Department of Public Health, the maternity mortality review
49 committee, established pursuant to section 19a-59i, as amended by this
50 act, or the infant mortality review committee, established pursuant to
51 section 19a-59k, in connection with studies of morbidity and mortality
52 conducted by the Department of Public Health, such staff committees,
53 the maternal mortality review committee or the infant mortality review
54 committee, or carried on by said department, such staff committees or
55 the maternal mortality review committee jointly with other persons,
56 agencies or organizations, (2) the directors of health of towns, cities or
57 boroughs or the Department of Public Health pursuant to section 19a-
58 215, or (3) the Department of Public Health or such other persons,
59 agencies or organizations, for the purpose of reducing the morbidity or
60 mortality from any cause or condition, shall be confidential and shall be
61 used solely for the purposes of (A) medical or scientific research, [and,]
62 (B) for information obtained pursuant to section 19a-215, disease
63 prevention and control by the local director of health and the
64 Department of Public Health, [and] (C) reducing the morbidity or
65 mortality from any cause or condition, (D) for information obtained by
66 the department for the maternal mortality review program pursuant to
67 section 19a-59h, as amended by this act, improving the accuracy of vital
68 statistics data, and (E) for findings of the maternal mortality review
69 committee, established pursuant to section 19a-59i, as amended by this
70 act, improving the accuracy of vital statistics data. Such information,
71 records, reports, statements, notes, memoranda or other data shall not
72 be admissible as evidence in any action of any kind in any court or
73 before any other tribunal, board, agency or person, nor shall it be
74 exhibited or its contents disclosed in any way, in whole or in part, by
75 any officer or representative of the Department of Public Health or of
76 any such facility, by any person participating in such a research project
77 or by any other person, except as may be necessary for the purpose of
78 furthering the research project or public health use to which it relates.

79 Sec. 5. Subsection (a) of section 19a-493 of the general statutes is
80 repealed and the following is substituted in lieu thereof (*Effective October*
81 *1, 2025*):

82 (a) Upon receipt of an application for an initial license, the
83 Department of Public Health, subject to the provisions of section 19a-
84 491a, shall issue such license if, upon conducting a scheduled inspection
85 and investigation, the department finds that the applicant and facilities
86 meet the requirements established under section 19a-495, provided a
87 license shall be issued to or renewed for an institution, as defined in
88 section 19a-490, only if such institution is not otherwise required to be
89 licensed by the state. If an institution, as defined in [subsections (b), (d),
90 (e) and (f) of] section 19a-490, except for a nursing home or nursing
91 home facility, as defined in section 19a-490, applies for license renewal
92 and, [has been] at the time of such application for license renewal, is
93 certified as a provider of services by the United States Department of
94 Health and Human Services under Medicare or Medicaid programs,
95 [within the immediately preceding twelve-month period, or if an
96 institution, as defined in subsection (b) of section 19a-490, is currently
97 certified,] the commissioner or the commissioner's designee may waive,
98 on renewal of the institution's license, the inspection and investigation
99 of such [facility] institution required by this section and, in such event,
100 any such [facility] institution shall be deemed to have satisfied the
101 requirements of section 19a-495 for the purposes of licensure. Such
102 license shall be valid for two years or a fraction thereof and shall
103 terminate on March thirty-first, June thirtieth, September thirtieth or
104 December thirty-first of the appropriate year. A license issued pursuant
105 to this chapter, unless sooner suspended or revoked, shall be renewable
106 biennially (1) after an unscheduled inspection is conducted by the
107 department, and (2) upon the filing by the licensee, and approval by the
108 department, of a report upon such date and containing such information
109 in such form as the department prescribes and satisfactory evidence of
110 continuing compliance with requirements established under section
111 19a-495. In the case of an institution, as defined in subsection (d) of
112 section 19a-490, that is also certified as a provider under the Medicare

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

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

123 The Commissioner of Public Health shall employ the most efficient
124 and practical means for the prevention and suppression of disease and
125 shall administer all laws under the jurisdiction of the Department of
126 Public Health and the Public Health Code. The commissioner shall have
127 responsibility for the overall operation and administration of the
128 Department of Public Health. The commissioner shall have the power
129 and duty to: (1) Administer, coordinate and direct the operation of the
130 department; (2) adopt and enforce regulations, in accordance with
131 chapter 54, as are necessary to carry out the purposes of the department
132 as established by statute; (3) establish rules for the internal operation
133 and administration of the department; (4) establish and develop
134 programs and administer services to achieve the purposes of the
135 department as established by statute; (5) enter into a contract, including,
136 but not limited to, a contract with another state, for facilities, services
137 and programs to implement the purposes of the department as
138 established by statute; (6) designate a deputy commissioner or other
139 employee of the department to sign any license, certificate or permit
140 issued by said department; (7) conduct a hearing, issue subpoenas,
141 administer oaths, compel testimony and render a final decision in any
142 case when a hearing is required or authorized under the provisions of
143 any statute dealing with the Department of Public Health; (8) with the
144 health authorities of this and other states, secure information and data
145 concerning the prevention and control of epidemics and conditions

146 affecting or endangering the public health, and compile such
147 information and statistics and shall disseminate among health
148 authorities and the people of the state such information as may be of
149 value to them; (9) annually issue a list of reportable diseases, emergency
150 illnesses and health conditions and a list of reportable laboratory
151 findings and amend such lists as the commissioner deems necessary and
152 distribute such lists as well as any necessary forms to each licensed
153 physician, licensed physician assistant, licensed advanced practice
154 registered nurse and clinical laboratory in this state. The commissioner
155 shall prepare printed forms for reports and returns, with such
156 instructions as may be necessary, for the use of directors of health,
157 boards of health and registrars of vital statistics; and (10) specify
158 uniform methods of keeping statistical information by public and
159 private agencies, organizations and individuals, including a client
160 identifier system, and collect and make available relevant statistical
161 information, including the number of persons treated, frequency of
162 admission and readmission, and frequency and duration of treatment.
163 The client identifier system shall be subject to the confidentiality
164 requirements set forth in section 17a-688 and regulations adopted
165 thereunder. The commissioner may designate any person to perform
166 any of the duties listed in subdivision (7) of this section. The
167 commissioner shall have authority over directors of health and may, for
168 cause, remove any such director; but any person claiming to be
169 aggrieved by such removal may appeal to the Superior Court which
170 may affirm or reverse the action of the commissioner as the public
171 interest requires. The commissioner shall assist and advise local
172 directors of health and district directors of health in the performance of
173 their duties, and may require the enforcement of any law, regulation or
174 ordinance relating to public health. In the event the commissioner
175 reasonably suspects impropriety on the part of a local director of health
176 or district director of health, or employee of such director, in the
177 performance of his or her duties, the commissioner shall provide
178 notification and any evidence of such impropriety to the appropriate
179 governing authority of the municipal health authority, established
180 pursuant to section 19a-200, or the district department of health,

181 established pursuant to section 19a-244, for purposes of reviewing and
182 assessing a director's or an employee's compliance with such duties.
183 Such governing authority shall provide a written report of its findings
184 from the review and assessment to the commissioner not later than
185 ninety days after such review and assessment. When requested by local
186 directors of health or district directors of health, the commissioner shall
187 consult with them and investigate and advise concerning any condition
188 affecting public health within their jurisdiction. The commissioner shall
189 investigate nuisances and conditions affecting, or that he or she has
190 reason to suspect may affect, the security of life and health in any
191 locality and, for that purpose, the commissioner, or any person
192 authorized by the commissioner, may enter and examine any ground,
193 vehicle, apartment, building or place, and any person designated by the
194 commissioner shall have the authority conferred by law upon
195 constables. Whenever the commissioner determines that any provision
196 of the general statutes or regulation of the Public Health Code is not
197 being enforced effectively by a local health department or health district,
198 he or she shall forthwith take such measures, including the performance
199 of any act required of the local health department or health district, to
200 ensure enforcement of such statute or regulation and shall inform the
201 local health department or health district of such measures. In
202 September of each year the commissioner shall certify to the Secretary
203 of the Office of Policy and Management the population of each
204 municipality. The commissioner may solicit and accept for use any gift
205 of money or property made by will or otherwise, and any grant of or
206 contract for money, services or property from the federal government,
207 the state, any political subdivision thereof, any other state or any private
208 source, and do all things necessary to cooperate with the federal
209 government or any of its agencies in making an application for any grant
210 or contract. The commissioner may enter into any contracts or
211 agreements, in accordance with any established procedures, as may be
212 necessary for the distribution or use of such money, services or property
213 in accordance with any requirements to fulfill any conditions of a gift,
214 grant or contract. The commissioner may establish state-wide and
215 regional advisory councils. For purposes of this section, "employee of

216 such director" means an employee of, a consultant employed or retained
217 by or an independent contractor retained by a local director of health, a
218 district director of health, a local health department or a health district.

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

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

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

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

235 (1) Revoke a license or certificate;

236 (2) Suspend a license or certificate;

237 (3) Censure a licensee or certificate holder;

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

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

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

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

246 (8) Impose a directed plan of correction; or

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

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

256 (g) A license issued under this section may be revoked or suspended
257 in accordance with chapter 54 or subject to any other disciplinary action
258 specified in section [19a-17] 19a-494, as amended by this act, if the
259 licensed clinical laboratory, blood collection facility or source plasma
260 donation center has engaged in fraudulent practices, fee-splitting
261 inducements or bribes, including, but not limited to, in the case of a
262 clinical laboratory, violations of subsection (h) of this section, or violated
263 any other provision of this section or regulations adopted under this
264 section after notice and a hearing is provided in accordance with the
265 provisions of said chapter.

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

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

275 Health, of such declaration.

276 Sec. 11. Subsection (b) of section 19a-88 of the general statutes is
277 repealed and the following is substituted in lieu thereof (*Effective October*
278 *1, 2025*):

279 (b) Each person holding a license to practice medicine, surgery,
280 podiatry, chiropractic or naturopathy shall, annually, during the month
281 of such person's birth, register with the Department of Public Health,
282 upon payment of the professional services fee for class I, as defined in
283 section 33-182l, plus five dollars. Each person holding a license to
284 practice medicine or surgery shall pay five dollars in addition to such
285 professional services fee. Such registration shall be on blanks to be
286 furnished by the department for such purpose, giving such person's
287 name in full, such person's residence and business address and such
288 other information as the department requests. On and after January 1,
289 2026, each person holding a license to practice medicine who has retired
290 from the profession may renew such license. The fee for such license
291 renewal shall be ten per cent of the professional services fee for class I,
292 as determined in accordance with section 33-182l, or ninety-five dollars,
293 whichever is greater. Any such license provided by the department at a
294 reduced fee pursuant to this subsection shall indicate that the
295 practitioner is retired.

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

308 Sec. 13. (NEW) (*Effective October 1, 2025*) Any person licensed
309 pursuant to section 20-13 of the general statutes, who is retired from the
310 profession and whose license has become void pursuant to section 19a-
311 88 of the general statutes, as amended by this act, may apply for
312 reinstatement of such license pursuant to the provisions of section 19a-
313 14 of the general statutes. The licensing fee for a reinstated retiree shall
314 be ten per cent of the professional services fee for class I, as determined
315 in accordance with section 33-182l of the general statutes, or ninety-five
316 dollars, whichever is greater. The Commissioner of Public Health shall
317 adopt regulations, in accordance with the provisions of chapter 54 of the
318 general statutes, to implement the provisions of this section. Such
319 regulations shall include, but need not be limited to, (1) a definition of
320 "retired from the profession" as that term applies to physicians, and (2)
321 (A) eligibility requirements consistent with the provisions of
322 subdivision (6) of subsection (a) of section 19a-14 of the general statutes,
323 and (B) application procedures relating to license reinstatement. The
324 commissioner may impose any conditions or restrictions upon the scope
325 of practice of a physician whose license is reinstated pursuant to the
326 provisions of this subdivision, including, but not limited to, conditions
327 or restrictions relating to the provision of volunteer services without
328 monetary compensation.

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

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

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

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

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

374 be licensed pursuant to chapters 370 and 378 of the general statutes,
375 respectively.

376 Sec. 16. Subsection (e) of section 19a-88 of the general statutes is
377 repealed and the following is substituted in lieu thereof (*Effective from*
378 *passage*):

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

390 (2) Each person holding a license or certificate issued under section
391 19a-514, and chapters 384a, 384c, 384d, 386, 387, 388 and 398 shall apply
392 for renewal of such license or certificate once every two years, during
393 the month of such person's birth, giving such person's name in full, such
394 person's residence and business address and such other information as
395 the department requests.

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

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

405 asbestos training provider certified pursuant to chapter 400a shall,
406 annually, during the anniversary month of such training provider's
407 initial certification, apply for renewal of such certificate to the
408 department.

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

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

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

421 Sec. 17. Subsection (a) of section 19a-35a of the general statutes is
422 repealed and the following is substituted in lieu thereof (*Effective July 1,*
423 *2025*):

424 (a) Notwithstanding the provisions of chapter 439 and sections 22a-
425 430, as amended by this act, and 22a-430b, the Commissioner of Public
426 Health shall [, within available appropriations, pursuant to section 19a-
427 36,] adopt regulations, in accordance with the provisions of chapter 54,
428 that establish and define categories of discharge that constitute
429 alternative on-site sewage treatment systems with capacities of [five] ten
430 thousand gallons or less per day. After the establishment of such
431 categories, said commissioner shall have jurisdiction, within available
432 appropriations, to issue or deny permits and approvals for such systems
433 and for all discharges of domestic sewage to the groundwaters of the
434 state from such systems. Said commissioner shall [, pursuant to section
435 19a-36, and within available appropriations,] adopt regulations, in

436 accordance with the provisions of chapter 54, that establish minimum
437 requirements for alternative on-site sewage treatment systems under
438 said commissioner's jurisdiction, including, but not limited to: (1)
439 Requirements related to activities that may occur on the property; (2)
440 changes that may occur to the property or to buildings on the property
441 that may affect the installation or operation of such systems; and (3)
442 procedures for the issuance of permits or approvals by said
443 commissioner, a local director of health or an environmental health
444 specialist licensed pursuant to chapter 395. The commissioner may issue
445 and update technical standards applicable to the design, installation,
446 engineering and operation of alternative on-site sewage disposal
447 systems. Such technical standards shall not be considered regulations of
448 Connecticut state agencies, as defined in section 4-166. The
449 commissioner may implement policies and procedures necessary to
450 implement the provisions of this subsection while in the process of
451 adopting such policies and procedures as regulations, provided notice
452 of intent to adopt regulations is published on the eRegulations System
453 not later than twenty days after the date of implementation of such
454 policies and procedures. Policies and procedures implemented
455 pursuant to this subsection shall be valid until the time final regulations
456 are adopted in accordance with the provisions of chapter 54. A permit
457 or approval granted by said commissioner, such local director of health
458 or such environmental health specialist for an alternative on-site sewage
459 treatment system pursuant to this section shall: (A) Not be inconsistent
460 with the requirements of the federal Water Pollution Control Act, 33
461 USC 1251 et seq., the federal Safe Drinking Water Act, 42 USC 300f et
462 seq., and the standards of water quality adopted pursuant to section
463 22a-426, as such laws and standards may be amended from time to time,
464 (B) not be construed or deemed to be an approval for any other purpose,
465 including, but not limited to, any planning and zoning or municipal
466 inland wetlands and watercourses requirement, and (C) be in lieu of a
467 permit issued under section 22a-430, as amended by this act, or 22a-
468 430b. For purposes of this section, "alternative on-site sewage treatment
469 system" means a sewage treatment system serving one or more
470 buildings on a single parcel of property that utilizes a method of

471 treatment other than a subsurface sewage disposal system and that
472 involves a discharge of domestic sewage to the groundwaters of the
473 state.

474 Sec. 18. Subsection (g) of section 22a-430 of the general statutes is
475 repealed and the following is substituted in lieu thereof (*Effective July 1,*
476 *2025*):

477 (g) The commissioner shall, by regulation adopted prior to October 1,
478 1977, establish and define categories of discharges that constitute
479 household and small commercial subsurface sewage disposal systems
480 for which the commissioner shall delegate to the Commissioner of
481 Public Health the authority to issue permits or approvals and to hold
482 public hearings in accordance with this section, on and after said date.
483 Not later than July 1, 2025, the commissioner shall amend such
484 regulations to establish and define categories of discharges that
485 constitute small community sewerage systems and household and small
486 commercial subsurface sewage disposal systems. The Commissioner of
487 Public Health shall [, pursuant to section 19a-36,] adopt regulations, in
488 accordance with the provisions of chapter 54, to establish minimum
489 requirements for small community sewerage systems and household
490 and small commercial subsurface sewage disposal systems and
491 procedures for the issuance of such permits or approvals by the local
492 director of health or an environmental health specialist registered
493 pursuant to chapter 395. The commissioner shall issue and update
494 technical standards applicable to the design, installation, engineering
495 and operation of on-site sewage disposal systems under the jurisdiction
496 of the Department of Public Health. Such technical standards shall not
497 be considered regulations of Connecticut state agencies, as defined in
498 section 4-166. The commissioner may implement policies and
499 procedures necessary to implement the provisions of this subsection
500 while in the process of adopting such policies and procedures as
501 regulations, provided notice of intent to adopt regulations is published
502 on the eRegulations System not later than twenty days after the date of
503 implementation of such policies and procedures. Policies and

504 procedures implemented pursuant to this subsection shall be valid until
505 the time final regulations are adopted in accordance with the provisions
506 of chapter 54. As used in this subsection, small community sewerage
507 systems and household and small commercial disposal systems shall
508 include those subsurface sewage disposal systems with a capacity of ten
509 thousand gallons per day or less. Notwithstanding any provision of the
510 general statutes (1) the regulations adopted by the commissioner
511 pursuant to this subsection that are in effect as of July 1, 2017, shall apply
512 to household and small commercial subsurface sewage disposal
513 systems with a capacity of seven thousand five hundred gallons per day
514 or less, and (2) the regulations adopted by the commissioner pursuant
515 to this subsection that are in effect as of July 1, 2025, shall apply to small
516 community sewerage systems, household systems and small
517 commercial subsurface sewerage disposal systems with a capacity of ten
518 thousand gallons per day or less. Any permit denied by the
519 Commissioner of Public Health, or a director of health or registered
520 environmental health specialist shall be subject to hearing and appeal in
521 the manner provided in section 19a-229. Any permit granted by the
522 Commissioner of Public Health, or a director of health or registered
523 environmental health specialist on or after October 1, 1977, shall be
524 deemed equivalent to a permit issued under subsection (b) of this
525 section.

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

529 (b) [No system of water supply owned or used by a water company
530 shall be constructed or expanded or a new additional source of water
531 supply utilized until the plans therefor have been submitted to and
532 reviewed and approved by the department, except that no such prior
533 review or approval is required for distribution water main installations
534 that are constructed in accordance with sound engineering standards
535 and all applicable laws and regulations. A plan for any proposed new
536 source of water supply submitted to the department pursuant to this

537 subsection shall include documentation that provides for: (1) A brief
538 description of potential effects that the proposed new source of water
539 supply may have on nearby water supply systems including public and
540 private wells; and (2) the water company's ownership or control of the
541 proposed new source of water supply's sanitary radius and minimum
542 setback requirements as specified in the regulations of Connecticut state
543 agencies and that such ownership or control shall continue to be
544 maintained as specified in such regulations.] No public water system, as
545 defined in section 19a-37f, or lessee thereof, or individual, partnership,
546 association, corporation, municipality or other entity shall construct,
547 expand or utilize any system that provides water for drinking from a
548 water supply source, as defined in section 25-32, except a private well
549 or semipublic well, as such terms are defined in section 19a-37, unless
550 approved by the department in accordance with the provisions of this
551 subsection and upon a showing that the applicant shall comply with all
552 the applicable requirements of this chapter and the regulations of
553 Connecticut state agencies. Before granting approval to construct,
554 expand or utilize any such system, the department shall require an
555 applicant to submit to the department for approval a plan of such
556 proposed public water system that includes, but need not be limited to,
557 the location of the system, the location of any disposal system or other
558 source of pollution on the property on which such system is located and
559 the proposed sanitary radius as set forth in the regulations of
560 Connecticut state agencies, any potential effects such system may have
561 on any nearby water supply sources and documentation demonstrating
562 an applicant's ownership or control of such system and the proposed
563 sanitary radius. If the department determines, based upon investigation,
564 inspection or documentation provided, [that the water company] an
565 applicant does not own or control the proposed [new source of water
566 supply's] sanitary radius [or minimum setback requirements as
567 specified in the regulations of Connecticut state agencies] of the well,
568 the department shall require the [water company proposing a new
569 source of water supply] applicant to [supply] submit additional
570 documentation to the department that adequately demonstrates the
571 alternative methods that will be utilized to [assure] ensure the proposed

572 [new source of water supply's] water supply source's long-term purity
573 and adequacy. In reviewing any plan [for a proposed new source of
574 water supply] or application, the department [shall consider the issues
575 specified in this subsection] may conduct an investigation and
576 inspection for compliance with all the applicable requirements of this
577 chapter and the regulations of Connecticut state agencies. A proposed
578 water system approved pursuant to this subsection shall be used,
579 constructed or expanded in accordance with the approval issued by the
580 department unless the department has issued prior written approval of
581 any changes. The Commissioner of Public Health may adopt
582 regulations, in accordance with the provisions of chapter 54, to carry out
583 the provisions of this subsection and subsection (c) of this section. Such
584 regulations shall include (1) procedures and requirements for granting
585 approval for the construction, expansion or utilization of a proposed
586 water system, (2) requirements for the content and procedures for
587 submitting applications pursuant to the provisions of this subsection,
588 (3) department inspections prior to and after an application is submitted
589 or approved, (4) water quality testing, monitoring and treatment
590 methods to ensure the purity and adequacy of drinking water, (5)
591 requirements for construction of the proposed water system, (6) location
592 restrictions of a proposed water system and minimum setback
593 requirements for disposal sources or other sources of pollution, and (7)
594 any other requirements necessary to ensure the purity and adequacy of
595 the drinking water of the proposed water system. No approval shall be
596 required for distribution water main installations that are constructed in
597 accordance with sound engineering standards and all applicable laws
598 and regulations. For purposes of this subsection and subsection (c) of
599 this section, "distribution water main installations" means installations,
600 extensions, replacements or repairs of public water supply system
601 mains from which water is or will be delivered to one or more service
602 connections and which do not require construction or expansion of
603 pumping stations, storage facilities, treatment facilities or sources of
604 supply. Notwithstanding the provisions of this subsection, the
605 department may approve any location of a replacement public well, if
606 such replacement public well is (A) necessary for the water company to

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-6t(h)
Sec. 2	<i>July 1, 2025</i>	19a-59h(d) and (e)
Sec. 3	<i>July 1, 2025</i>	19a-59i(d)
Sec. 4	<i>July 1, 2025</i>	19a-25(a)
Sec. 5	<i>October 1, 2025</i>	19a-493(a)
Sec. 6	<i>from passage</i>	19a-2a
Sec. 7	<i>from passage</i>	20-99(c)
Sec. 8	<i>from passage</i>	19a-494(a)
Sec. 9	<i>from passage</i>	19a-565(g)
Sec. 10	<i>October 1, 2025</i>	New section
Sec. 11	<i>October 1, 2025</i>	19a-88(b)
Sec. 12	<i>October 1, 2025</i>	New section
Sec. 13	<i>October 1, 2025</i>	New section
Sec. 14	<i>October 1, 2025</i>	20-11b(a) to (c)
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>from passage</i>	19a-88(e)
Sec. 17	<i>July 1, 2025</i>	19a-35a(a)
Sec. 18	<i>July 1, 2025</i>	22a-430(g)
Sec. 19	<i>from passage</i>	25-33(b)