



House of Representatives

General Assembly

File No. 41

February Session, 2026

House Bill No. 5241

House of Representatives, March 17, 2026

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

AN ACT ESTABLISHING A TRIPLE BOTTOM LINE JUSTICE DEMONSTRATION PILOT PROGRAM.

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

1 Section 1. (NEW) (*Effective October 1, 2026*) (a) As used in this section:

2 (1) "Triple Bottom Line Justice" or "TBLJ" means the integration of
3 evidence-based practice, rule of law and meaningful community
4 engagement to tackle health, environmental and economic challenges
5 faced by communities.

6 (2) "ICD-10 Z codes" means the subset of diagnostic codes in the most
7 recent edition of the International Classification of Diseases that
8 document social, economic and environmental determinants known to
9 affect health and health-related outcomes.

10 (3) "Environmental and climate stressors" means physical, chemical,
11 biological or climate-related conditions in the external environment that
12 adversely impact human physical and mental health, including, but not

13 limited to, air, land and water pollution, extreme heat and severe
14 weather events.

15 (4) "Brownfields to Healthfields" or "B2H" means the TBLJ
16 methodology for community-led brownfield redevelopment in areas
17 with pollution, disease, poverty and violence to transform contaminated
18 properties into reuses that strengthen children, family and community
19 resiliency, equity and vitality.

20 (b) Not later than January 1, 2027, the Commissioner of Public Health,
21 in consultation with the Commissioner of Energy and Environmental
22 Protection, shall establish a Triple Bottom Line Justice demonstration
23 pilot program to serve as a proof-of-concept for TBLJ programming
24 relating to B2H and ICD-10 Z codes. The commissioner shall establish
25 such program in a city with a population of more than one hundred
26 forty-eight thousand, as determined in accordance with the most recent
27 decennial United States census and contract with an existing
28 community-led redevelopment organization located in such city to
29 administer the program.

30 (c) The goal of the program shall be to: (1) Delineate the methodology
31 and outcomes for environmental remediation achieved through B2H to
32 produce educational curriculum and programming for application to
33 communities in the state; (2) support the use of ICD-10 Z codes to assess
34 the potential to generate additional resources to support health care for
35 communities experiencing environmental and climate stressors; and (3)
36 delineate the integrated environmental, health and economic benefits of
37 B2H and the potential cost savings to the state generated by federal and
38 state brownfields funding.

39 (d) (1) The Commissioner of Public Health, in consultation with the
40 Commissioner of Energy and Environmental Protection, shall (A)
41 identify a list of ICD-10 Z codes that are relevant to environmental and
42 climate stressors, and (B) develop and implement a plan, not later than
43 January 1, 2030, to increase the utilization rate of such codes to at least
44 twenty per cent of all health insurance claims submitted for
45 reimbursement. Not later than January 1, 2027, and annually thereafter

46 until January 1, 2030, the Commissioner of Public Health shall report, in
 47 accordance with section 11-4a of the general statutes, on such plan to the
 48 joint standing committees of the General Assembly having cognizance
 49 of matters relating to public health, the environment and insurance.
 50 Such report shall include, but need not be limited to, the utilization rate
 51 of ICD-10 Z codes for the prior calendar year, climate and
 52 environmental health trends based on such utilization rate relevant to
 53 environmental and climate stressors and recommendations to increase
 54 such utilization rate.

55 (2) The Commissioner of Public Health, in consultation with the
 56 Commissioner of Energy and Environmental Protection and the
 57 organization administering the pilot program, shall design and
 58 implement an education program for health care providers, hospital
 59 systems, patients and communities regarding the use of ICD-10 Z codes.

60 (e) Not later than January 1, 2028, the Commissioner of Public Health,
 61 in consultation with the Commissioner of Energy and Environmental
 62 Protection, shall issue a final report, in accordance with section 11-4a of
 63 the general statutes, to the joint standing committees of the General
 64 Assembly having cognizance of matters relating to public health, the
 65 environment and insurance regarding the findings and
 66 recommendations of the pilot program. The pilot program shall
 67 terminate on the date the commissioner issues such report or January 1,
 68 2028, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	New section

PH *Joint Favorable*

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

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Public Health, Dept.	GF - Cost	325,500	373,900
State Comptroller - Fringe Benefits ¹	GF - Cost	76,600	102,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Public Health (DPH) to establish a Triple Bottom Line Justice (TBLJ) pilot program, resulting in a total estimated General Fund cost of \$402,100 in FY 27 and \$475,900 in FY 28.

To meet programmatic needs, it is anticipated that DPH will hire three full-time positions at a total Personal Services cost of \$182,900 (plus \$76,600 fringe benefits) in FY 27² and \$243,900 (plus \$102,000 fringe benefits) in FY 28. This includes: (1) a State Program Manager with an annualized salary of \$98,700 (plus \$41,300 fringe benefits) to coordinate the pilot program and manage community contracts; (2) an Epidemiologist 3 with an annualized salary of \$87,300 (plus \$36,500 fringe benefits) to identify relevant ICD-10 Z codes³, and conduct required analyses; and (3) a Health Program Assistant 1 with an

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 41.82% of payroll in FY 27.

² FY 27 staffing costs reflect an October 1, 2026 pilot start date.

³ ICD-10 Z codes are a subset of International Classification of Diseases diagnostic codes that document social, economic, and environmental determinants of health.

annualized salary of \$57,900 (plus \$24,200 fringe benefits) to develop and facilitate the ICD-10 Z code educational program.

Other Expenses costs to DPH are anticipated to total \$142,600 in FY 27 and \$130,000 in FY 28. An estimated cost of \$100,000 in both FY 27 and FY 28 is required to contract with a community-led redevelopment organization to lead local remediation elements of the pilot until its termination by January 1, 2028. Additionally, an ongoing annual cost of \$30,000 beginning in FY 27 supports the implementation and maintenance of the educational program. Finally, in FY 27 only, there is an additional Other Expenses cost of \$12,600 to supply each new employee with a personal laptop, software, and office supplies (\$4,200 each).

The Out Years

State Impact:

Agency Affected	Fund-Effect	FY 29 \$	FY 30 \$	FY 31 \$
Public Health, Dept.	GF - Cost	273,900	151,900	30,000
State Comptroller - Fringe Benefits	GF - Cost	102,000	51,000	None

Note: GF=General Fund

Municipal Impact: None

Program costs continue into the outyears, with a total General Fund cost of \$375,900 in FY 29 and \$202,900 in FY 30⁴. Program staff will develop and implement a plan to ensure at least 20 percent of all submitted health insurance claims utilize pertinent diagnostic codes, providing annual progress reports to the legislature through January 1, 2030. Costs of \$30,000 in FY 31 and annually thereafter are for the educational program required by the bill.

⁴ Assumes half-year staff costs of \$121,900 (plus \$51,000 fringe benefits) for FY 30, maintaining staff until the final report is published.

OLR Bill Analysis**HB 5241*****AN ACT ESTABLISHING A TRIPLE BOTTOM LINE JUSTICE DEMONSTRATION PILOT PROGRAM.*****SUMMARY**

This bill requires the Department of Public Health (DPH) commissioner, in consultation with the Department of Energy and Environmental Protection (DEEP) commissioner, to establish, by January 1, 2027, a Triple Bottom Line Justice (TBLJ) demonstration pilot program to address health, environmental, and economic challenges in communities. By January 1, 2030, they must also develop and implement a plan to increase the use of certain diagnostic codes to at least 20% of all health insurance claims.

The bill also requires DPH, in consultation with DEEP and the organization running the TBLJ pilot program, to design and implement an education program for providers, hospital systems, patients, and communities on the use of “ICD-10 Z codes,” which are the subset of diagnostic codes in the most recent edition of the International Classification of Diseases that document social, economic, and environmental factors that affect health and health-related outcomes.

EFFECTIVE DATE: October 1, 2026

TBLJ PILOT PROGRAM

The bill requires the DPH commissioner to (1) create the TBLJ pilot program in a city with a population over 148,000 according to the most recent decennial U.S. census (i.e. Bridgeport) and (2) contract with an existing community-led redevelopment organization in the city to run the program. Under the bill, “TBLJ” is the integration of evidence-based practice, rule of law, and meaningful community engagement to tackle health, environmental, and economic challenges faced by communities.

The program must serve as a proof-of-concept for TBLJ programming related to ICD-10 Z codes and “Brownfields to Healthfields (B2H),” which is community-led brownfield redevelopment to transform contaminated properties in areas with pollution, disease, poverty, and violence into uses that strengthen children, family and community resiliency, equity, and vitality.

Under the bill, the TBLJ pilot program must have the following three goals:

1. describe B2H environmental remediation methods and outcomes in order to produce educational curriculum and programming that may be applied to other Connecticut communities;
2. support the use of ICD-10 Z codes to assess the potential to generate additional resources that support health care for communities experiencing “environmental and climate stressors” (see below); and
3. detail the integrated environmental, health, and economic benefits of B2H and potential state cost savings generated by federal and state brownfields funding.

The DPH commissioner, in consultation with the DEEP commissioner, must report on the pilot program’s findings and recommendations to the Environment, Insurance and Real Estate, and Public Health committees by January 1, 2028. The pilot program ends when the commissioner submits this report.

DIAGNOSTIC CODES PLAN

The bill requires the codes used in the plan to be ICD-10 Z codes that the DPH commissioner, in consultation with the DEEP commissioner, identify as relevant to “environmental and climate stressors,” which under the bill, are physical, chemical, biological, or climate-related conditions in the external environment that adversely impact human physical and mental health, including, to, air, land, and water pollution, extreme heat, and severe weather events.

Beginning by January 1, 2027, and until January 1, 2030, the DPH commissioner must report on the plan annually to the Environment, Insurance and Real Estate, and Public Health committees. The report must include (1) the utilization rate of ICD-10 Z codes in the prior calendar year, (2) climate and environmental health trends based on the utilization rate of codes relevant to environmental and climate stressors, and (3) recommendations to increase the utilization rate.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 20 Nay 11 (03/09/2026)