



Senate

General Assembly

File No. 44

February Session, 2026

Substitute Senate Bill No. 93

Senate, March 17, 2026

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT IMPLEMENTING THE RURAL HEALTH TRANSFORMATION PROGRAM TO EXPAND HEALTH CARE ACCESS.

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

1 Section 1. Section 20-102aa of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2027*):

3 As used in subsection (c) of section 19a-14 and sections 20-102aa to
4 20-102ff, inclusive, as amended by this act:

5 (1) "Commissioner" means the Commissioner of Public Health;

6 (2) ["nurse's aide"] "Nurse's aide" means [an individual providing] a
7 registered nurse's aide who provides nursing or nursing-related
8 services [to residents in a chronic and convalescent nursing home or rest
9 home with nursing supervision] pursuant to such nurse's aide's
10 employment or contract with an institution, as defined in section 19a-
11 490, but does not include an individual who is a health professional
12 otherwise licensed or certified by the Department of Public Health, or

13 who volunteers to provide such services without monetary
14 compensation;

15 (3) ["registration"] "Registration" means a document issued by the
16 Department of Public Health to a nurse's aide which certifies that such
17 aide has satisfied the training and competency evaluation requirements
18 prescribed by the commissioner; [and has been found qualified for
19 employment in a chronic and convalescent nursing home or rest home
20 with nursing supervision;] and

21 (4) ["registered nurse's aide"] "Registered nurse's aide" means an
22 individual who has been issued a registration as defined in this section.

23 Sec. 2. Subsection (a) of section 20-102cc of the general statutes is
24 repealed and the following is substituted in lieu thereof (*Effective October*
25 *1, 2027*):

26 (a) The Department of Public Health shall receive, investigate and
27 prosecute complaints against individuals who are providing or have
28 provided services as a nurse's aide in [a chronic and convalescent
29 nursing home or rest home with nursing supervision] an institution, as
30 defined in section 19a-490. The grounds for complaint shall include
31 [resident abuse, resident neglect,] (1) illegal, incompetent or negligent
32 conduct in the provision of nursing or nursing-related services, (2)
33 abuse, as defined in 42 CFR 483.5, as amended from time to time, of a
34 resident, patient or client, (3) neglect, as defined in 42 CFR 483.5, as
35 amended from time to time, of a resident, patient or client, (4)
36 misappropriation of resident, patient or client property, and (5) fraud or
37 deceit in obtaining or attempting to obtain a registration as a nurse's
38 aide. A nurse's aide shall be given written notice by certified mail by the
39 commissioner of any complaint against him or her. The department may
40 summarily suspend a nurse's aide's ability to practice in advance of a
41 final adjudication on a complaint or during the appeals process in
42 accordance with subsection (c) of section 19a-17. A nurse's aide who
43 wishes to appeal a complaint against him or her shall, not later than
44 thirty days after the date of the mailing, file with the department a
45 request in writing for a hearing to contest the complaint. The

46 commissioner shall render a finding on such complaint, and, if a hearing
47 is requested, it shall be conducted pursuant to chapter 54. The
48 commissioner shall have the authority to take any action against a
49 nurse's aide set forth in section 19a-17, as amended by this act, and to
50 render a finding and enter such finding on the registry against an
51 individual who is providing or has provided services as a nurse's aide,
52 [in a chronic and convalescent nursing home or rest home with nursing
53 supervision,] without regard to whether such individual is on the
54 registry or has obtained registration as a nurse's aide from the
55 department.

56 Sec. 3. Section 19a-17 of the 2026 supplement to the general statutes
57 is amended by adding subsection (i) as follows (*Effective October 1, 2026*):

58 (NEW) (i) Such board or commission or the department may take any
59 of the actions permitted under this section against a practitioner for
60 failure to fulfill any obligation resulting from the receipt of funds
61 provided by the department pursuant to the Rural Health
62 Transformation Program established pursuant to 42 USC 1397ee(h).

63 Sec. 4. Section 31-57e of the 2026 supplement to the general statutes
64 is amended by adding subsection (f) as follows (*Effective from passage*):

65 (NEW) (f) The provisions of this section shall not apply to the
66 provision of funds to a tribe pursuant to the Rural Health
67 Transformation Program established pursuant to 42 USC 1397ee(h).

68 Sec. 5. Subsection (a) of section 20-102ee of the general statutes is
69 repealed and the following is substituted in lieu thereof (*Effective October*
70 *1, 2027*):

71 (a) The Commissioner of Public Health shall adopt regulations, in
72 accordance with the provisions of chapter 54, concerning the regulation
73 of nurse's aides. Such regulations shall require a training program for
74 nurse's aides of not less than one hundred hours. Not less than seventy-
75 five of such hours shall include, but not be limited to, basic nursing
76 skills, personal care skills, care of cognitively impaired [residents]

77 patients, recognition of mental health and social service needs, basic
 78 restorative services and [residents'] patients' rights. Not less than
 79 twenty-five of such hours shall include, but not be limited to, specialized
 80 training in understanding and responding to challenging behaviors
 81 related to physical, psychiatric, psychosocial and cognitive disorders.
 82 On and after January 1, 2022, not less than two of such hours shall
 83 include (1) screening for post-traumatic stress disorder, risk of suicide,
 84 depression and grief, and (2) suicide prevention training offered or
 85 approved by the American Nurses Association, Connecticut Hospital
 86 Association, Connecticut Nurses Association or Connecticut League for
 87 Nursing, a specialty nursing society or equivalent organization in
 88 another jurisdiction, a hospital or other health care institution, a
 89 regionally accredited academic institution, or a state or local health
 90 department. The requirement described in subdivision (2) of this section
 91 may be satisfied by the completion of the evidence-based youth suicide
 92 prevention training program administered pursuant to section 17a-52a.

93 Sec. 6. (NEW) (*Effective October 1, 2026*) The Recognition of
 94 Emergency Medical Services Personnel Licensure Interstate Compact
 95 shall be enacted into law and entered into by the state of Connecticut
 96 with any and all states legally joining therein in accordance with its
 97 terms not earlier than one year after the date on which such compact is
 98 enacted in at least one of the states of Massachusetts, New York or
 99 Rhode Island. The compact is substantially as follows:

100 RECOGNITION OF EMERGENCY MEDICAL SERVICES
 101 PERSONNEL LICENSURE INTERSTATE COMPACT

102 SECTION 1. PURPOSE

103 In order to protect the public through verification of competency and
 104 ensure accountability for patient care related activities, all states license
 105 emergency medical services (EMS) personnel, such as emergency
 106 medical technicians (EMTs), advanced EMTs and paramedics. This
 107 compact is intended to facilitate the day-to-day movement of EMS
 108 personnel across state boundaries in the performance of their EMS
 109 duties as assigned by an appropriate authority and authorize state EMS

110 offices to afford immediate legal recognition to EMS personnel licensed
111 in a member state.

112 This compact recognizes that states have a vested interest in
113 protecting the public's health and safety through their licensing and
114 regulation of EMS personnel and that such state regulation shared
115 among the member states will best protect public health and safety. This
116 compact is designed to achieve the following purposes and objectives:

- 117 (1) Increase public access to EMS personnel;
- 118 (2) Enhance the states' ability to protect the public's health and safety,
119 especially patient safety;
- 120 (3) Encourage the cooperation of member states in the areas of EMS
121 personnel licensure and regulation;
- 122 (4) Support licensing of military members who are separating from
123 an active-duty tour and their spouses;
- 124 (5) Facilitate the exchange of information between member states
125 regarding EMS personnel licensure, adverse action and significant
126 investigatory information;
- 127 (6) Promote compliance with the laws governing EMS personnel
128 practice in each member state; and
- 129 (7) Invest all member states with the authority to hold EMS personnel
130 accountable through the mutual recognition of member state licenses.

131 SECTION 2. DEFINITIONS

132 As used in section 1, this section and sections 3 to 15, inclusive, of
133 the compact:

- 134 (1) "Advanced emergency medical technician" or "AEMT" means an
135 individual licensed with cognitive knowledge and a scope of practice
136 that corresponds to that level in the National EMS Education Standards
137 and National EMS Scope of Practice Model.

138 (2) "Adverse action" means any administrative, civil, equitable or
139 criminal action permitted by a state's laws that may be imposed against
140 licensed EMS personnel by a state EMS authority or state court,
141 including, but not limited to, actions against an individual's license such
142 as revocation, suspension, probation, consent agreement, monitoring or
143 other limitation or encumbrance on the individual's practice, letters of
144 reprimand or admonition, fines, criminal convictions and state court
145 judgments enforcing adverse actions by the state EMS authority.

146 (3) "Alternative program" means a voluntary, nondisciplinary
147 substance abuse recovery program approved by a state EMS authority.

148 (4) "Certification" means the successful verification of entry-level
149 cognitive and psychomotor competency using a reliable, validated and
150 legally defensible examination.

151 (5) "Commission" means the national administrative body of which
152 all states that have enacted the compact are members.

153 (6) "Emergency medical technician" or "EMT" means an individual
154 licensed with cognitive knowledge and a scope of practice that
155 corresponds to that level in the National EMS Education Standards and
156 National EMS Scope of Practice Model.

157 (7) "Home state" means a member state where an individual is
158 licensed to practice emergency medical services.

159 (8) "License" means the authorization by a state for an individual to
160 practice as an EMT, AEMT or paramedic, or a level between EMT and
161 paramedic.

162 (9) "Medical director" means a physician licensed in a member state
163 who is accountable for the care delivered by EMS personnel.

164 (10) "Member state" means a state that has enacted this compact.

165 (11) "Privilege to practice" means an individual's authority to deliver
166 emergency medical services in remote states as authorized under this

167 compact.

168 (12) "Paramedic" means an individual licensed with cognitive
169 knowledge and a scope of practice that corresponds to that level in the
170 National EMS Education Standards and National EMS Scope of Practice
171 Model.

172 (13) "Remote state" means a member state in which an individual is
173 not licensed.

174 (14) "Restricted" means the outcome of an adverse action that limits a
175 license or the privilege to practice.

176 (15) "Rule" means a written statement by the Interstate Commission
177 promulgated pursuant to section 12 of this compact that (A) is of general
178 applicability, (B) implements, interprets or prescribes a policy or
179 provision of the compact, or (C) is an organizational, procedural or
180 practice requirement of the Commission, and (D) has the force and effect
181 of statutory law in a member state and includes the amendment, repeal
182 or suspension of an existing rule.

183 (16) "Scope of practice" means defined parameters of various duties
184 or services that may be provided by an individual with specific
185 credentials. Whether regulated by rule, statute or court decision, it tends
186 to represent the limits of services an individual may perform.

187 (17) "Significant investigatory information" means:

188 (A) Investigative information that a state EMS authority, after a
189 preliminary inquiry that includes notification and an opportunity to
190 respond if required by state law, has reason to believe, if proved true,
191 would result in the imposition of an adverse action on a license or
192 privilege to practice; or

193 (B) Investigative information that indicates that the individual
194 represents an immediate threat to public health and safety regardless of
195 whether the individual has been notified and had an opportunity to
196 respond.

197 (18) "State" means any state, commonwealth, district or territory of
198 the United States.

199 (19) "State EMS authority" means the board, office or other agency
200 with the legislative mandate to license EMS personnel.

201 SECTION 3. HOME STATE LICENSURE

202 (a) Any member state in which an individual holds a current license
203 shall be deemed a home state for purposes of this compact.

204 (b) Any member state may require an individual to obtain and retain
205 a license to be authorized to practice in the member state under
206 circumstances not authorized by the privilege to practice under the
207 terms of this compact.

208 (c) A home state's license authorizes an individual to practice in a
209 remote state under the privilege to practice only if the home state:

210 (1) Currently requires the use of the National Registry of Emergency
211 Medical Technicians (NREMT) examination as a condition of issuing
212 initial licenses at the EMT and paramedic levels;

213 (2) Has a mechanism in place for receiving and investigating
214 complaints about individuals;

215 (3) Notifies the Commission, in compliance with the terms herein, of
216 any adverse action or significant investigatory information regarding an
217 individual;

218 (4) Not later than five years after activation of the compact, requires
219 a criminal background check of all applicants for initial licensure,
220 including the use of the results of fingerprint or other biometric data
221 checks compliant with the requirements of the Federal Bureau of
222 Investigation with the exception of federal employees who have
223 suitability determination in accordance with US CFR 731.202 and
224 submit documentation of such as promulgated in the rules of the
225 Commission; and

226 (5) Complies with the rules of the Commission.

227 SECTION 4. COMPACT PRIVILEGE TO PRACTICE

228 (a) Member states shall recognize the privilege to practice of an
229 individual licensed in another member state that is in conformance with
230 section 3 of this compact.

231 (b) To exercise the privilege to practice under the terms and
232 provisions of this compact, an individual shall:

233 (1) Be at least eighteen years of age;

234 (2) Possess a current unrestricted license in a member state as an
235 EMT, AEMT, paramedic or state-recognized and licensed level with a
236 scope of practice and authority between EMT and paramedic; and

237 (3) Practice under the supervision of a medical director.

238 (c) An individual providing patient care in a remote state under the
239 privilege to practice shall function within the scope of practice
240 authorized by the home state unless and until modified by an
241 appropriate authority in the remote state as may be defined in the rules
242 of the Commission.

243 (d) Except as provided in subsection (c) of this section, an individual
244 practicing in a remote state shall be subject to the remote state's
245 authority and laws. A remote state may, in accordance with due process
246 and that state's laws, restrict, suspend or revoke an individual's
247 privilege to practice in the remote state and may take any other
248 necessary actions to protect the health and safety of its citizens. If a
249 remote state takes action, it shall promptly notify the home state and the
250 Commission.

251 (e) If an individual's license in any home state is restricted or
252 suspended, the individual shall not be eligible to practice in a remote
253 state under the privilege to practice until the individual's home state
254 license is restored.

255 (f) If an individual's privilege to practice in any remote state is
256 restricted, suspended or revoked, the individual shall not be eligible to
257 practice in any remote state until the individual's privilege to practice is
258 restored.

259 SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

260 An individual may practice in a remote state under a privilege to
261 practice only in the performance of the individual's EMS duties as
262 assigned by an appropriate authority, as defined in the rules of the
263 Commission, and under the following circumstances:

264 (1) The individual originates a patient transport in a home state and
265 transports the patient to a remote state;

266 (2) The individual originates in the home state and enters a remote
267 state to pick up a patient and provide care and transport of the patient
268 to the home state;

269 (3) The individual enters a remote state to provide patient care or
270 transport within that remote state;

271 (4) The individual enters a remote state to pick up a patient and
272 provide care and transport to a third member state; or

273 (5) Other conditions as determined by rules promulgated by the
274 Commission.

275 SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT
276 ASSISTANCE COMPACT

277 Upon a member state's Governor's declaration of a state of emergency
278 or disaster that activates the Emergency Management Assistance
279 Compact (EMAC), all relevant terms and provisions of EMAC shall
280 apply and to the extent any terms or provisions of this compact conflict
281 with EMAC, the terms of EMAC shall prevail with respect to any
282 individual practicing in the remote state in response to such declaration.

283 SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING

284 FROM ACTIVE-DUTY MILITARY AND THEIR SPOUSES

285 (a) Member states shall consider a veteran, active military service
286 member and member of the National Guard and Reserve separating
287 from an active-duty tour, and a spouse thereof, who holds a current
288 valid and unrestricted NREMT certification at or above the level of the
289 state license being sought as satisfying the minimum training and
290 examination requirements for such licensure.

291 (b) Member states shall expedite the processing of licensure
292 applications submitted by veterans, active military service members
293 and members of the National Guard and Reserve separating from an
294 active-duty tour, and their spouses.

295 (c) All individuals functioning with a privilege to practice under this
296 section shall remain subject to the adverse actions provisions of section
297 8 of this compact.

298 SECTION 8. ADVERSE ACTIONS

299 (a) A home state shall have exclusive power to impose adverse action
300 against an individual's license issued by the home state.

301 (b) If an individual's license in any home state is restricted or
302 suspended, the individual shall not be eligible to practice in a remote
303 state under the privilege to practice until the individual's home state
304 license is restored.

305 (1) All home state adverse action orders shall include a statement that
306 the individual's compact privileges are inactive. The order may allow
307 the individual to practice in remote states with prior written
308 authorization from both the home state and the remote state's EMS
309 authority.

310 (2) An individual currently subject to adverse action in the home state
311 shall not practice in any remote state without prior written
312 authorization from both the home state and the remote state's EMS
313 authority.

314 (c) A member state shall report adverse actions and any occurrences
315 that the individual's compact privileges are restricted, suspended or
316 revoked to the Commission in accordance with the rules of the
317 Commission.

318 (d) A remote state may take adverse action on an individual's
319 privilege to practice within that state.

320 (e) Any member state may take adverse action against an individual's
321 privilege to practice in that state based on the factual findings of another
322 member state, so long as each state follows its own procedures for
323 imposing such adverse action.

324 (f) A home state's EMS authority shall investigate and take
325 appropriate action with respect to reported conduct in a remote state as
326 it would if such conduct had occurred within the home state. In such
327 cases, the home state's law shall control in determining the appropriate
328 adverse action.

329 (g) Nothing in this compact shall override a member state's decision
330 that participation in an alternative program may be used in lieu of
331 adverse action and that such participation shall remain nonpublic if
332 required by the member state's laws. Member states shall require
333 individuals who enter any alternative programs to agree not to practice
334 in any other member state during the term of the alternative program
335 without prior authorization from such other member state.

336 SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER
337 STATE'S EMS AUTHORITY

338 A member state's EMS authority, in addition to any other powers
339 granted under state law, is authorized under this compact to:

340 (1) Issue subpoenas for both hearings and investigations that require
341 the attendance and testimony of witnesses and the production of
342 evidence. Subpoenas issued by a member state's EMS authority for the
343 attendance and testimony of witnesses or the production of evidence
344 from another member state shall be enforced in the remote state by any

345 court of competent jurisdiction according to that court's practice and
346 procedure in considering subpoenas issued in its own proceedings. The
347 issuing state's EMS authority shall pay any witness fees, travel expenses,
348 mileage and other fees required by the service statutes of the state where
349 the witnesses or evidence are located; and

350 (2) Issue cease and desist orders to restrict, suspend or revoke an
351 individual's privilege to practice in the state.

352 SECTION 10. ESTABLISHMENT OF THE INTERSTATE
353 COMMISSION FOR EMS PERSONNEL PRACTICE

354 (a) The compact states hereby create and establish a joint public
355 agency known as the Interstate Commission for EMS Personnel Practice.

356 (1) The Commission is a body politic and an instrumentality of the
357 compact states.

358 (2) Venue is proper and judicial proceedings by or against the
359 Commission shall be brought solely and exclusively in a court of
360 competent jurisdiction where the principal office of the Commission is
361 located. The Commission may waive venue and jurisdictional defenses
362 to the extent it adopts or consents to participate in alternative dispute
363 resolution proceedings.

364 (3) Nothing in this compact shall be construed to be a waiver of
365 sovereign immunity.

366 (b) Membership, voting and meetings

367 (1) Each member state shall have and be limited to one delegate. The
368 responsible official of the state EMS authority, or such official's
369 designee, shall be the delegate to this compact for each member state.
370 Any delegate may be removed or suspended from office as provided by
371 the law of the state from which the delegate is appointed. Any vacancy
372 occurring in the Commission shall be filled in accordance with the laws
373 of the member state in which the vacancy exists. In the event that more
374 than one board, office or other agency with the legislative mandate to

375 license EMS personnel at and above the level of EMT exists, the
376 Governor of the state shall determine which entity will be responsible
377 for assigning the delegate.

378 (2) Each delegate shall be entitled to one vote with regard to the
379 promulgation of rules and creation of bylaws and shall otherwise have
380 an opportunity to participate in the business and affairs of the
381 Commission. A delegate shall vote in person or by such other means as
382 provided in the bylaws. The bylaws may provide for delegates'
383 participation in meetings by telephone or other means of
384 communication.

385 (3) The Commission shall meet at least once during each calendar
386 year. Additional meetings shall be held as set forth in the bylaws.

387 (4) All meetings shall be open to the public, and public notice of
388 meetings shall be given in the same manner as required under the
389 rulemaking provisions in section 12 of this compact.

390 (5) The Commission may convene in a closed, nonpublic meeting if
391 the Commission intends to discuss:

392 (A) Noncompliance of a member state with its obligations under the
393 compact;

394 (B) The employment, compensation, discipline or other personnel
395 matters, practices or procedures related to specific employees or other
396 matters related to the Commission's internal personnel practices and
397 procedures;

398 (C) Current, threatened or reasonably anticipated litigation;

399 (D) Negotiation of contracts for the purchase or sale of goods, services
400 or real estate;

401 (E) Accusing any person of a crime or formally censuring any person;

402 (F) Disclosure of trade secrets or commercial or financial information
403 that is privileged or confidential;

404 (G) Disclosure of information of a personal nature where disclosure
405 would constitute a clearly unwarranted invasion of personal privacy;

406 (H) Disclosure of investigatory records compiled for law enforcement
407 purposes;

408 (I) Disclosure of information related to any investigatory reports
409 prepared by or on behalf of or for use of the Commission or other
410 committee charged with responsibility of investigation or determination
411 of compliance issues pursuant to the compact; or

412 (J) Matters specifically exempted from disclosure by federal or
413 member state statute.

414 (6) If a meeting, or portion of a meeting, is closed pursuant to this
415 provision, the Commission's legal counsel or designee shall certify that
416 the meeting may be closed and shall reference each relevant exempting
417 provision. The Commission shall keep minutes that fully and clearly
418 describe all matters discussed in a meeting and shall provide a full and
419 accurate summary of actions taken, and the reasons therefor, including
420 a description of the views expressed. All documents considered in
421 connection with an action shall be identified in such minutes. All
422 minutes and documents of a closed meeting shall remain under seal,
423 subject to release by a majority vote of the Commission or order of a
424 court of competent jurisdiction.

425 (c) (1) The Commission shall, by a majority vote of the delegates,
426 prescribe bylaws or rules to govern its conduct as may be necessary or
427 appropriate to carry out the purposes and exercise the powers of the
428 compact, including, but not limited to:

429 (A) Establishing the fiscal year of the Commission;

430 (B) Providing reasonable standards and procedures (i) for the
431 establishment and meetings of other committees, and (ii) governing any
432 general or specific delegation of any authority or function of the
433 Commission;

434 (C) Providing reasonable procedures for calling and conducting
435 meetings of the Commission, ensuring reasonable advance notice of all
436 meetings and providing an opportunity for attendance of such meetings
437 by interested parties, with enumerated exceptions designed to protect
438 the public's interest, the privacy of individuals and proprietary
439 information, including trade secrets. The Commission may meet in
440 closed session only after a majority of the membership votes to close a
441 meeting in whole or in part. As soon as practicable, the Commission
442 shall make public a copy of the vote to close the meeting revealing the
443 vote of each member with no proxy votes allowed;

444 (D) Establishing the titles, duties and authority and reasonable
445 procedures for the election of the officers of the Commission;

446 (E) Providing reasonable standards and procedures for the
447 establishment of the personnel policies and programs of the
448 Commission. Notwithstanding any civil service or other similar laws of
449 any member state, the bylaws shall exclusively govern the personnel
450 policies and programs of the Commission;

451 (F) Promulgating a code of ethics to address permissible and
452 prohibited activities of Commission members and employees; and

453 (G) Providing a mechanism for winding up the operations of the
454 Commission and the equitable disposition of any surplus funds that
455 may exist after the termination of the compact and after the payment or
456 reserving of all of its debts and obligations.

457 (2) The Commission shall publish its bylaws and file a copy thereof,
458 and a copy of any amendment thereto, with the appropriate agency or
459 officer in each of the member states, if any.

460 (3) The Commission shall maintain its financial records in accordance
461 with the bylaws.

462 (4) The Commission shall meet and take such actions as are consistent
463 with the provisions of this Compact and the bylaws.

464 (d) The Commission shall have the following powers:

465 (1) The authority to promulgate uniform rules to facilitate and
466 coordinate implementation and administration of this compact. The
467 rules shall have the force and effect of law and shall be binding in all
468 member states;

469 (2) To bring and prosecute legal proceedings or actions in the name
470 of the Commission, provided the standing of any state EMS authority or
471 other regulatory body responsible for EMS personnel licensure to sue or
472 be sued under applicable law shall not be affected;

473 (3) To purchase and maintain insurance and bonds;

474 (4) To borrow, accept or contract for services of personnel, including,
475 but not limited to, employees of a member state;

476 (5) To hire employees, elect or appoint officers, fix compensation,
477 define duties and grant such individuals appropriate authority to carry
478 out the purposes of the compact and to establish the Commission's
479 personnel policies and programs relating to conflicts of interest,
480 qualifications of personnel and other related personnel matters;

481 (6) To accept any and all appropriate donations and grants of money,
482 equipment, supplies, materials and services and to receive, utilize and
483 dispose of the same, provided at all times the Commission shall strive
484 to avoid any appearance of impropriety or conflict of interest;

485 (7) To lease, purchase, accept appropriate gifts or donations of or
486 otherwise to own, hold, improve or use any property, real, personal or
487 mixed, provided at all times the Commission shall strive to avoid any
488 appearance of impropriety;

489 (8) To sell, convey, mortgage, pledge, lease, exchange, abandon or
490 otherwise dispose of any property, real, personal or mixed;

491 (9) To establish a budget and make expenditures;

492 (10) To borrow money;

493 (11) To appoint committees, including advisory committees,
494 comprised of members, state regulators, state legislators or their
495 representatives and consumer representatives, and such other
496 interested persons as may be designated in this compact and the bylaws;

497 (12) To provide and receive information from, and to cooperate with,
498 law enforcement agencies;

499 (13) To adopt and use an official seal; and

500 (14) To perform such other functions as may be necessary or
501 appropriate to achieve the purposes of this compact consistent with the
502 state regulation of EMS personnel licensure and practice.

503 (e) Financing of the Commission

504 (1) The Commission shall pay, or provide for the payment of, the
505 reasonable expenses of its establishment, organization and ongoing
506 activities.

507 (2) The Commission may accept any and all appropriate revenue
508 sources, donations and grants of money, equipment, supplies, materials
509 and services.

510 (3) The Commission may levy on and collect an annual assessment
511 from each member state or impose fees on other parties to cover the cost
512 of the operations and activities of the Commission and its staff, which
513 shall be in a total amount sufficient to cover its annual budget as
514 approved each year for which revenue is not provided by other sources.
515 The aggregate annual assessment amount shall be allocated based upon
516 a formula to be determined by the Commission, which shall promulgate
517 a rule binding upon all member states.

518 (4) The Commission shall not incur obligations of any kind prior to
519 securing the funds adequate to meet the same, nor shall the Commission
520 pledge the credit of any of the member states, except by and with the
521 authority of the member state.

522 (5) The Commission shall keep accurate accounts of all receipts and
523 disbursements. The receipts and disbursements of the Commission shall
524 be subject to the audit and accounting procedures established under its
525 bylaws. However, all receipts and disbursements of funds handled by
526 the Commission shall be audited yearly by a certified or licensed public
527 accountant and the report of the audit shall be included in and become
528 part of the annual report of the Commission.

529 (f) Qualified immunity, defense and indemnification

530 (1) The members, officers, executive director, employees and
531 representatives of the Commission shall be immune from suit and
532 liability, either personally or in their official capacity, for any claim for
533 damage to or loss of property or personal injury or other civil liability
534 caused by or arising out of any actual or alleged act, error or omission
535 that occurred, or that the person against whom the claim is made had a
536 reasonable basis for believing occurred, within the scope of Commission
537 employment, duties or responsibilities, provided nothing in this
538 subdivision shall be construed to protect any such person from suit or
539 liability for any damage, loss, injury or liability caused by the intentional
540 or wilful or wanton misconduct of that person.

541 (2) The Commission shall defend any member, officer, executive
542 director, employee or representative of the Commission in any civil
543 action seeking to impose liability arising out of any actual or alleged act,
544 error or omission that occurred within the scope of Commission
545 employment, duties or responsibilities, or that the person against whom
546 the claim is made had a reasonable basis for believing occurred within
547 the scope of Commission employment, duties or responsibilities,
548 provided nothing herein shall be construed to prohibit that person from
549 retaining his or her own counsel, and, provided further, the actual or
550 alleged act, error or omission did not result from that person's
551 intentional or wilful or wanton misconduct.

552 (3) The Commission shall indemnify and hold harmless any member,
553 officer, executive director, employee or representative of the
554 Commission for the amount of any settlement or judgment obtained

555 against that person arising out of any actual or alleged act, error or
556 omission that occurred within the scope of Commission employment,
557 duties or responsibilities, or that such person had a reasonable basis for
558 believing occurred within the scope of Commission employment, duties
559 or responsibilities, provided the actual or alleged act, error or omission
560 did not result from the intentional or wilful or wanton misconduct of
561 that person.

562 SECTION 11. COORDINATED DATABASE

563 (a) The Commission shall provide for the development and
564 maintenance of a coordinated database and reporting system containing
565 licensure, adverse action and significant investigatory information on
566 all licensed individuals in member states.

567 (b) Notwithstanding any other provision of state law to the contrary,
568 a member state shall submit a uniform data set to the coordinated
569 database on all individuals to whom this compact is applicable as
570 required by the rules of the Commission, including:

571 (1) Identifying information;

572 (2) Licensure data;

573 (3) Significant investigatory information;

574 (4) Adverse actions against an individual's license;

575 (5) An indicator that an individual's privilege to practice is restricted,
576 suspended or revoked;

577 (6) Nonconfidential information related to alternative program
578 participation;

579 (7) Any denial of application for licensure and the reason or reasons
580 for such denial; and

581 (8) Other information that may facilitate the administration of this
582 compact, as determined by the rules of the Commission.

583 (c) The coordinated database administrator shall promptly notify all
584 member states of any adverse action taken against, or significant
585 investigative information on, any individual in a member state.

586 (d) Member states contributing information to the coordinated
587 database may designate information that shall not be shared with the
588 public without the express permission of the contributing state.

589 (e) Any information submitted to the coordinated database that is
590 subsequently required to be expunged by the laws of the member state
591 contributing the information shall be removed from the coordinated
592 database.

593 SECTION 12. RULEMAKING

594 (a) The Commission shall exercise its rulemaking powers pursuant to
595 the criteria set forth in this section and the rules adopted thereunder.
596 Rules and amendments shall become binding as of the date specified in
597 each rule or amendment.

598 (b) If a majority of the legislatures of the member states rejects a rule,
599 by enactment of a statute or resolution in the same manner used to adopt
600 the compact, such rule shall have no further force and effect in any
601 member state.

602 (c) Rules or amendments to the rules shall be adopted at a regular or
603 special meeting of the Commission.

604 (d) Prior to promulgation and adoption of a final rule or rules by the
605 Commission, and at least sixty days in advance of the meeting at which
606 the rule will be considered and voted upon, the Commission shall file a
607 Notice of Proposed Rulemaking:

608 (1) On the Internet web site of the Commission; and

609 (2) On the Internet web site of each member state's EMS authority or
610 in the publication in which each state would otherwise publish
611 proposed rules.

612 (e) The Notice of Proposed Rulemaking shall include:

613 (1) The proposed time, date and location of the meeting in which the
614 rule will be considered and voted upon;

615 (2) The text of the proposed rule or amendment and the reason for
616 the proposed rule;

617 (3) A request for comments on the proposed rule from any interested
618 person; and

619 (4) The manner in which interested persons may submit notice to the
620 Commission of their intention to attend the public hearing and any
621 written comments.

622 (f) Prior to adoption of a proposed rule, the Commission shall allow
623 persons to submit written data, facts, opinions and arguments, which
624 shall be made available to the public.

625 (g) The Commission shall grant an opportunity for a public hearing
626 before it adopts a rule or amendment if a hearing is requested by:

627 (1) At least twenty-five persons;

628 (2) A governmental subdivision or agency; or

629 (3) An association having at least twenty-five members.

630 (h) If a hearing is held on the proposed rule or amendment, the
631 Commission shall publish the place, time and date of the scheduled
632 public hearing.

633 (1) All persons wishing to be heard at the hearing shall notify the
634 executive director of the Commission or other designated member in
635 writing of their desire to appear and testify at the hearing not less than
636 five business days before the scheduled date of the hearing.

637 (2) Hearings shall be conducted in a manner providing each person
638 who wishes to comment a fair and reasonable opportunity to comment

639 orally or in writing.

640 (3) No transcript of the hearing is required, unless a written request
641 for a transcript is made, in which case the person requesting the
642 transcript shall bear the cost of producing the transcript. A recording
643 may be made in lieu of a transcript under the same terms and conditions
644 as a transcript. This subdivision shall not preclude the Commission from
645 making a transcript or recording of the hearing if it so chooses.

646 (4) Nothing in this section shall be construed as requiring a separate
647 hearing on each rule. Rules may be grouped for the convenience of the
648 Commission at hearings required by this section.

649 (i) Following the scheduled hearing date, or by the close of business
650 on the scheduled hearing date if the hearing was not held, the
651 Commission shall consider all written and oral comments received.

652 (j) The Commission shall, by majority vote of all members, take final
653 action on the proposed rule and shall determine the effective date of the
654 rule, if any, based on the rulemaking record and the full text of the rule.

655 (k) If no written notice of intent to attend the public hearing by
656 interested parties is received, the Commission may proceed with
657 promulgation of the proposed rule without a public hearing.

658 (l) Upon determination that an emergency exists, the Commission
659 may consider and adopt an emergency rule without prior notice,
660 opportunity for comment or hearing, provided the usual rulemaking
661 procedures provided in the compact and in this section shall be
662 retroactively applied to the rule as soon as reasonably possible, in no
663 event later than ninety days after the effective date of the rule. For the
664 purposes of this provision, an emergency rule is one that must be
665 adopted immediately in order to:

666 (1) Meet an imminent threat to public health, safety or welfare;

667 (2) Prevent a loss of Commission or member state funds;

668 (3) Meet a deadline for the promulgation of an administrative rule
669 that is established by federal law or rule; or

670 (4) Protect public health and safety.

671 (m) The Commission or an authorized committee of the Commission
672 may direct revisions to a previously adopted rule or amendment for
673 purposes of correcting typographical errors, errors in format, errors in
674 consistency or grammatical errors. Public notice of any revisions shall
675 be posted on the Internet web site of the Commission. The revision shall
676 be subject to challenge by any person for a period of thirty days after
677 posting. The revision may be challenged only on grounds that the
678 revision results in a material change to a rule. A challenge shall be made
679 in writing and delivered to the chair of the Commission prior to the end
680 of the notice period. If no challenge is made, the revision will take effect
681 without further action. If the revision is challenged, the revision shall
682 not take effect without the approval of the Commission.

683 SECTION 13. OVERSIGHT, DISPUTE RESOLUTION AND
684 ENFORCEMENT

685 (a) Oversight

686 (1) The executive, legislative and judicial branches of state
687 government in each member state shall enforce this compact and take
688 all actions necessary and appropriate to effectuate the compact's
689 purposes and intent. The provisions of this compact and the rules
690 promulgated hereunder shall have standing as statutory law.

691 (2) All courts shall take judicial notice of the compact and the rules in
692 any judicial or administrative proceeding in a member state pertaining
693 to the subject matter of this compact that may affect the powers,
694 responsibilities or actions of the Commission.

695 (3) The Commission shall be entitled to receive service of process in
696 any such proceeding and shall have standing to intervene in such a
697 proceeding for all purposes. Failure to provide service of process to the
698 Commission shall render a judgment or order void as to the

699 Commission, this compact or promulgated rules.

700 (b) Default, technical assistance and termination

701 (1) If the Commission determines that a member state has defaulted
702 in the performance of its obligations or responsibilities under this
703 compact or the promulgated rules, the Commission shall:

704 (A) Provide written notice to the defaulting state and other member
705 states of the nature of the default, the proposed means of curing the
706 default and any other action to be taken by the Commission; and

707 (B) Provide remedial training and specific technical assistance
708 regarding the default.

709 (2) If a state in default fails to cure the default, the defaulting state
710 may be terminated from the compact upon an affirmative vote of a
711 majority of the member states, and all rights, privileges and benefits
712 conferred by this compact may be terminated on the effective date of
713 termination. A cure of the default does not relieve the offending state of
714 obligations or liabilities incurred during the period of default.

715 (3) Termination of membership in the compact shall be imposed only
716 after all other means of securing compliance have been exhausted.
717 Notice of intent to suspend or terminate shall be given by the
718 Commission to the Governor and the majority and minority leaders of
719 the defaulting state's legislature, and each of the member states.

720 (4) A state that has been terminated is responsible for all assessments,
721 obligations and liabilities incurred through the effective date of
722 termination, including obligations that extend beyond the effective date
723 of termination.

724 (5) The Commission shall not bear any costs related to a state that is
725 found to be in default or that has been terminated from the compact,
726 unless agreed upon in writing between the Commission and the
727 defaulting state.

728 (6) The defaulting state may appeal the action of the Commission by
729 petitioning the United States District Court for the District of Columbia
730 or the federal district where the Commission has its principal offices.
731 The prevailing member shall be awarded all costs of such litigation,
732 including reasonable attorney's fees.

733 (c) Dispute resolution

734 (1) Upon request by a member state, the Commission shall attempt to
735 resolve disputes related to the compact that arise among member states
736 and between member and nonmember states.

737 (2) The Commission shall promulgate a rule providing for both
738 mediation and binding dispute resolution for disputes as appropriate.

739 (d) Enforcement

740 (1) The Commission, in the reasonable exercise of its discretion, shall
741 enforce the provisions and rules of this compact.

742 (2) By majority vote, the Commission may initiate legal action in the
743 United States District Court for the District of Columbia or the federal
744 district where the Commission has its principal offices against a member
745 state in default to enforce compliance with the provisions of the compact
746 and its promulgated rules and bylaws. The relief sought may include
747 both injunctive relief and damages. In the event judicial enforcement is
748 necessary, the prevailing member shall be awarded all costs of such
749 litigation, including reasonable attorney's fees.

750 (3) The remedies herein shall not be the exclusive remedies of the
751 Commission. The Commission may pursue any other remedies
752 available under federal or state law.

753 SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE
754 COMMISSION FOR EMS PERSONNEL PRACTICE AND
755 ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

756 (a) The compact shall come into effect on the date on which the

757 compact statute is enacted into law in the tenth member state. The
758 provisions, which become effective at that time, shall be limited to the
759 powers granted to the Commission relating to assembly and the
760 promulgation of rules. Thereafter, the Commission shall meet and
761 exercise rulemaking powers necessary to the implementation and
762 administration of the compact.

763 (b) Any state that joins the compact subsequent to the Commission's
764 initial adoption of the rules shall be subject to the rules as they exist on
765 the date on which the compact becomes law in that state. Any rule that
766 has been previously adopted by the Commission shall have the full force
767 and effect of law on the day the compact becomes law in that state.

768 (c) Any member state may withdraw from this compact by enacting
769 a statute repealing the same.

770 (1) A member state's withdrawal shall not take effect until six months
771 after enactment of the repealing statute.

772 (2) Withdrawal shall not affect the continuing requirement of the
773 withdrawing state's EMS authority to comply with the investigative and
774 adverse action reporting requirements of this act prior to the effective
775 date of withdrawal.

776 (d) Nothing contained in this compact shall be construed to
777 invalidate or prevent any EMS personnel licensure agreement or other
778 cooperative arrangement between a member state and a nonmember
779 state that does not conflict with the provisions of this compact.

780 (e) This compact may be amended by the member states. No
781 amendment to this compact shall become effective and binding upon
782 any member state until it is enacted into the laws of all member states.

783 SECTION 15. CONSTRUCTION AND SEVERABILITY

784 This compact shall be liberally construed so as to effectuate the
785 purposes thereof. If this compact shall be held contrary to the
786 constitution of any state member thereto, the compact shall remain in

787 full force and effect as to the remaining member states. Nothing in this
788 compact supersedes state law or rules related to licensure of EMS
789 agencies.

790 Sec. 7. (NEW) (*Effective October 1, 2026*) On and after one year after
791 the date on which the Recognition of Emergency Medical Services
792 Personnel Licensure Interstate Compact is enacted in at least one of the
793 states of Massachusetts, New York or Rhode Island, in accordance with
794 the provisions of section 6 of this act, the Commissioner of Public Health
795 shall require any applicant for licensure or certification pursuant to the
796 provisions of chapter 384d of the general statutes to submit to criminal
797 history records checks, including state and national criminal history
798 records checks, in accordance with the provisions of section 29-17a of
799 the general statutes as a condition of licensure or certification.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2027</i>	20-102aa
Sec. 2	<i>October 1, 2027</i>	20-102cc(a)
Sec. 3	<i>October 1, 2026</i>	19a-17(i)
Sec. 4	<i>from passage</i>	31-57e(f)
Sec. 5	<i>October 1, 2027</i>	20-102ee(a)
Sec. 6	<i>October 1, 2026</i>	New section
Sec. 7	<i>October 1, 2026</i>	New section

PH *Joint Favorable Subst.*

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 - Revenue Gain	Potential Minimal	Potential Minimal
Public Health, Dept.	GF - Revenue Loss	See Below	See Below
Department of Emergency Services and Public Protection	GF - Potential Cost	See Below	See Below
Resources of the General Fund	GF - Potential Revenue Gain	See Below	See Below
Department of Emergency Services and Public Protection	Applicant Fingerprint Card Submission Account - Potential Revenue Gain	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 27 \$	FY 28 \$
Various Municipal Police Departments	Potential Revenue Gain	See Below	See Below

Explanation

The bill makes various changes implementing the Rural Health Transformation (RHT) Program, including the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (EMS compact), resulting in several fiscal impacts described below.

Sections 1 and 5 expand the Department of Public Health's (DPH's) nurse's aide registry to include nurse's aides working with any licensed

health care institution, resulting in no fiscal impact.

Sections 2 and 3 expand DPH authority to take disciplinary action against nurse's aides and RHT practitioners that commit specified misconduct, resulting in a potential minimal revenue gain¹ to the General Fund beginning in FY 27.

Section 4 makes procedural changes that allow tribes to receive RHT Program funding without taking employment rights-related steps.

Section 6 enters Connecticut into the EMS compact, resulting in a General Fund annual revenue loss² of up to an estimated \$31,000 due to the loss of paramedic licensure renewal fees³ (\$155 each⁴) associated with individuals who are also licensed within other participating compact states. Of this total, \$1,000 is a revenue loss to the professional assistance program account that supports the Health Assistance InterVention Education Network (HAVEN). The revenue loss would begin one year after Massachusetts, New York, or Rhode Island enacts the EMS compact, and continue annually thereafter, as this triggers Connecticut's adoption of the compact.

The revenue loss may be partially offset to the extent Connecticut DPH charges a fee to out-of-state paramedics for granting compact privilege. Currently, the state does not directly charge a separate fee for privileges granted by any similar interstate occupational compacts.

Additionally, the EMS compact allows the United States EMS Compact Commission to levy an annual assessment on member states

¹ CGS Sec. 19a-17 gives DPH the authority to assess a civil penalty of up to \$25,000 to professionals under its jurisdiction as part of its disciplinary practices.

² It is anticipated that DPH will receive up to 199 fewer paramedic renewals in the first year of joining the compact based on current DPH licenses held by paramedics in compact and neighboring states, assuming all neighbor states join the compact.

³ Paramedics are the only EMS provider license or certification covered by the compact with any associated fees in Connecticut. A conflict of provisions in PA 25-198 and PA 25-174 reconciled pursuant to CGS Sec. 2-30b eliminated the initial application fee, but not the renewal fee.

⁴ Of each \$155 renewal fee, \$150 is directly deposited into the General Fund. The remaining \$5 fee is deposited into the professional assistance program account which supports the Health Assistance InterVention Education Network (HAVEN).

to cover the cost of its operations; however, such authority has never imposed any state assessments or fees. The Compact Commission is presently funded through a multi-year grant provided by the National Registry of EMTs.

Section 7 requires, beginning one year after a neighboring state enacts the EMS compact, applicants for EMS licensure and certification to submit to a state and national fingerprint-based criminal history records check, resulting in: (1) a potential cost to the Department of Emergency Services and Public Protection (DESPP), (2) a potential revenue gain to the General Fund,⁵ and (3) a potential revenue gain to the Applicant Fingerprint Card Submission Account and various municipal police departments.⁶ These fiscal impacts would further depend on the volume of license and certification applications subject to this requirement, which is unknown.⁷

The Out Years

The fiscal impacts identified above will continue in the future subject to the timing of a neighboring state joining the EMS compact and the number of criminal history records checks subsequently performed by DESPP and various municipal police departments for EMS applicants.

⁵DESPP conducts state criminal history records checks for a fee of \$75. The revenue that is collected from this fee is deposited into the General Fund.

⁶ DESPP conducts fingerprinting for a fee of \$15 per person paid to the Applicant Fingerprint Card Submission Account. Municipal police departments may also conduct the required fingerprinting for state criminal history records checks and typically charge a fee of \$10 to \$15.

⁷ For context, DPH issued 2,375 new EMS licenses and certifications in FY 25.

OLR Bill Analysis**sSB 93*****AN ACT IMPLEMENTING THE RURAL HEALTH TRANSFORMATION PROGRAM TO EXPAND HEALTH CARE ACCESS.*****SUMMARY**

This bill:

1. expands the Department of Public Health (DPH) nurse's aide registry to include nurse's aides working at any DPH-licensed health care institution, rather than just nursing homes as under current law, and makes related changes to expand DPH's authority to take disciplinary action against nurse's aides who commit specified misconduct (§§ 1, 2 & 5);
2. allows DPH, or its licensing boards or commissions, to take disciplinary action against a practitioner for failing to fulfill any obligation resulting from the receipt of funding from DPH under the federally-funded Rural Health Transformation (RHT) Program (§ 3);
3. exempts funding to the Mashantucket Pequot or Mohegan tribe under the RHT program from the law's general requirement that a tribe must first adopt an Employment Rights Code before the state can provide funds that assist a tribe engaged in a commercial enterprise (§ 4);
4. enters Connecticut into the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact, no earlier than one year after a neighboring state enters it (the compact creates a process authorizing emergency medical services (EMS) personnel who are licensed in one member state to practice across state boundaries without requiring licensure in each state) (§ 6);

and

5. corresponding to a compact requirement, requires DPH to institute a criminal background check requirement for EMS personnel (starting one year after a neighboring state enters the compact) (§ 7).

EFFECTIVE DATE: October 1, 2026, except that the tribal-related provision (§ 4) takes effect upon passage, and the nurse's aide-related provisions (§§ 1, 2 & 5) take effect October 1, 2027.

§§ 1, 2 & 5 — NURSE'S AIDES

The bill expands DPH's nurse's aide registry to include nurse's aides working (as direct employees or under a contract) with any DPH-licensed health care institution, rather than just nursing homes as under current law. Under existing law, a nurse's aide must meet specified training and exam requirements to be registered.

The bill correspondingly expands DPH's authority to receive and investigate complaints and take disciplinary actions against nurse's aides to include those who work at any DPH-licensed institution. Under current law, the grounds for complaints against nurse's aides (just in nursing homes) include, among other things, resident abuse or neglect. The bill specifies that this applies to "abuse" or "neglect," as defined in specified federal regulations for long-term care facilities (42 C.F.R. § 483.5), of a health care institution resident, patient, or client. The bill also expands the grounds for complaints to include illegal, incompetent, or negligent conduct in providing nursing or related services.

The bill authorizes DPH to issue a summary suspension of a nurse's aide's ability to practice before the final decision on a complaint or during the appeals process. This authority applies only if DPH finds that a nurse's aide represents a clear and immediate danger if allowed to continue to practice.

The bill also allows DPH, in line with existing procedures, to take disciplinary action against a nurse's aide after it investigates a

complaint. By law, disciplinary actions available to DPH include, among other things, (1) revoking or suspending a credential; (2) censuring the violator; (3) issuing a letter of reprimand; (4) placing the violator on probationary status; or (5) imposing a civil penalty of up to \$25,000 (CGS § 19a-17).

Under existing law, DPH can also render a finding against someone who is or has provided nurse's aide services and enter the finding in the registry, regardless of whether the aide is on the registry.

The bill also makes minor and conforming changes.

§§ 3 & 4 — RURAL HEALTH TRANSFORMATION PROGRAM

The bill allows DPH, or its licensing boards or commissions, to take disciplinary action (see above) against a practitioner who fails to fulfill any obligation resulting from receiving DPH funding under the RHT program.

Generally, under existing law, before the state can give funds to help the Mashantucket Pequot or Mohegan tribe when engaged in a commercial enterprise, the tribe must first adopt an Employment Rights Code with specified components. The bill exempts funding to tribes under the RHT program from this requirement.

Under the RHT program, created under 2025 federal legislation (P.L. 119-21, § 71401), the Centers for Medicare and Medicaid Services is giving all states grants to implement measures intended to expand rural health care access and quality. Connecticut is receiving a first-year grant of \$154 million under the program. The Department of Social Services will serve as the lead agency under the grant funding, collaborating with several other agencies (including DPH) to implement projects across four initiatives: population health outcomes, workforce, data and technology, and care transformation and stability.

§ 6 — EMS COMPACT

The bill enters Connecticut into the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (EMS

compact), but no earlier than one year after Massachusetts, New York, or Rhode Island enters it. (There are currently 25 member states to the compact; our neighboring states have not yet joined.)

The compact creates a process authorizing EMS personnel who are licensed in one member state to practice across state boundaries without requiring licensure in each state. Member states must grant the privilege to practice to EMS personnel who hold a valid, unencumbered license (or other authorization) in another member state and who otherwise meet the compact's eligibility requirements. Generally, by joining the compact, Connecticut retains broad authority to license and regulate EMS personnel, but must grant qualifying EMS providers a privilege to practice in Connecticut. The compact applies to emergency medical technicians (EMTs), advanced EMTs (AEMTs), paramedics, or other EMS providers at a level between EMT and paramedic.

The compact is administered by the Interstate Commission for EMS Personnel Practice, which Connecticut joins under the bill once it enters the compact.

Among various other provisions, the compact:

1. sets eligibility criteria for states to join the compact and for EMS personnel to practice under it;
2. addresses several matters related to disciplinary actions for EMS personnel practicing under the compact, such as information sharing among member states and removal of the privilege to practice;
3. allows the commission to levy an annual assessment on member states or impose fees on other parties to cover its operational costs;
4. only allows amendments to the compact to take effect if all member states adopt them into law; and
5. has a process for states to withdraw from the compact.

A broad overview of the compact appears below.

Compact Overview

The compact creates a process authorizing EMS personnel to work in multiple states if they are licensed in one member state. A “license” is a state’s authorization for someone to practice as an EMT, AEMT, paramedic, or level between EMT or paramedic. (In Connecticut, paramedics are licensed, while EMTs and AEMTs are certified, but all of these would constitute a “license” under the compact’s definition.)

Under the compact, a “state” is a U.S. state, commonwealth, district, or territory. A “member state” is a state that has enacted the compact. A “home state” is the member state where someone is licensed to practice emergency medical services. A “remote state” is a member state where someone is not licensed.

“Privilege to practice” is someone’s authorization to deliver emergency medical services in remote states as authorized under the compact.

Home State Licensure (§ 6(3))

Under the compact, any member state in which someone holds a current license is a home state for the compact’s purposes. A home state license authorizes someone to practice in a remote state under the privilege to practice only if the home state:

1. requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial EMT and paramedic licenses;
2. has a mechanism to receive and investigate complaints about individuals;
3. notifies the commission about any adverse action (e.g., disciplinary action against a license or a criminal conviction) or significant investigatory information (e.g., information that the individual represents an immediate threat to public health and

safety) about an individual;

4. requires a criminal background check for initial licensure applicants, including fingerprints or other biometric-based information that meets FBI requirements (except for federal employees with a suitability determination under federal regulations); and
5. complies with the commission's rules.

A member state may require someone to get licensed in order to practice in that state under circumstances not authorized by the compact's privilege to practice.

Compact Privilege to Practice (§ 6(4))

The compact requires member states to recognize the privilege to practice of someone licensed in another member state that complies with the above requirements. To exercise the privilege to practice under the compact, an individual must:

1. be at least age 18;
2. have a current unrestricted license (see above) in a member state as an EMT, AEMT, paramedic, or level between EMT and paramedic; and
3. practice under the supervision of a medical director (a physician licensed in a member state who is accountable for EMS personnel's care delivery).

Under the compact, someone providing patient care in a remote state under the privilege to practice must function within the home state's scope of practice unless and until it is modified by an appropriate authority in the remote state. Otherwise, someone practicing in a remote state is subject to the remote state's authority and rules.

Conditions of Practice in a Remote State (§ 6(5))

Under the compact, an individual may practice in a remote state

under a privilege to practice only in performing their EMS duties as assigned by an appropriate authority, and when the individual:

1. originates a patient transport in a home state and transports the patient to a remote state;
2. originates in the home state and enters a remote state to pick up a patient and provide care and transport to the home state;
3. enters a remote state to provide patient care or transport within that state;
4. enters a remote state to pick up a patient and provide care and transport to a third member state; or
5. complies with other conditions as determined by the commission's rules.

Relationship to Emergency Management Assistance Compact (§ 6(6))

Under the compact, if a member state's governor declares a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), the EMAC compact prevails over any conflicting provisions of this compact as to anyone practicing in a remote state under the governor's declaration. (All states are part of EMAC, under which states may provide personnel, equipment, and other supplies to assist other states in governor-declared emergencies.)

Veterans, Service Members Separating From Active-Duty Military, and Their Spouses (§ 6(7))

Under the compact, member states must consider someone as satisfying the minimum training and examination requirements for a given EMS license if the person (1) is a veteran, active military service member, member of the National Guard and Reserve separating from an active-duty tour, or the spouse of such a person and (2) holds an unrestricted NREMT certification at or about the level of the license being sought. Member states must expedite the processing of their licensure applications. These individuals practicing under the compact

remain subject to the compact's adverse action provisions (§ 6(8)).

Respective States' Authority and Adverse Actions (§ 6(4), (8) & (9))

The compact addresses several matters related to states' authority to investigate and discipline EMS personnel practicing under its procedures. Broadly, the compact maintains the home state's authority to regulate the home state license, while authorizing remote states to regulate the compact privilege to practice in their states. For investigations and adverse actions, a home state's EMS authority must give the same priority to conduct reported from remote states as it would to conduct within the home state.

The following are examples of the regulatory structure under the compact:

1. a home state has exclusive authority to impose adverse action against a home state license, but a remote state may take adverse action against an individual's privilege to practice in that state or take other actions needed to protect its citizens;
2. if someone's (a) home state license is restricted or suspended or (b) privilege to practice in any remote state is restricted, suspended, or revoked, he or she cannot practice in any remote state until the license or privilege is restored;
3. member states must report adverse actions and compact privilege restrictions, suspensions, or revocations to the commission;
4. member states may allow someone to participate in an alternative program for substance abuse recovery rather than imposing an adverse action, but the person must not practice in any other member state during that time without its prior authorization;
5. member states' EMS authorities may issue subpoenas to compel someone's testimony or the production of evidence (to be enforced as applicable by a remote state's courts), with the

issuing state covering certain costs; and

6. member states may issue cease and desist orders to restrict, suspend, or revoke someone's privilege to practice in the state.

Compact Commission (§ 6(10) & (12))

The compact is administered by the Interstate Commission for EMS Personnel Practice, which consists of one voting delegate from each state. The delegate must be the responsible official of the state's EMS authority or the official's designee. The compact sets several powers, duties, and procedures for the commission. For example, the commission:

1. may make rules, binding on member states, to coordinate the compact's implementation and administration (a rule has no effect if a majority of the member states' legislatures reject it);
2. may levy and collect an annual assessment from each member state or impose fees on other parties to cover its operational costs; and
3. must have its receipts and disbursements audited yearly and the audit report included in the commission's annual report.

The compact addresses several other matters regarding the commission and its operations, such as setting conditions under which its members, officers, and employees are immune from civil liability.

Coordinated Database (§ 6(11))

Member states must submit specified information (e.g., on licensure and disciplinary actions) about individuals covered by the compact for inclusion in a database the compact creates. The database administrator must promptly notify all member states about any adverse action against, or significant investigatory information on, someone in a member state.

Member states that contribute information to the database may designate information that may not be shared publicly without the

state's express permission. If a member state's law requires information to be expunged, it must be removed from the database.

Compact Oversight, Dispute Resolution, Enforcement, Member Withdrawal, and Related Matters (§ 6(13)-(15))

Among other related provisions, the compact:

1. requires each member state's executive, legislative, and judicial branches to enforce the compact and take necessary steps to carry out its purposes;
2. requires the commission to take specified steps if a member state defaults on its obligations under the compact, and after all other means of securing compliance have been exhausted, allows a defaulting state to be terminated from the compact upon a majority vote of the member states;
3. requires the commission, upon a member state's request, to attempt to resolve a compact-related dispute among member states or between member and non-member states;
4. requires the commission to enforce the compact and rules and allows it to bring legal action against a member state in default upon a majority vote (the case may be brought in the U.S. District Court for the District of Columbia or the federal district where the commission's principal offices are located);
5. allows a member state to withdraw from the compact by repealing the enabling legislation, but withdrawal does not take effect until six months after the repealing statute's enactment;
6. allows member states to amend the compact, but no amendment takes effect until all member states enact it into law;
7. requires the compact to be liberally construed to carry out its purposes, and if the compact is held to violate a member state's constitution, it remains in effect in the remaining member states; and

- 8. specifies that the compact does not supersede state law or rules on EMS agency licensure.

§ 7 — BACKGROUND CHECKS FOR EMS CREDENTIALING

Under the bill, the DPH commissioner must require anyone applying for EMS professional licensure or certification to submit to a state and national fingerprint-based criminal history records check. This applies starting one year after Massachusetts, New York, or Rhode Island enacts the EMS compact (i.e. when Connecticut can enter the compact under the bill).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/02/2026)