

OFFICE OF FISCAL ANALYSIS

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sSB-93

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

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

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(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

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).

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 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.