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)