Public Health Committee
JOINT FAVORABLE REPORT

Bill No: SB-93 / Bill Status / Public Hearing Testimony
Title: AN ACT IMPLEMENTING THE RURAL HEALTH TRANSFORMATION PROGRAM TO EXPAND HEALTH CARE ACCESS.
Vote Date: 3/2/2026
Vote Action: Joint Favorable Substitute
PH Date: 2/18/2026
File No.: 44

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To bolster our state's rural health systems, this bill makes provisions for enhancing the Rural Health Transformation Program (RHTP) through the following:

- Adds to the state registry nurses' aides working with any Department of Public Health (DPH) -licensed health care institution rather than just nursing homes. The bill gives DPH the authority to take disciplinary action against nurses' aides who commit specific misconduct and allows DPH, or its licensing boards or commissions, to take disciplinary action against a practitioner who does not fulfill any obligation under the program.
- Exempts funding to tribes under the RHT program from the law's general requirement that for the state to provide funds that assist a tribe operating a business, it must first adopt an Employment Rights Code.
- Allows the state to enter the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact, no earlier than one year after Massachusetts, New York, or Rhode Island enter the compact. This 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. Additionally, corresponding to a compact requirement, requires DPH to implement a criminal background check for EMS personnel.

SUBSTITUTE LANGUAGE:

The substitute language makes technical and conforming changes to the bill.

RESPONSE FROM ADMINISTRATION/AGENCY:

Ned Lamont, Governor, State of Connecticut

Governor Lamont notes that the state applied for and received substantial funding to support its rural health systems providing an opportunity to transform the delivery of healthcare in rural communities. The award, $154.2 million is to implement the program in year one, with estimated funding of $771 million over the full 5-year grant period. He emphasizes that everyone should have access to high quality services irrespective of where they live.

He indicates that almost one-third of the towns in Connecticut are in rural areas and more than 323,000 of the residents live there. The legislation will:

- Enable the expansion of Certified Nurse Aide training to recognize their certification across all healthcare settings, not just nursing homes. This not only appropriately acknowledges the skill set of these healthcare professionals but will also allow the workforce to provide services in hospitals, clinics, and home health agencies, especially in rural and underserved communities.

- Allow the state to enter the United States Emergency Medical Services (EMS) Compact that provides EMS clinicians with a valid license in any of the 25-member states to immediately practice in Connecticut.

- Create a mechanism to grant healthcare practitioners financial awards to locate and serve patients in rural communities for at least 5 years. This is aimed at expanding access to primary and other needed healthcare services across underserved parts of the state and encourages practitioners to build long-term careers within those communities.

- Ensure that the grant will also benefit the health centers and workforce of the Mashantucket-Pequot and Mohegan tribes.

- Supporting the bill equips the state with the necessary tools to implement the CMS-approved program as designed. It also ensures we maximize federal funding to improve the well-being and quality of life of our residents.

Manisha Juthani, MD, Commissioner, Department of Public Health:

Dr. Juthani is in strong support of this legislation. She points out that the grant to implement the rural health systems presents a significant opportunity to improve healthcare in the state. She also notes that twelve different state agencies will be implementing various aspects of the program within the five-year program. She points out exemptions to ensure against fraud.

Andrea Barton Reeves, Commissioner, Department of Social Services:

The Department of Social Services (DSS) is the lead state agency responsible for administering the federal five-year Rural Health Transformation Program (RHTP) that involves 11 state agencies and 31 projects all designed to enhance the health and well-being of Connecticut's rural residents. DSS is in full support of this authority.

NATURE AND SOURCES OF SUPPORT:

Connecticut Hospital Association, (CHA):

CHA supports the intent of SB 93 and provides recommendations that may avoid potential unintended consequences. In written testimony submitted to the Public Health Committee, it points out that the role of the Department of Public Health and its treatment of professionals in and outside of the program seems unclear. It notes that revocation or suspension of license or censure should be considered as penalties to deter fraudulent behavior related to RHTP funds. CHA adds that it welcomes the expansion of the Emergency Medical Services (EMS) in Connecticut.

Donnie Woodyard, Exec. Director, Interstate Commission for EMS Personnel Practice:

Mr. Woodyard believes Connecticut is ready for the EMS Compact. The compact is a legal public safety, public protection, disaster preparedness, and national security readiness instrument in 25 states and introduced or expected in 10 more. He outlines that it has been a bipartisan priority across four presidential administrations. Connecticut already requires the same accredited EMS education programs and the same National Registry of EMTs (NREMT) licensure examination that the EMS Compact requires in all member states. The Compact also requires FBI-compliant biometric criminal history checks for new EMS licenses. Connecticut has already adopted similar standards for nurses, long-term care workers, and educators, and Mr. Woodyard believes it should be extended to EMS clinicians as a matter of professional parity and public protection.

He points out that Connecticut does not have access to the National EMS Coordinated Database (NEMSCD) which is the only governmental system that provides real-time notification when an EMS clinician is disciplined, sanctioned, or has a license revoked in another state. "The EMS Compact closes that public safety blind spot. Connecticut has already enacted seven occupational licensure compacts for physicians, nurses, psychologists, counselors, physical therapists, physician assistants, and social workers. EMTs and Paramedics deserve the same professional recognition and licensure mobility."

Katie Rudek, MS, LPCC, Vice President, Clinical Integration Kooth Digital Health:

Ms. Rudek testifies that she has been providing therapeutic services to young adults in community behavioral health settings where she witnessed the barriers youth face when services are limited, delayed, or only available after a crisis. She says rural communities experience distinct structural challenges, acute workforce shortage, transportation barriers that delay or prevent care and waitlists for in-person services are longer.

Melissa Riley, Hartford HealthCare:

Ms. Riley writes that Hartford HealthCare serves patients in urban, suburban, and rural communities across the state and is a witness to the stress placed on the EMS system. "Staffing shortages, increased call volumes, and longer transport times place pressure not only on EMS agencies, but also on emergency departments and hospitals working to maintain timely access to care. Strengthening the EMS workforce is essential to maintaining a stable and responsive healthcare system."

NATURE AND SOURCES OF OPPOSITION:

Peter Brown, President of the Uniformed Professional Fire Fighters Association of Connecticut:

The members of the association are concerned about how the EMS portion of the legislation is structured and is calling for a review to avoid unintended consequences. Mr. Brown points out that the language allowing transient, multistate privilege-to-practice, raises legitimate questions about workforce impact. Connecticut's fire-based EMS system relies on highly trained, locally accountable firefighters who provide integrated emergency medical care and transport services under carefully negotiated municipal staffing models. "We are concerned that without guardrails, the compact could create pressure to introduce lower-wage, out-of-state personnel into local systems, potentially undermining existing collective bargaining agreements and destabilizing fire-based EMS delivery models that are working effectively."

Mr. Brown believes that the goal to expand healthcare access and strengthen the emergency medical response system can be achieved while also protecting Connecticut workers and preserving the stability of fire-based EMS.

Jeffrey A Tomchik - Director, Legislative and Political Affairs Uniformed Professional Firefighters Association of Connecticut:

Mr. Tomchik believes portions of the bill weaken the local and statewide workforce including wage strength and creates what he calls a transient compact workforce that can hurt the bargaining power of local EMS and Fire professionals. He feels it will also diminish state training standards and certification that are specific to its unique demographics.

Reported by: Diane Young-Rodney **Date: 03-13-2026**