
OLR Bill Analysis

HB 6449

AN ACT EXPANDING ECONOMIC OPPORTUNITY IN OCCUPATIONS LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH.

SUMMARY

This bill generally makes it easier for health care professionals licensed in other states to obtain a Connecticut credential if they reside here. It does so by generally requiring the Department of Public Health (DPH) to issue the appropriate license or other credential to a state resident, or a spouse of an active duty service member permanently stationed here, if that person meets specified requirements (e.g., has practiced under a valid credential in another jurisdiction for at least a year and has no disciplinary history). It allows DPH to (1) require these applicants to pass examinations required of other applicants and (2) deny a credential if the commissioner finds it to be in the state's best interest.

The bill requires the DPH commissioner to (1) convene working groups to determine whether Connecticut should join any interstate licensure compacts and (2) report to the Public Health Committee on the groups' recommendations by January 15, 2022.

Finally, the bill requires the DPH commissioner to report on whether it would be in the state's best interest to (1) replace any state exams for certain credentialed professionals with tests by national organizations that DPH deems acceptable and (2) reduce any experience and training requirements while increasing testing of applicants' knowledge or skills. Generally, this provision applies to DPH-credentialed professionals and other specified professionals credentialed by certain other agencies (principally, the Department of Consumer Protection). She must report to the Public Health Committee by January 15, 2022, and develop the report in consultation

with whatever boards or commissions she deems appropriate.

EFFECTIVE DATE: October 1, 2021, for the credentialing provision and July 1, 2021, for the working group and reporting provisions.

§ 1 — DPH CREDENTIALING

Existing law provides for licensure by endorsement (also called licensure without examination) for several categories of health care professionals who are licensed in other states. Generally, this applies if DPH determines that the other state's licensure standards are substantially similar to, or higher than, those of this state.

The bill generally requires DPH to issue an occupational or professional license, permit, certification, or registration (hereinafter, "credential") to a state resident or an accompanying spouse of an active duty service member permanently stationed here if that person:

1. holds a valid credential in the applicable profession in at least one other jurisdiction and has practiced under that credential for at least a year;
2. is in good standing in all jurisdictions where credentialed and has no disciplinary history (including credential revocation or other discipline; pending complaints, allegations, or investigations related to unprofessional conduct; or voluntary surrender of a credential during an investigation);
3. satisfies any background, character, or fitness check required of other applicants; and
4. pays any credentialing fees required of other applicants.

These provisions apply to DPH-issued credentials. DPH determines the practice level of the credential. The bill specifies that anyone issued a credential under these provisions is subject to Connecticut law and DPH jurisdiction.

The bill also allows DPH to (1) require any such person to pass an examination (or part of one) required of other applicants and (2) deny

an application if the commissioner finds it to be in the state's best interest (e.g., if the applicant has committed an act which would not conform to the accepted standards of practice of the profession).

§ 2 — INTERSTATE LICENSURE COMPACT WORKING GROUPS

The bill requires the DPH commissioner to convene working groups to determine whether the state should join any interstate licensure compacts. Any such groups must convene by August 30, 2021.

The groups must include:

1. the DPH commissioner, the Office of Policy and Management secretary, the Office of Health Strategy executive director, and the chair of the appropriate examining or advisory board, or their designees;
2. a representative of the appropriate state professional association;
3. a representative of the professional assistance program for regulated health professions (HAVEN); and
4. anyone else the DPH commissioner deems appropriate.

By January 15, 2022, the commissioner must report to the Public Health Committee on the groups' recommendations. The working groups end when she submits her report.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 7 (03/12/2021)