



House of Representatives

General Assembly

File No. 93

January Session, 2025

House Bill No. 6976

House of Representatives, March 13, 2025

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING HOSPITAL EMERGENCY
DEPARTMENT DIVERSION.***

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

1 Section 1. (NEW) (*Effective July 1, 2025*) (a) For the purposes of this
2 section, (1) "emergency department diversion" means the status of a
3 hospital licensed pursuant to chapter 368v of the general statutes that
4 reroutes incoming ambulances to other hospitals due to the diverting
5 hospital's emergency department saturation or lack of medical
6 capability, and (2) "emergency department saturation" means the status
7 of a hospital licensed pursuant to chapter 368v of the general statutes
8 wherein its emergency department resources are fully committed and
9 are not available for additional incoming ambulance patients.

10 (b) The Commissioner of Public Health shall establish (1) emergency
11 department diversion requirements for hospitals, including, but not
12 limited to, the requirement that each hospital adopt emergency
13 department diversion policies and the required content of such policies,

14 (2) the permissible grounds for, and procedures to be followed by, a
 15 hospital to declare an emergency department diversion and the
 16 procedures to be followed by the hospital after declaring such diversion,
 17 (3) requirements for hospitals to receive diverted patients, and (4)
 18 requirements for emergency medical service organizations licensed or
 19 certified under chapter 368d of the general statutes in the event that a
 20 hospital declares an emergency department diversion. Prior to declaring
 21 an emergency department diversion, a hospital shall provide notice to
 22 the Department of Public Health in a form and manner prescribed by
 23 the commissioner.

24 (c) The commissioner shall adopt regulations, in accordance with the
 25 provisions of chapter 54 of the general statutes, to implement the
 26 provisions of this section. The commissioner may implement policies
 27 and procedures necessary to implement the provisions of this section
 28 while in the process of adopting such policies and procedures as
 29 regulations, provided notice of intent to adopt regulations is published
 30 on the eRegulations System not later than twenty days after the date of
 31 implementation. Policies and procedures implemented pursuant to this
 32 section shall be valid until final regulations are adopted in accordance
 33 with the provisions of chapter 54 of the general statutes.

34 (d) Failure of an emergency medical service organization to comply
 35 with the requirements established pursuant to the provisions of this
 36 section shall be grounds for disciplinary action pursuant to subsection
 37 (c) of section 19a-180 of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2025	New section

PH *Joint Favorable*

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: None

Municipal Impact: None

Explanation

The bill, which requires the Commissioner of Public Health to establish hospital emergency department diversion requirements and regulations, has no anticipated fiscal impact because the department has sufficient expertise to fulfill these responsibilities.

The bill additionally requires emergency medical service organizations to comply with the diversion requirements, which also has no anticipated fiscal impact as compliance is expected.

OLR Bill Analysis**HB 6976*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING HOSPITAL EMERGENCY DEPARTMENT DIVERSION.*****SUMMARY**

This bill (1) requires the Department of Public Health (DPH) to establish emergency department diversion requirements for hospitals when they reroute incoming ambulances to other hospitals and (2) subjects emergency medical services (EMS) organizations to disciplinary action for noncompliance with related requirements.

Under the bill, "emergency department diversion" occurs when hospitals reroute incoming ambulances to other hospitals because (1) their emergency department's resources are fully committed and unavailable to incoming ambulance patients (i.e., "saturation") or (2) they lack medical capability.

Specifically, the bill requires DPH to establish the following:

1. hospital emergency department diversion requirements that at least require each hospital to adopt related policies and DPH to set their required content;
2. the permissible grounds and procedures for a hospital to declare a diversion, and the procedures it must follow after doing so;
3. requirements for hospitals receiving diverted patients; and
4. requirements for licensed or certified EMS organizations when a hospital declares an emergency department diversion.

Before declaring an emergency department diversion, the bill requires a hospital to notify DPH as the commissioner prescribes.

The bill subjects EMS organizations to various DPH disciplinary actions (e.g., license suspension, revocation, or censure) for failure to comply with DPH’s requirements.

Under the bill, the DPH commissioner must adopt regulations to implement these provisions. She may implement policies and procedures while doing so if she publishes her intent to adopt regulations on the eRegulations system within 20 days after implementing the policies and procedures. The policies and procedures are valid until the final regulations are adopted.

EFFECTIVE DATE: July 1, 2025

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 23 Nay 9 (03/05/2025)