
OLR Bill Analysis

sHB 6979

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING PHYSICIAN RECRUITMENT.

SUMMARY

This bill requires the Department of Public Health (DPH), within available appropriations, to establish a student loan repayment program for in-state providers of primary care and behavioral health services. For this purpose, "primary care" includes family medicine, general pediatrics, primary care, internal medicine, and primary care obstetrics or gynecology, regardless of board certification. The bill allows the commissioner to adopt implementing regulations, including to set eligibility criteria and obligations of program participants. (A similar provision was inadvertently repealed last year.)

Starting January 1, 2026, the bill allows retired physicians to renew their licenses, at a reduced fee of 10% of the class I professional services fee or \$95, whichever is greater. (The class I fee is \$565; the annual renewal fee for physician licenses is \$575.) DPH must indicate on the license that the physician is retired. The bill requires the DPH commissioner, by January 1, 2026, to adopt regulations (1) defining "retired from the profession" for this purpose; (2) providing procedures for retired physicians to return to active employment; and (3) setting appropriate restrictions on retired physicians' scope of practice, including restricting the license to providing unpaid volunteer services.

The bill also allows retired physicians whose licenses have become void due to nonrenewal to apply for reinstatement. It requires the DPH commissioner to adopt regulations on similar matters as noted above. (The existing reinstatement fee is \$565.)

Lastly, the bill exempts physicians from having to maintain malpractice insurance when providing volunteer behavioral health

services at a nonprofit clinic that (1) provides free services and (2) maintains its own insurance in specified amounts.

EFFECTIVE DATE: October 1, 2025, except the provisions on the student loan repayment program are effective upon passage.

§ 3 — REGULATIONS ON REINSTATED PHYSICIAN LICENSES

Under the bill, DPH’s regulations on license reinstatement for retired physicians must (1) define “retired from the profession” for physicians and (2) include eligibility requirements consistent with existing law and application procedures. Existing law allows DPH to deny applications for license reinstatement on various grounds, such as that the applicant failed to comply with laws and regulations governing the profession.

The bill also allows the commissioner to impose any conditions or restrictions upon a reinstated physician’s scope of practice, including conditions or restrictions relating to volunteer services.

§ 4 — MALPRACTICE INSURANCE EXEMPTION

Existing law generally requires physicians who provide direct patient care to carry medical malpractice insurance of at least \$500,000 per person, per occurrence with an aggregate of at least \$1.5 million. But the law provides an exemption, under certain conditions, for volunteer physicians providing primary care services at a free clinic. The bill extends this exemption to volunteer physicians providing behavioral health care services at these clinics.

For the exemption to apply, the physician must be providing these services, for no compensation, at a DPH-licensed, tax-exempt clinic that (1) does not charge for its services; (2) maintains the \$500,000/\$1.5 million malpractice coverage required by law for each 40 hours (or fractional amount) of service these physicians provide; (3) carries additional malpractice coverage in these amounts on behalf of itself and its employees; and (4) maintains total malpractice coverage of at least \$1 million per occurrence and \$3 million in total. A physician covered by the exemption must still maintain legally required malpractice coverage when providing services in any other situation.

Under existing law, a physician who permanently retires from practice having maintained the malpractice coverage required by law and then solely provides free services at a tax-exempt clinic does not lose the right to unlimited additional extended reporting period coverage (that is, coverage for claims made after the policy's expiration, sometimes referred to as "tail coverage").

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 6 (03/05/2025)