

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
1712 Main Street, Coventry
Town Hall Annex
Thursday June 12, 2025, 4:30 PM*

Call to Order

Approval of Minutes (2/20/2025)

Public Comments

Old Business - none

New Business

1. EHHD Strategic Plan – Implementation Plan approval
2. EHHD Opioid Initiative Presentation and Authorization

Subcommittee Reports

3. Personnel Committee
 - a. Establishment of Juneteenth Holiday
 - b. Director of Health Performance Evaluation Instrument & Timeline
4. Finance Committee – Financial Report for period ending 3/31/25
5. Executive Committee - Appointment of Auditor

Medical Advisor Report

Directors Report

6. Federal Grant Impacts – Update
7. Fiscal Year 25/26 State budget impacts – update (no attachment)
8. Tobacco Best Practices Grant Award
9. EHHD Quarterly Activity Report –3/31/2025
10. CADH - Legislative Session Bill Tracking report

Town Reports

Communications/other

11. CT Mirror re: CT House give full passage to sprawling public health bill
12. NACCHO re: News from Washington
13. Hartford Courant re: Public Health Officials fear massive federal cuts
14. DPH Commissioner re: Federal cuts
15. Windham Water Works re: PFAS Bio-solid investigations
16. Governor Lamont re: Trump Administration cuts
17. R Miller re: Trump Administration cuts to local health departments
18. AP re: Trump Administration cuts to local health departments

19. CADH re: Testimony on Opposition to RB 7248, An Act Concerning Well Water Quality
20. Governor Lamont re: EPA announcement rolling back environmental and clean air regulations
21. Eastern CT Health Districts letter to Congressmen Courtney re: How federal funding supports healthy communities CT's second district
22. CADH re: Testimony to appropriations on proposed cuts to local health departments
23. R Miller re: Testimony to appropriations on proposed cuts to local health departments

Other business

Adjournment

Next Board Meeting – August 21, 2025, 4:30 PM

***Virtual Meeting Option**

In accordance with PA 22-3, this will be a hybrid meeting. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting. Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, February 20, 2025

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield-Virtual), M. Capriola (Mansfield-Virtual), J. Drumm (Coventry), J. Elsesser (Coventry), H. Evans (Mansfield-Virtual), J. Rupert (Bolton), M. Walter (Columbia-Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick

Also present: P. Tanaka Town of Willington First Selectman

J. Elsesser called the meeting to order at 4:30pm.

Minutes

J. Rupert made a MOTION, seconded by E. Anderson to approve the minutes of the January 16, 2025 meeting as presented. MOTION PASSED unanimously.

Financial Report period ending 12/31/2024

R Miller presented the financial report for the period ending 12/31/2024, noting the salient features.

J. Drumm made a MOTION, seconded by E. Anderson to accept the financial report as presented. MOTION PASSED unanimously.

Director's Report

Governor's proposed budget – Update

R. Miller initiated discussion of the Governor's proposed budget that includes a 10% reduction in the per capita grant.

Medical Director's Report

Dr. Dardick report that influenza is prevalent in the community.

Director's Report (cont)

Paused Federal Grants – update

R. Miller informed the board that the Immunization grant and Public Health Emergency Preparedness grant are not being affected at this time by the pause. In addition, the Workforce development grant was paid up front. While the money from this grant was target for a future initiative, it is available if needed.

CAHD Legislative Report

R. Miller informed the board about the bills being closely monitored by CADH.

Quarterly Activity Report period ending 12/31/2024

R. Miller presented the salient features of the quarterly report.

Communications

CT Dept of Ag re: Avian influenza (H5N1)

R. Miller provided an update, noting that locally there has been 1 positive wild bird and 2 backyard flocks affected statewide.

Town Reports

Columbia M. Walter reported that Twin Beaks has secured a permanent place for their food truck and retail store. The plans for Square Peg Pizza are still on hold as they work on plans for their septic system. Heartstone Winery is under new ownership.

Mansfield H. Evans inquired about the Dental Clinic EHHD is helping to facilitate. R. Miller noted that there is a meeting set up with the Superintendent of Region 19 to discuss logistics.

Adjournment

J. Rupert made a MOTION, seconded by E. Anderson to adjourn the regular meeting 5:30pm. MOTION PASSED unanimously.

Next Board Meeting – April 17, 2025, 4:30 PM

Respectfully submitted,

Robert Miller
Secretary



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

To: Board of Directors

From: Robert Miller, Director of Health

Date: June 3, 2025

Subject: EHHD Strategic Plan Implementation Plan

I am pleased to submit for your consideration the **Strategic Plan FY25-29 Implementation Plan** (See attached). This document outlines a detailed and phased approach to operationalizing the objectives outlined in our approved Strategic Plan.

The Strategic Planning Committee has convened to develop and refine this plan, ensuring that it reflects our district's priorities, operational needs, and long-term vision. The committee's work included the identification of key activities, assignment of leadership responsibilities, alignment of timelines and resources, and the development of meaningful performance metrics.

This Implementation Plan is intended to serve as a living document that will guide our actions, track our progress, and maintain accountability.

The plan is ambitious yet achievable, and it builds on the progress we have already made across multiple program areas. This office will engage the Board in regular updates on progress and adjusting timelines and priorities as necessary in response to internal and external factors.

This Implementation Plan represents the final work product of Strategic Planning Committee. Board review and consideration for approval is recommended. If the full board concurs, then the following motion is in order: *Move, to approve the Implementation Plan for the EHHD Strategic Plan, FY 2025- FY 2029, as presented on June 12, 2025.*

Implementation Plan – Updated 4/9/25

Goal #1: Strengthen Organizational Capacity

OBJECTIVE 1.1: Upgrade technological infrastructure to enhance operations and service delivery						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Update Agency's Website Platform	1	Fall 2025	Office Manager	CNR fund Staff time	<ul style="list-style-type: none"> New platform purchased New platform implemented 	Budgeted Accommodate ADA
Update field inspection and tracking software to align FDA food code	2	Summer 2027	Director of Health (DOH)	CNR fund Possible budget initiative Grant	<ul style="list-style-type: none"> Tracking software obtained Tracking software implemented 	
Continue OpenGov buildout, and look for other opportunities for software enhancements	3	ongoing	DOH Office manager	Staff time Identified software	<ul style="list-style-type: none"> Identify enhancement opportunities Implement enhancement opportunities 	
OBJECTIVE 1.2: Expand office space or relocate as needed to support operational needs						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Engage in the Town of Mansfield's Facility planning process where appropriate	1	Based on Mansfield timeline	DOH	Staff time	<ul style="list-style-type: none"> Attend planning meetings as appropriate based on meeting agenda review 	
Secure additional office space for main office	1	Summer 2028	DOH	CNR Funds Staff time	<ul style="list-style-type: none"> New space option identified New/ or Expanded Office space secured Move completed 	CNR funds appropriated

OBJECTIVE 1.3: Strengthen existing and increase new community partnerships						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Continue participation in existing partnerships (e.g. SHAW, Safety Committees, EP, School, Towns, Healthcare, UCONN)	1	ongoing	DOH Community Health & Wellness Coord (CHWC)	Staff time	<ul style="list-style-type: none"> # and type of partnership meetings/quarter Maintain electronic document listing partners and contacts 	
Explore new partnerships with businesses, faith-based organizations, and higher education institutions	3	ongoing	DOH CHWC	Staff time Budget for related expenses	<ul style="list-style-type: none"> # of attempts to communicate with new partners/quarter Connection established with # new partnership/quarter Maintain electronic documents listing of partners and contacts 	

Goal # 2: Ensure Financial Stability and Governance

OBJECTIVE 2.1: Strengthen board governance, including composition and committee assignments						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Encourage board participation from member towns, and leverage technology to support participation	2	ongoing	DOH Chairperson	Staff time	<ul style="list-style-type: none"> # meetings with quorum/year % of members using virtual platform/yr 	

Fully utilize standing committees and/or establish ad hoc committees to address specific issues	2	ongoing	DOH Chairperson	Staff time	<ul style="list-style-type: none"> • # of standing committee meetings/yr, and why • # number of ad hoc committee meetings/yr and why 	
Update Board Training Plan <ul style="list-style-type: none"> • Orientation for new board members • Incorporate brief training sessions into regular board meetings 	2	Winter 2026 As needed ongoing	DOH Office Manager Chairperson Medical Advisor	Staff time	<ul style="list-style-type: none"> • Orientation manual updated • # of orientations conducted/yr • # of trainings conducted and topic 	
OBJECTIVE 2.2: Monitor grant opportunities and explore alternative revenue streams						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Expand the roster of private insurance payers	3	Fall 2028	DOH CHWC	Staff Time	<ul style="list-style-type: none"> • 2 additional payers 	
Regularly review public & private grant opportunities and submit proposals where applicable	1	Ongoing	DOH	Staff Time	<ul style="list-style-type: none"> • # of grant opportunities reviewed/yr • # of proposal submitted/yr 	
Consider other possible revenue sources	1	ongoing	DOH	Staff time	<ul style="list-style-type: none"> • # of sources considered/yr 	

OBJECTIVE 2.3: Sustain advocacy efforts for state and local public health initiatives						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Actively engage in state and local public health policy discussions	1	ongoing	DOH CHWC	Staff time	<ul style="list-style-type: none"> Attendance in # statewide policy discussions/year Attendance in # local community policy discussions/year 	
Advocate for increased state funding for Local Health Departments (LHDs) <ul style="list-style-type: none"> Invite state elected officials to board meeting 	1	ongoing	DOH Chairperson	Staff time	<ul style="list-style-type: none"> # meetings with state advocacy partner/year 	

Goal #3: Promote Workforce Development

OBJECTIVE 3.1: Improve internal staff communication across programs and services						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Review and identify gaps in communication strategies.	3	Spring 2028	Assistant DOH	Staff time	<ul style="list-style-type: none"> # and type of gaps identified. 	
Establish internal department communication plan.	3	Spring 2028	Assistant DOH	Staff time	<ul style="list-style-type: none"> Communication plan and communication SOPs adopted 	

Establish related SOPs as needed.						
Update and ensure compliance with department communication plan(s). Update related SOPs as needed.	3	Spring 2029	Assistant DOH	Staff time	<ul style="list-style-type: none"> Annual Review and Updated plan and SOPs as needed 	
Hold regular staff meetings with program updates and share time-sensitive information	1	ongoing	DOH	Staff time	<ul style="list-style-type: none"> Calendar printout documenting X/meetings per year Email documentation as needed Meeting notes available and maintained 	
OBJECTIVE 3.2: Strengthen the staffing model						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Develop a succession plan for key leadership positions	1	Spring 2025	DOH	Staff time budget appropriation	<ul style="list-style-type: none"> Succession Plan completed 	
Review and enhance the agency's compensation package	2	Fall 2025	DOH	Staff time Possible budget appropriation	<ul style="list-style-type: none"> Updated Agency Compensation Package Plan 	

Improve the format and content of job postings	1	Summer 2025	DOH Mansfield HR	Staff time	<ul style="list-style-type: none"> Modified Job Posting Format Establishment of Process to review/assess job posting content 	
Update the workforce development plan	3	Fall 2027	DOH Assistant DOH	Staff time	<ul style="list-style-type: none"> Updated workforce development plan 	
Establish Standard Operating Procedures for all positions	3	Fall 2027	DOH Assistant DOH Program leads	Staff time	<ul style="list-style-type: none"> Standard Operating Procedures for all positions 	
Identify opportunities to improve agency efficiency	1	ongoing	DOH All staff	Staff time	<ul style="list-style-type: none"> # Opportunities identified 	
Update the performance management system to reflective agency goals and objectives.	1	Spring 2026 annually	DOH Office mgr Supervisors	Staff time	<ul style="list-style-type: none"> Updates to program quarterly reports Updates to staff performance goals and objectives 	
OBJECTIVE 3.3: Support state-wide workforce development initiatives						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Participate in internship programs and state-sponsored orientation programs	1	ongoing	DOH	Staff time Dedicated workstation	<ul style="list-style-type: none"> Internship Program Participation #/year State orientation Program/Training Participation #/year and/or #/staff 	

Collaborate with higher education institutions to recruit interns and staff	1	ongoing	DOH	Staff time	<ul style="list-style-type: none"> Documented efforts (meeting minutes/staff records) 	
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Goal #4: Deliver High-Quality Programs and Services to Meet Public Health Needs

OBJECTIVE 4.1: Enhance communication between Health District, municipalities, and partners						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Identify key city departments/agencies that interact with (or may need to interact with) EHHD.	1	ongoing	DOH HD staff	Staff time	<ul style="list-style-type: none"> Update List departments/agency Staff will attend # meetings with listed department/agency 	
Establish external department communication/ Collaboration/ Plan including - Establish communication related SPO's	2	Spring 2028	DOH Assistant DOH	Staff time	<ul style="list-style-type: none"> Collaboration/Communication Plan developed Communication related SOPs developed 	
OBJECTIVE 4.2: Enhance program evaluation capabilities						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Develop and implement a methodology for program evaluation & quality improvement that is aligned with Public Health Accreditation Board (PHAB) standards.	3	Winter 2029	DOH Assistant DOH	Staff time Template resources	<ul style="list-style-type: none"> Evaluation tool(S) developed Evaluation tools implemented; Process developed findings analyzed and documented Conduct Quality Improvement projects 	

OBJECTIVE 4.3: Address additional public health mandates with enhanced staffing or productivity.						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Identify opportunities to improve agency efficiency	1	ongoing	DOH HD staff	Staff time	<ul style="list-style-type: none"> Opportunities identified Opportunities implemented 	
Develop a plan to transition CHWC/PHN programs off soft funding	1	Fall 2026	DOH	Staff time Budget initiative	<ul style="list-style-type: none"> CHWC/PHN programs incorporated into budget 	
OBJECTIVE 4.4: Increase support for Community Health Assessment (CHA) and Improvement Plan (CHIP)						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Participate in focus groups and key stakeholder interviews	1	Summer 2026 Summer 2029	DOH CHWC	Staff time	<ul style="list-style-type: none"> # focus groups # key stakeholder interviews 	
Maintain updated CHNA/CHIP information on the agency website and share findings with community stakeholders	2	Fall 2026 Fall 2029	DOH Office Manager	Staff time	<ul style="list-style-type: none"> CHNA/CHIP information on the agency website # Community meeting to share findings with community stakeholders 	

OBJECTIVE 4.5: Increase efforts addressing Environmental Health Problems and Hazards						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Track existing & identify emerging Threats	1	ongoing	DOH Assistant DOH Chief Sanitarian	Staff time	<ul style="list-style-type: none"> Types of existing threats tracking Types of emerging threat identified 	

Establish and Maintain SOP for investigation and mitigation of Environmental health hazards	2	Summer2026	Assistant DOH Chief Sanitarian	Staff time	<ul style="list-style-type: none"> SOP developed and established 	
Maintain a public health emergency operations plan	1	ongoing	Public Health Emergency Coordinator	Staff time Emergency Preparedness grants	<ul style="list-style-type: none"> Plan updated Addendum updated New Addenda added 	
OBJECTIVE 4.6: Explore opportunities to address behavioral health (BH) challenges						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Identify BH related initiatives/ programs	2	ongoing	DOH CHWC	Staff Time Associated funding stream	<ul style="list-style-type: none"> initiatives considered including initiatives implemented 	
Identify BH Partners and Collaboration opportunities	2	ongoing	DOH CHWC	Staff time Associated funding stream	<ul style="list-style-type: none"> # outreach to BH partners # collaboration/support efforts for community BH services/activities 	

OBJECTIVE 4.7: Promote health equity in programming and service delivery						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Identify and implement tools to address health inequities in the community	3	ongoing	DOH CHWC	Staff time	<ul style="list-style-type: none"> Review Resources available at DPH & National association level Share HE resources with staff as appropriate 	
Align agency services with the National CLAS Standards	2	ongoing	CHWC	Staff time	Culturally & Lingistically Appropriate Service (CLAS) standards review process for all SOPs	

Goal #5: Increase Public Awareness of the Health District

OBJECTIVE 5.1: Develop and Implement a comprehensive marketing plan						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Seek input from town officials, committees, and partners	2	Winter 2027	DOH	Staff time	<ul style="list-style-type: none"> Administer survey to stakeholders 	
Research and identify gaps in communication strategies.	2	Spring 2028	DOH Workgroup members	Staff time	<ul style="list-style-type: none"> Establish internal agency workgroup Gaps Identified by workgroup Plan completed 	

Implement customer surveys (to evaluate how the public learns about EHHD programs, services, and general health information)	2	Winter 2027	DOH Office manager	Staff time	<ul style="list-style-type: none"> Community survey implemented Analysis of annual community survey data 	
Increased social media	3	ongoing	DOH	Staff time	<ul style="list-style-type: none"> # social media posts/quarter 	
OBJECTIVE 5.2: Enhance public trust in governmental public health						
Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Target	Status/Notes
Explore the feasibility of posting food service establishment (FSE) & Cosmetology inspection results on line	3	Spring 2029	Assistant DOH	Staff Time Online platform?	<ul style="list-style-type: none"> Review of issue completed results on line (if able) 	
Continue weekly viral respiratory surveillance reports during peak seasons	2	ongoing	CHWC	Staff Time	<ul style="list-style-type: none"> # weekly viral reports/year 	
Vaccine hesitancy-reduction focused initiatives	2	Each Fall period	CHWC DOH	Staff Time	<ul style="list-style-type: none"> # vaccine hesitancy reduction focused activities/year 	



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

To: Board of Directors

From: Robert Miller, Director of Health

Date: June 5, 2025

Subject: EHHD Opioid Action Initiative Proposal

Purpose

This memo provides an overview of a proposal by the Eastern Highlands Health District (EHHD) to establish a program to provide some level of coordination in district efforts in response to the opioid epidemic using municipal opioid settlement funds received by member towns. Full details on the proposal can be found in the attached document titled, "EHHD Opioid Action Initiative Proposal"

Background

National settlements finalized in 2021 and 2022 with pharmaceutical distributors, manufacturers, and pharmacy chains will provide more than \$50 billion over several years to states and local governments, with 85% of funds earmarked for opioid abatement. EHHD member towns are recipients of these funds but face limitations in staffing, resources, and coordination capacity. Furthermore, over the past couple of years member towns have queried the health district on ways to expend these funds. Based on a survey report issued by the Governors Opioid Settlement Advisory Committee, Health District member towns had a combined balance of \$337,874 in settlement funds as of June 30, 2024.

Proposal Summary

EHHD proposes a coordinated, district-wide approach to optimize the impact of opioid settlement funds through shared resources, reduced duplication, and enhanced effectiveness. Participating towns would allocate a portion of their annual settlement funds to EHHD in support of the EHHD Opioid Action Initiative.

Key Features

- *Workgroup Governance:* Participating towns would form a representative workgroup to guide priorities and funding decisions.
- *Centralized Coordination:* EHHD will facilitate data sharing, evidence-based strategy development, and regional messaging.
- *Community Engagement:* Leverages existing local partnerships, prevention councils, and the Medical Reserve Corps for outreach.
- *Key Focus Areas:* Naloxone access and training, stigma reduction, public education, policy development, and harm reduction.



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- *Scalable Efforts*: Allows for flexible, town-specific implementation within a unified framework.
- *Individual Memorandum of Agreements* establishing consistent terms among participating member towns (a template agreement can be found on page 13 of the attached proposal).

EHHD's unique positioning, local relationships, and experience in regional coordination make it a strong partner to manage this initiative on behalf of its member towns that choose to participate.

The proposed primary components of the scope of work that may be provided by the Health District include:

- Collaborate with interested individuals and groups/local harm reduction coalitions;
- Coordinate efforts, resources and events across member towns when possible;
- Research, share and promote best practices;
- Develop and implement a social and community marketing plan to address prevention, treatment and support options, accessibility of Naloxone, and the risks and signs of addiction.
- Share information and local data to inform 'next steps';
- Facilitate "naloxone saturation" through training and NARCAN kit placements.
- Where possible, assist in developing policies, systems and practices that ensure equal access to appropriate and timely services and information.

(More details on the scope of work can be found on page 8 of the attached proposal document.)

Tentative Timeline

July - Convene meeting of interested member towns to develop consensus on terms and funding levels

August/September – Negotiate/execute MOA with participant towns

October – Convene EHHD Opioid Action Workgroup to establish & initiate spending priorities



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Recommendation

If the Board of Directors concurs with the above reference proposal and approach then the following motion is recommended: *MOVE, to authorize the Director of Health to negotiate and execute Memoranda of Agreement with interested member towns to implement the EHHD Opioid Action Initiative.*



EHHD

OPIOID ACTION INITIATIVE PROPOSAL





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INTRODUCTION

In 2021, nationwide settlements were reached to resolve all opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen (“Distributors”) and against manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (collectively, “J&J”). These National Settlements have been finalized, and payments have already begun. In all, the Distributors will pay up to \$21 billion over 18 years, and J&J will pay up to an additional \$5 billion over no more than nine years.

In late 2022, agreements were announced with three pharmacy chains—CVS, Walgreens, and Walmart—and two additional manufacturers—Allergan and Teva. In January 2023, each of those pharmacy chains and manufacturers confirmed that a sufficient number of states had agreed to the settlements to move forward. The 2022 National Settlements have now all been finalized.

Under both the 2021 and 2022 National Settlements, at least 85% of the funds going directly to participating states and subdivisions must be used for abatement of the opioid epidemic, with the overwhelming bulk of the proceeds restricted to funding future abatement efforts by state and local governments.

(Retrieved from : <https://nationalopioidsettlement.com/executive-summary/>)

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As the local public health authority for the ten member towns in the health district, the Eastern Highlands is uniquely positioned to provide coordination and play a role in the area’s response to the local opioid crisis and offers our position and assets to member towns to facilitate and streamline activities relating to Town Opioid Settlement funds.

1. EXECUTIVE SUMMARY

In response to member Town acquisition of Opioid Settlement funds, the Eastern Highlands Health District (EHHD) offers this proposal to leverage economy of scale through a coordinated effort across the health district to achieve maximum impact from the investment.

A district-wide approach to initiatives meeting the guidance from the state, coordinated by the EHHD would:

- Eliminate duplication of effort
- Improve data-driven, informed decision making
- Reduce town-level staff time towards opioid use and education initiatives
- Increase the overall impact in the region through a coordinated approach

Through cost-sharing among member towns interested in participating in this Health District coordinated effort, the EHHD would receive a portion of the town's share of their settlement funds annually to address common opioid use issues and educational opportunities.

A workgroup structure comprised of representation from participating towns will identify priority projects for budgetary considerations/determine projects to spend available funds for a coordinated health district response.

This proposal offers the experience of the EHHD to:

- **Connect with Community:** Working alongside existing prevention councils and other community resources to reduce duplication of effort and provide coordination and efficiency when possible Facilitating evidence-based decisions through
- **Gather Data:** Providing data to ensure informed decision making and facilitate change at the individual and community level
- **Coordinate Training & Messaging:** Priorities include increasing access for individuals, community naloxone saturation, and stigma reduction
- **Facilitate Policy, Practice & Environmental Change:** Providing background, research, model policy and examples to streamline implementation

This proposal and activities recommended for implementation align with the State Guidance for the Settlement Agreement approved use of funding (also known as Exhibit E of the Connecticut settlement agreement).

2. BACKGROUND: TIMELINE

2015: there were 639 opioid-involved fatalities in Connecticut involving state residents. The average age of decedents was 42 years; 74% were male, 83% were white, 11% Hispanic and 5% Black.

2016: Connecticut Opioid Response Initiative launched (CORE); key strategies that directly impact local communities:

- Increase access to and track use of naloxone (strategy 4 of CORE)
- Increase data sharing across relevant agencies and organizations to monitor and facilitate responses, including rapid responses to “outbreaks” of overdoses and other opioid-related (e.g. HIV or HCV) events. (strategy 5 of CORE)
- Increase community understanding of the scale of opioid use disorder, the nature of the disorder, and the most effective and evidence-based responses to promote treatment uptake and decrease stigma. (strategy 6 of CORE)

2016: Epicenter reports do not contain opioids as a reason/classification for a visit to the emergency department or urgent care.

2017: Epicenter reports contain opioid as a searchable data point beginning in September.

2023: Suspected overdoses in EHHD member towns attributed to opioids were primarily in persons ages 30-49 with fewer than 6 events in any other age group. Of the 42 suspected overdoses involving opioids, the average age was 41 years, with only two involving persons age 18 or younger. There were 199 visits to the emergency department or urgent care where the patient mentioned using opioids and many of these were experiencing withdrawal symptoms.

2024: Suspected overdoses in EHHD member towns attributed to opioids were primarily in persons ages 30-39 with fewer than 6 events in any other age group. Of the 27 suspected overdoses involving opioids, the average age was 39 years, and none involved persons age 18 or younger. There were 157 visits to the emergency department or urgent care where the patient mentioned using opioids and many of these were experiencing withdrawal symptoms.

3. PROPOSAL

THE ISSUE

EHHD member towns have funds available to address opioid use in the community but lack the staffing and resources to coordinate a community initiative. At the same time, when developing a plan, strategies should be evidence-based and data driven when data are available. The coordination of outreach and education regarding opioid use and opioid use disorder resources and support across the health district takes time, effort, resources and funds for which a central entity as proposed here could create a substantial footprint for harm reduction across the EHHD.

PURPOSE

The purpose of the EHHD Opioid Action Proposal is to provide support to local harm reduction initiatives regarding Opioid Use Disorder (OUD) and prevention in a more comprehensive manner than local town staff can currently support on their own.

4. ASSETS

The EHHD is uniquely positioned to provide a coordinated approach to addressing member-town response to OUD and prevention efforts. This EHHD Opioid Action Initiative brings the following assets to the local initiative:

- EHHD has stable, strong history and presence in all ten member towns with working relationships across Tolland and Windham counties and the state to support this proposal
- Director of Health is an active member of the Governor's Opioid Advisory Settlement Committee
- Registered nurse with awareness of the local community, a history of participating in local harm reduction meetings and a network across the state to other health department and the State Department of Public Health for resources and collaboration.
- Project specialist with extensive experience developing and implementing social marketing campaigns in the EHHD community to promote public health and wellness.
- Access to key local data on suspected opioid overdose and naloxone use in local towns (Epicenter and ODMAP).
- Solid relationships in each member town across diverse agencies and groups that can receive, inform and support the EHHD Opioid Action collaborative effort and education.
- Experience in coordinated local regional response.
- Ability to attend your meetings, not convene a new committee unless or when it is deemed needed by member towns.
- The Medical Reserves Corps as a resource for outreach and events.
- Frequent participation across the health district in events where Opioid Action Initiative resources could be incorporated.

5. SCOPE OF WORK

As a foundation for the proposed activities, the EHHD would convene a Workgroup of participating town representatives to meet quarterly or as needed to discuss local needs and data relating to OUD and resources available. This Workgroup would identify priority projects for budgetary considerations and together determine projects to spend available funds for a coordinated health district response. Furthermore, through this coordinated effort the EHHD would:

- Collaborate with interested individuals and groups/local harm reduction coalitions;
- Coordinate efforts, resources and events across member towns when possible;
- Research, share and promote best practices;
- Develop and implement a social marketing plan to address prevention, treatment and support options, accessibility of Naloxone, and the risks and signs of addiction. By pooling financial resources, marketing platforms can be diverse and comprehensive providing a cohesive message (billboards, busses, digital and social media, print, movie theater, gas station audio, radio, etc.);
- Disseminate information on specific projects among EHHD partners;
- Share information and local data to inform 'next steps';
- Where possible, assist in developing policies, systems and practices that ensure equal access to appropriate and timely services and information.
- Facilitate "naloxone saturation" through training. There is great opportunity to prevent deaths by ensuring that our community is saturated with naloxone kits, that people throughout the community know how and when to administer this life-saving medication, and that people who are using opioids know about Connecticut's Good Samaritan laws and don't fear calling 9-1-1 if someone they are using with overdoses. The EHHD Opioid Action Initiative would work with local towns to assure wide availability of naloxone and the educational sessions to support it.

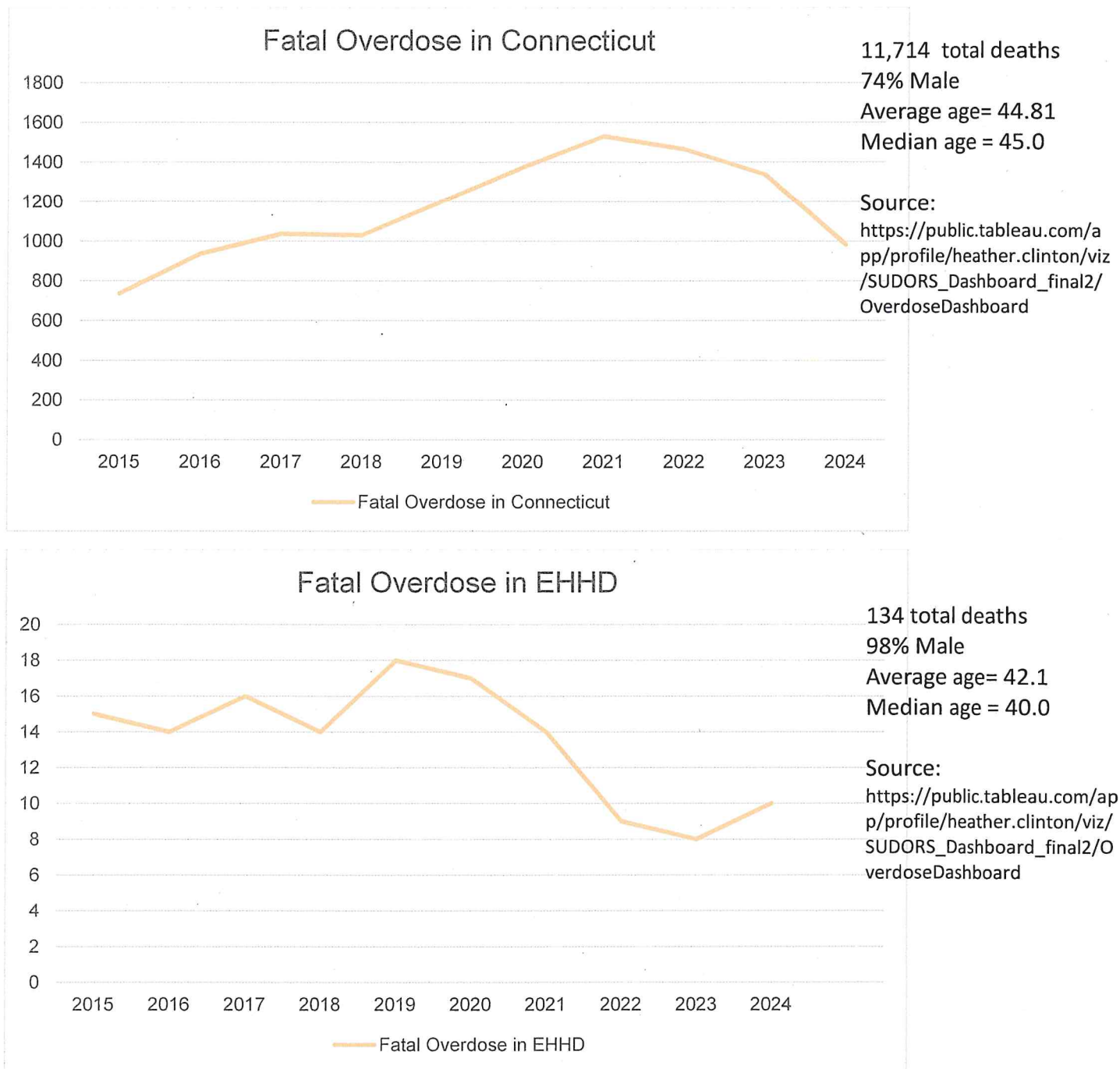
Moreover, the EHHD Opioid Action Initiative aims to create and enhance conditions in our community that lead to sustained support for community resources, education, and a directory of options for a continuum of care through a person's OUD wellness journey.

6. FINANCIAL PLAN

This proposal is funded through a percentage of member town annual municipal opioid settlement payments. While it is recommended that participating member towns contribute an equal proportion of their awarded settlement funds, the MOA executed with the health district will determine the final terms and conditions with those member towns that choose to participate.

APPENDIX

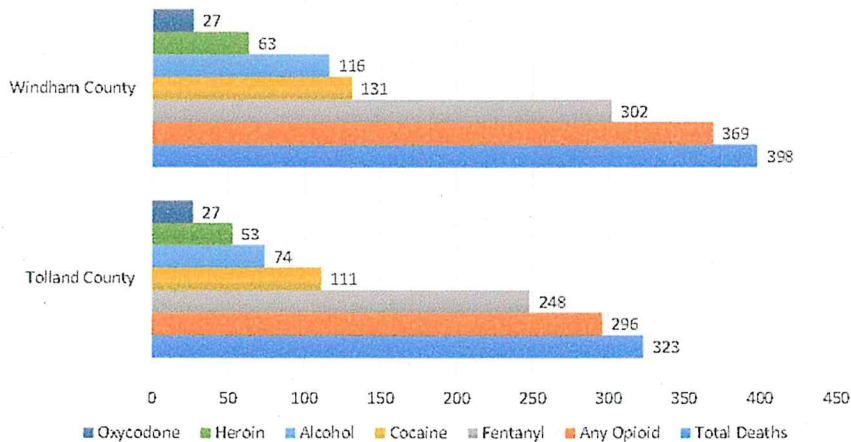
Selected graphics related to opioid use, overdose and deaths in CT and EHHD member towns



Every member town has lost community members to this public health crisis.

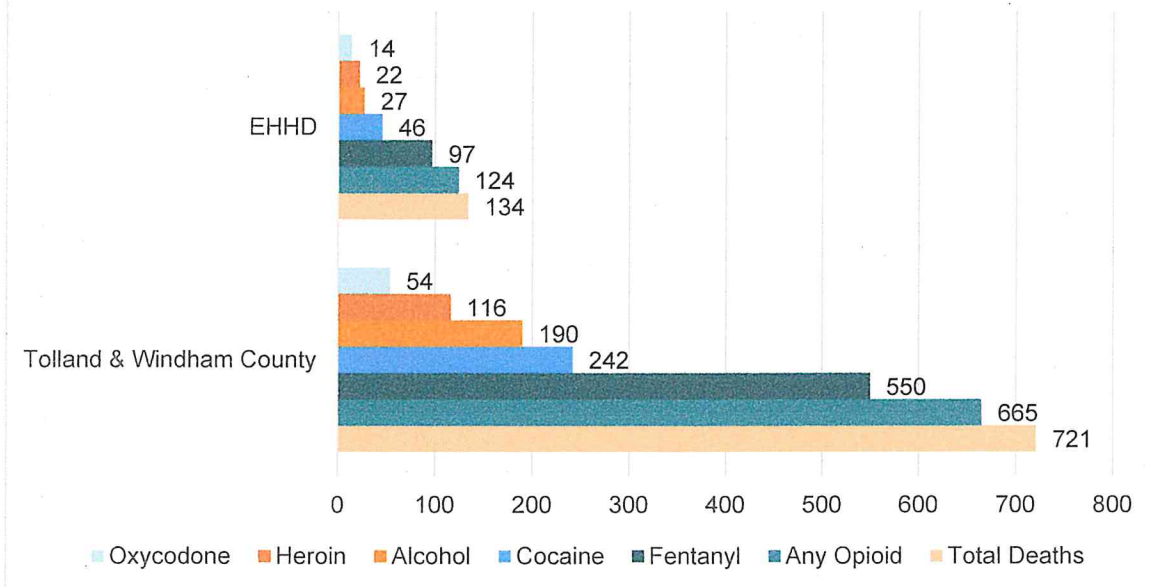
Unintentional Drug Overdose

Unintentional Drug Overdose Deaths 2015 - 2024



Source: https://public.tableau.com/app/profile/heather.clinton/viz/SUDORS_Dashboard_final2/OverdoseDashboard

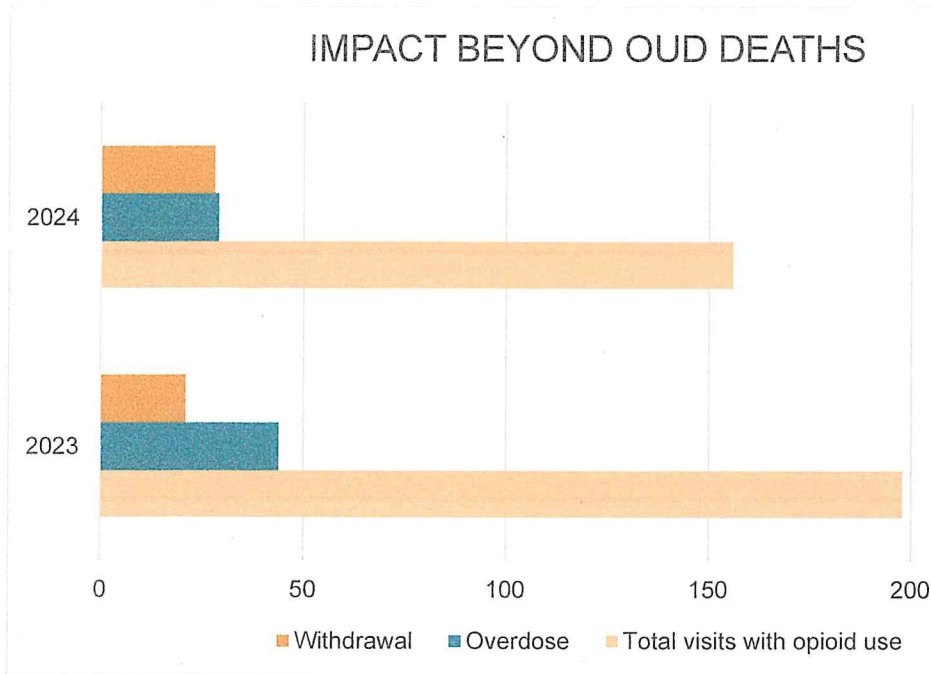
UNINTENTIONAL DRUG OVERDOSE DEATHS 2015 -2024



Source: https://public.tableau.com/app/profile/heather.clinton/viz/SUDORS_Dashboard_final2/OverdoseDashboard

Eastern Highlands Health District

Opioid Action Initiative Proposal



EHHD MEMBER TOWNS:

In 2023 there were 198 visit to an ED or UC with any mention of opioid use; 44 of these for overdose and 21 with withdrawal symptoms from opioids.

In 2024 there were 156 visits to an ED or UC with any mention of opioid use; 29 of these for overdose and 28 with withdrawal symptoms from opioids.

Source: Epicenter

Eastern Highlands Health District
Opioid Action Initiative Proposal

DRAFT MOU

SUBRECIPIENT AGREEMENT: OPIOID SETTLEMENT FUND

This Subrecipient Agreement ("Agreement") is dated _____, by and between the Town of _____, Connecticut ("the Town"), and the Eastern Highlands Health District ("Subrecipient").

WHEREAS, the Town of _____ has been allocated funding from the National Opioid Settlement for the limited purposes identified in Exhibit E (attached hereto).

WHEREAS, the _____ Town Council, at its meeting on _____ allocated (state amount) of National Opioid Settlement Funds to the Subrecipient with such allocation of funds to be consistent with the Eligible Uses of National Opioid Settlement Funds outlined above.

WHEREAS, the Town and Subrecipient desire to enter into this Agreement so that the Town may provide National Opioid Settlement Funds for appropriate and qualifying expenditures allowed per terms of the settlement agreement.

NOW, THEREFORE, in consideration of the foregoing recitals which are incorporated herein by reference and the terms and conditions set forth below, the parties agree as follows:

1. Effective Date and Term. This Agreement shall commence when last executed by all parties and remain in effect until the end of Agreement date unless terminated by the Town in writing.
2. National Opioid Settlement Funds. The Town agrees to allocate \$_____ to be used exclusively for the activities described in the Subrecipient's request for funding and no other purpose, conditioned on the requirement that such funds will be dispersed no later than 12/31/2025.
3. Subrecipient's Management and Use of National Opioid Settlement Funds. The Subrecipient shall ensure that the National Opioid Settlement Funds requests are eligible uses as per the final agreement dated _____.
4. Ineligible Uses. Non-allowable uses of National Opioid Settlement Funds include those not specifically outlined in the final agreement dated _____.
5. Termination. The Town may terminate this Agreement at any time for convenience or otherwise and for no consideration and without suffering costs or damages upon written notice to the Subrecipient with at least 90 days notice.
6. Independent Contractor. Each party under the Agreement shall be for all purposes an Independent Contractor. Nothing contained herein will be deemed to create an association, a partnership, a joint venture, or a relationship of principal and agent or employer and employee between the parties. The Subrecipient shall not be, or deemed to be, or act or purport to act, as an employee, agent or representative of the Town for any purpose.
7. Indemnification. The Subrecipient agrees to defend, indemnify and hold the Town, its officers, officials, employees, agents and volunteers harmless from and against any and all claims, injuries, damages, losses or expenses including without limitation personal injury, bodily injury, sickness, disease, or death, or damage to or destruction of property, which are alleged or proven to be caused in whole or in part by an act or omission of the Subrecipient, its officers, directors, employees, and/or agents relating to the Subrecipient's performance or failure to perform under this Agreement. The section shall survive the expiration or termination of this Agreement.

Eastern Highlands Health District

Opioid Action Initiative Proposal

8. Compliance with Laws, Guidelines. The Subrecipient shall comply at all times with all federal, state, and local laws and all requirements to the extent applicable, when disbursing National Opioid Settlement Funds to recipients selected by it or when seeking reimbursement from the Town.
9. Maintenance and Audit of Records. The Subrecipient shall maintain records, books, documents and other materials relevant to its performance under this Agreement. These records shall be subject to inspection, review and audit by the Town or its designee for four (4) years following termination of this Agreement. If it is determined during the course of the audit that the Subrecipient was reimbursed for unallowable costs under this Agreement, the Subrecipient agrees to promptly reimburse the Town for such payments upon request.
10. Notices. Any notice desired or required to be given hereunder shall be in writing and shall be deemed received three (3) days after deposit with the U.S. Postal service, postage fully prepaid, certified mail, return receipt requested, and addressed to the party to which it is intended at its last known address, or to such other person or address as either party shall designate to the other from time to time in writing forwarded in like manner:

Town of _____
Attn: Mayor/Town Manager/First Selectman's office
ADDRESS of Town

Subrecipient
Eastern Highlands Health District
Attn: Robert Miller, Director
4 South Eagleville Rd
Mansfield, CT 06268

11. Improper Influence. Each party warrants that it did not and will not employ, retain, or contract with any person or entity on a contingent compensation basis for the purpose of seeking, obtaining, maintaining, or extending this Agreement. Each party agrees, warrants, and represents that no gratuity whatsoever has been or will be offered or conferred with a view towards obtaining, maintaining, or extending this Agreement.
12. Conflict of Interest. The elected and appointed officials and employees of the parties shall not have any personal interest, direct or indirect, which gives rise to a conflict of interest.
13. Amendment. No amendment or modification to the Agreement will be effective without the prior written consent of the authorized representatives of the parties.
14. Governing Law and Venue. The Agreement will be governed in all respects by the laws of the State of Connecticut, both as to interpretation and performance, without regard to conflicts of law or choice of law provisions. Any action arising out of or in connection with the Agreement may be instituted and maintained only in a court of competent jurisdiction in Tolland or Windham County.
15. Binding Effect. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors.
16. Assignment. The Subrecipient shall not assign or transfer all or any of its interests in or obligations under this Agreement without the prior written consent of the Town.
17. Entire Agreement. This agreement constitutes the entire agreement between the Town and the Subrecipient for the use of funds received under this Agreement and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written between the parties with respect to this Agreement.
18. No Third-Party Beneficiaries. Nothing herein shall or be deemed to create or confer any right, action or benefit in, to, or on the part of any person or entity that is not a party to this Agreement. This provision shall not limit any obligation which either party has in connection with the use of National Opioid

Eastern Highlands Health District

Opioid Action Initiative Proposal

Settlement Funds, including the obligations to provide access to records and cooperate with audits as provided in this Agreement.

19. Severability. In the event that one or more provisions of this Agreement shall be determined to be invalid by any court of competent jurisdiction or agency having jurisdiction thereof, the remainder of the Agreement shall remain in full force and effect and the invalid provisions shall be deemed deleted.
20. Authorization. Each party signing below warrants to the other party, that they have the full power and authority to execute this Agreement on behalf of the party for whom they sign.
21. Return of Funding. If the Subrecipient has not expended the balance of funding by _____, the Subrecipient shall notify the Town of its intent and timeline for expending the remaining funds. Any funding not projected to be expended by _____ shall be returned so that it may be repurposed in a timely manner. If at any time the Subrecipient no longer intends to utilize the funding for its intended purpose(s), the entire unexpended portion shall be returned to the Town.

IN WITNESS WHEREOF, this Agreement is executed and shall become effective as of the last date signed below.

SUBRECIPIENT

TOWN

By _____

By _____

Robert Miller

Title: Director, EHHD

Title: _____

Date: _____

Date: _____



EHHD

OPIOID ACTION INITIATIVE PROPOSAL

A local response





Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

MEMORANDUM

To: Board of Directors
From: Robert Miller, Director of Health
Date: June 2, 2025
Subject: Justification for Establishing Juneteenth as a Paid Holiday

Background

Juneteenth commemorates the date in 1865 when the last enslaved African Americans in the United States were informed of their freedom—two and a half years after the signing of the Emancipation Proclamation. It is widely recognized as the oldest nationally celebrated commemoration of the end of slavery in the U.S.

In 2021, Juneteenth was established as a **federal holiday**, and in 2022, the **State of Connecticut** followed suit, formally recognizing Juneteenth as a **legal state holiday**.

Rational

Recognizing Juneteenth as a paid holiday within the Health District is consistent with the actions of federal, state, and many local municipal employers across Connecticut. This recommendation is supported by the following:

- Establishing Juneteenth as a paid holiday brings the Health District's holiday calendar in line with those of state agencies and many Connecticut municipalities.
- Recognizing Juneteenth honors the significance of African American history and reinforces the District's ongoing commitment to social justice, cultural awareness, and inclusion—values that are central to public health practice.
- Offering the same holiday benefits as surrounding municipalities helps the District remain competitive in attracting and retaining talented staff, while also supporting employee wellness and recognition.
- Seven Towns served by the Health District already observe Juneteenth as a paid holiday. Aligning with their schedules will help maintain consistency in operations and administrative processes.

Fiscal Impact

The daily value with payroll taxes is \$3,173. Because it would be treated similarly to other recognized paid holidays the fiscal impact would be budget neutral. The District has the operational flexibility to accommodate this change without disruption to services.

Recommendation

The Personnel Committee will be considering this matter on June 11, 2025. If the Personnel Committee sees fit to recommend approval and the full board concurs, then the following motion would be in order: *MOVE, that the Eastern Highlands Health District Board of Directors approve Juneteenth National Independence Day (June 19th) as an official paid holiday for all Eastern Highlands Health District employees, to be observed annually beginning in 2025.*



Maria E. Capriola
Chief of Shared Services & Administration

MEMORANDUM

To: EHHD Board of Directors

cc: Rob Miller, EHHD Executive Director

From: Maria Capriola, Personnel Committee Chairperson

Date: June 11, 2025

Re: Timeline – EHHD Executive Director Performance Review Process

Below please find the timeline for the Executive Director's performance review for Fiscal Year 2024/2025.

<u>Task</u>	<u>Date</u>	<u>Person/People Responsible</u>
Survey Instrument and contacts updated	7/3/2025	Millie Brosseau/Maria
Self-evaluation submitted to Board	7/28/2025	Rob Miller/Maria
Board members complete performance Review online via Survey Monkey	7/29/2025 -8/19/2025	Board Members
Personnel Committee prepares draft evaluation	8/20/2025-10/1/2025	Personnel Committee
Board meets in Executive Session to discuss performance review and conduct performance review with Director	10/16/2025 (at Board meeting)	Board Members/Rob
Board adopts review and makes changes to compensation plan, if any	10/16/2025 (after executive session)	Board Members

All Board members are encouraged to participate and complete the assessment. Thank you.

1. Welcome to the online survey for the EHHD Executive Director 2024/2025 Performance Review.

As a member of the EHHD Board or one of the Director's direct reports, you are invited and encouraged to participate in this performance review. Board members will also be provided a copy of the Director's self-evaluation in conjunction with the opportunity to complete the evaluation instrument.

You are being asked to rate the Director's performance from July 1, 2024 - June 30, 2025. There are 14 questions in the survey. For each factor being evaluated, you will be able to select from the following ratings:

- Outstanding - Employee's performance is outstanding and consistently exceeds expectations.
- Meets Expectations - Employee routinely completes the primary duties and responsibilities of the position and performance meets expectations.
- Needs Improvement - Employee's performance falls short of what is expected of a trained, experienced employee. Improvement is needed. Employee may occasionally fail to meet established deadlines, achieve goals and/or requirements.
- Unacceptable - Employee failed to correct deficiencies and did not improve in areas previously noted in a performance improvement plan.
- Not Sure - Reviewer not in a position to make a judgment

You have until Tuesday, August 19, 2025 to complete this evaluation.

The Personnel Committee will prepare one consolidated draft evaluation based upon the collected responses and analyzed data. The Personnel Committee will then review the draft evaluation with the Board during an executive session. If revisions are needed, the Personnel Committee will make the necessary edits. Once a final version of the evaluation is complete, the Board will meet with the Director in executive session to review the results.

If you have questions about the process or this survey, please contact Maria Capriola (Chair of the EHHD Personnel Committee) at 860-429-3395.

Are you ready to proceed?

☐ Yes

Analytical/Assessment Skills

2. Please rate the Director's Analytical/Assessment Skills:

- Identifies community health needs
- Identifies relevant and appropriate data and information sources
- Makes community-specific inferences from quantitative and qualitative data
- Interprets information with regard to risks and benefits to the community
- Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies
- Utilizes data to address scientific, political, ethical, and social public health issues

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

Communication/Interpersonal Skills

3. Please rate the Director's Communication/Interpersonal Skills:

- Communicates in writing and orally, in person, and through electronic means
- Solicits input from individuals and organizations
- Utilizes a multimedia approach to disseminate public health information
- Presents demographic, statistical, programmatic, and scientific information for professional and lay audiences
- Applies communication strategies, including principled negotiation, conflict resolution, and active listening in interactions with individuals and groups
- Implements the public health agency's communication policies and procedures

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

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Financial Planning Skills

4. Please rate the Director's Financial Planning Skills:

- Develops balanced annual operating and capital budgets based on District needs and available resources
- Manages programs within current and forecasted budget constraints
- Authorizes and monitors expenditures
- Diversifies the District's revenue base by receiving grant funds and providing fee based services by contract

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463
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Initiative

5. Please rate the Director's Initiative:

- Initiates activities/plans without being asked or directed
- Brings new resources to bear on problems
- Develops and implements new ideas and initiatives within and beyond the obvious or routine scope of one's job
- Encourages others to be innovative and creative

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

Leadership Skills

6. Please rate the Director's Leadership Skills:

- Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
- Participates with stakeholders in identifying key values and a shared vision as guiding principles for action
- Rectifies internal and external problems that may affect the delivery of essential public health services
- Modifies organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment
- Maintains a strong working relationship with board, characterized by open communication, respect and trust

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

Staff Supervision and Development Skills

7. Please rate the Director's Staff Supervision and Development Skills:

- Establishes and applies goals, objectives and performance standards
- Monitors staffing patterns and workloads
- Promotes and ensures a safe & healthy work environment
- Identifies employee skills and provides opportunities for educational and training needs
- Promotes team and organizational learning

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

Policy Development/Program Implementation and Evaluation Skills

8. Please rate the Director's Policy Development/Program Implementation and Evaluation Skills:

- Analyzes information relevant to specific public health policy issues
- Determines the feasibility and expected outcomes of policy options
- Articulates the health, fiscal, administrative, legal, ethical, social, and political implications of policy options
- Manages public health programs consistent with public health laws and regulations
- Develops a plan to implement policy and programs
- Develops mechanisms to monitor and evaluate programs for their effectiveness and quality
- Establishes performance measures to track and evaluate programs for effectiveness and quality

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

--

Judgment and Decision Making Skills

9. Please rate the Director's Judgment and Decision Making Skills:

- Makes sound & timely decisions
- Resolves conflicts directly and completely
- Conducts hearings, appeals and investigations regarding health issues, practices and enforcement actions
- Seeks and follows the advice of Attorney and Board when differences of opinion exist regarding important decisions
- Listens to others and encourages expression of different view points
- Demonstrates thorough knowledge of public health laws, ordinances and regulations and laws governing communicable diseases, prevention and control measures, etc.

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

--

Collaboration and Partnership Skills

10. Please rate the Director's Collaboration and Partnership Skills:

- Establishes linkages with key stakeholders
- Facilitates collaboration with internal and external groups to ensure participation of key stakeholders
- Uses group processes to advance community involvement
- Maintains partnerships over time
- Describes the role of government the private sector and non-profit sectors in the delivery of public health services
- Negotiates for the use of community assets and resources
- Advocates for public health policies, programs, and resources

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

Comments:

Public Health Skills

11. Please rate the Director's Public Health Skills:

- Relates local public health issues to the Core Public Health Functions and Ten Essential Services of Public Health
- Applies basic public health best practices to the prevention of chronic diseases, infectious diseases, injuries, and other population-based health threats
- Retrieves scientific evidence from a variety of text and electronic sources and describes the important observations and interrelationships among these findings

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

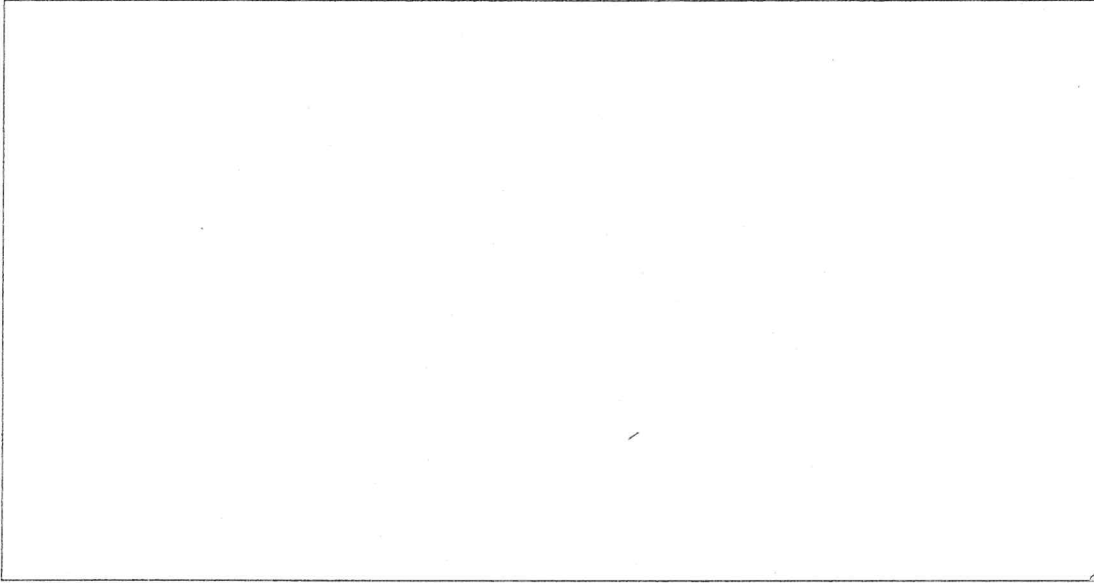
Comments:

Overall Performance

12. Please rate the Director's overall performance for July 1, 2024 - June 30, 2025:

☐ Outstanding ☐ Meets Expectations ☐ Needs Improvement ☐ Unacceptable ☐ Not Sure

13. Please offer any final comments you may have on the Director's overall performance for July 1, 2024 - June 30, 2025:



Director's Proposed FY 2025/2026 Goals

Please provide feedback on the following goals that have been proposed for the Director in FY 2025/2026:

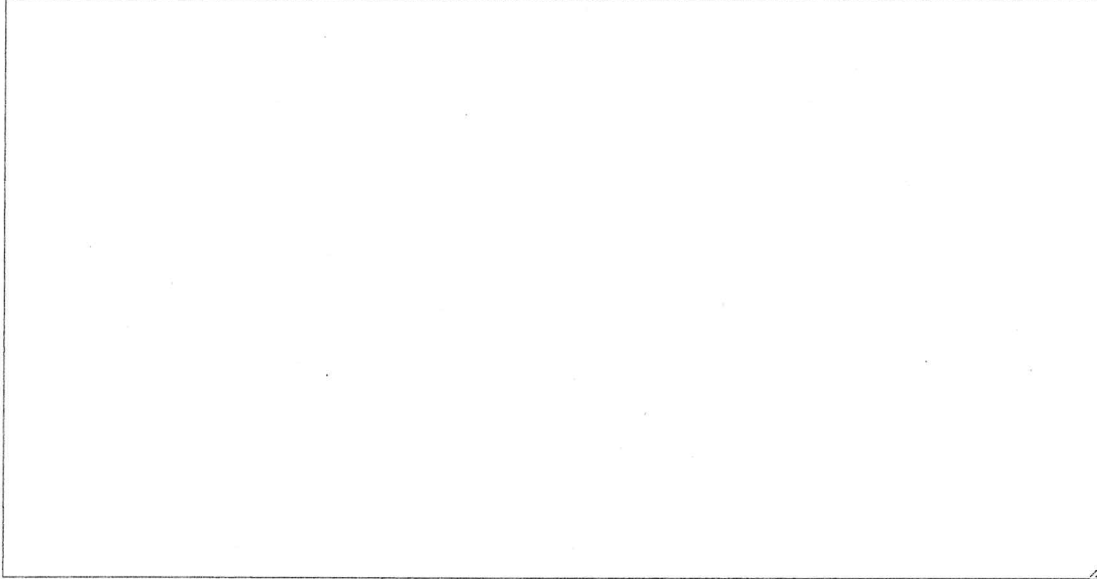
1) To be Updated

14. To what extent do you agree that the above goals should be established as the Director's primary goals for FY 2025/2026?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Unsure
- ☐ Other/Comments (please specify)

Director's Proposed FY 2025/2026 Goals

15. Please offer suggestions for goals for the Director during FY 2025/2026, July 1, 2025 - June 30, 2026:

A large, empty rectangular box with a thin black border, intended for the user to write their suggestions for the Director's goals for FY 2025/2026. The box is currently blank.

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31, 2025
(with comparative totals for March 31, 2024)

	Adopted Budget 2024/25	Amended Budget 2024/25	Percent of Adopted Budget	2025	2024
Revenues					
Member Town Contributions	\$ 474,660	\$ 474,660	\$ 356,052	75.0%	\$ 347,395
State Grants	207,210	207,210	207,210	100.0%	207,210
Septic Permits	50,000	50,000	32,025	64.1%	35,707
Well Permits	13,000	13,000	9,875	76.0%	9,925
Soil Testing Service	41,000	41,000	26,240	64.0%	29,660
Food Protection Service	85,000	85,000	72,651	85.5%	61,174
B100a Reviews	26,000	26,000	16,890	65.0%	17,560
Septic Plan Reviews	33,500	33,500	24,920	74.4%	22,905
Other Health Services	9,700	9,700	6,488	66.9%	1,835
Cosm Insp	6,600	6,600	6,300	95.5%	6,650
Appropriation of Fund Balance	63,406	63,406	-	0.0%	-
Total Revenues	1,010,076	1,010,076	758,650	75.1%	740,021
Expenditures					
Salaries & Wages	702,470	702,470	484,295	68.9%	458,881
Grant Deductions	(71,369)	(71,369)	(72,130)	101.1%	(77,363)
Benefits	231,780	231,780	169,627	73.2%	132,351
Miscellaneous Benefits	14,210	14,210	6,132	43.2%	5,391
Insurance	15,050	15,050	15,542	103.3%	15,390
Professional & Technical Services	26,720	26,720	22,799	85.3%	19,963
Vehicle Repairs & Maintenance	4,000	4,000	9,113	227.8%	6,187
Health Reg*Admin Overhead	35,075	35,075	26,306	75.0%	25,418
Other Purchased Services	32,240	32,240	28,877	89.6%	27,807
Other Supplies	12,000	12,000	7,672	63.9%	3,406
Equipment - Minor	4,900	4,900	152	3.1%	2,662
Total Expenditures	1,007,076	1,007,076	698,385	69.3%	620,092
Operating Transfers					
Transfer to CNR Fund	3,000	3,000	-	0.0%	-
Total Exp & Oper Trans	1,010,076	1,010,076	698,385	69.1%	620,092
Excess (Deficiency) of Revenues	-	-	60,264		119,929
Fund Balance, July 1	551,726	551,726	551,726		601,782
Fund Balance plus Cont. Capital, Mar.31st	\$ 551,726	\$ 551,726	\$ 611,990		\$ 721,711

Eastern Highlands Health District
General Fund
Balance Sheet
March 31, 2025
(with comparative totals for March 31, 2024)

	<u>2025</u>	<u>2024</u>
Assets		
Cash and Cash Equivalents	\$ 612,509	\$ 721,711
Accounts Receivable	<u>-</u>	<u>-</u>
Total Assets	<u>612,509</u>	<u>721,711</u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>519</u>	<u>-</u>
Total Liabilities	<u>519</u>	<u>-</u>
Fund Balance	<u>611,990</u>	<u>721,711</u>
Total Liabilities and Fund Balance	<u>\$ 612,509</u>	<u>\$ 721,711</u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
March 31, 2025
(with comparative totals for March 31, 2024)

	<u>2025</u>	<u>2024</u>
Assets		
Cash and Cash Equivalents	\$ <u>277,372</u>	\$ <u>221,817</u>
Total Assets	<u><u>277,372</u></u>	<u><u>221,817</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>277,372</u>	<u>221,817</u>
Total Liabilities and Fund Balance	\$ <u><u>277,372</u></u>	\$ <u><u>221,817</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
March 31, 2025
(with comparative totals for March 31, 2024)

	<u>2025</u>	<u>2024</u>
Revenues		
General Fund	\$ -	\$ 5,372
Total Revenues	<u>-</u>	<u>5,372</u>
Operating Transfers		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>-</u>	<u>5,372</u>
Expenditures		
Professional & Technical Services	4,700	-
Vehicles	29,575	-
Office Equipment	<u>-</u>	<u>-</u>
Total Expenditures	<u>34,275</u>	<u>-</u>
Excess (Deficiency) of Revenues	(34,275)	5,372
Fund Balance, July 1	<u>311,647</u>	<u>216,445</u>
Fund Balance plus Cont. Capital, Mar.31	<u>\$ 277,372</u>	<u>\$ 221,817</u>

EHHD Executive Committee

Special Meeting Minutes - DRAFT

May 27, 2025

Mansfield Town Hall, conference room A

Call to order at 1:32PM.

Members present: J Elsesser, M Walter, E Anderson

Staff present: R Miller, A Backus

E Anderson MOVED, M Walter seconded to approve the minutes from 5/23/2024. Motion PASSED unanimously.

E Anderson MOVED, M Walter seconded to appoint CliftonLarsonAllen LLP as the auditing firm for the EHHD for the fiscal year 2024/2025. Motion PASSED unanimously.

M Walter MOVED, E Anderson seconded to adjourn the meeting. Motion PASSED unanimously. Meeting adjourned at 1:39pm.

Respectfully submitted,

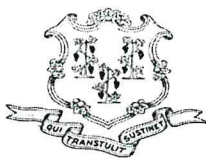
Robert Miller, Secretary

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

6

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

June 2, 2025

Robert L. Miller, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

Dear Mr. Robert L. Miller:

This letter is to inform you that you may resume work and incur expenses concerning the following:

DPH20240053POS

2022-0113

On or about March 24, 2025, this office issued a Contract Suspension Request to you, requesting that you cease performing work and incurring costs concerning the Contract because the federal funding stream supporting that contract had been canceled.

Since that time, United State District Judge Mary S. McElroy issued a decision in *Colorado v. Dep't of Health and Human Servs.*, preliminarily enjoining the U.S. Department of Health and Human Services from withholding certain grant funds from various state health offices, including the Connecticut Department of Public Health.

Due to this order, we are permitting those contractors that had their contracts suspended to resume their work.

Please respond to this letter by emailing DPH-Agreements@ct.gov to confirm whether you will be resuming work and incurring expenses against the Contract, no later than June 6, 2025.

Should you have any questions or concerns regarding this matter, please email DPH-Agreements@ct.gov.

Sincerely,

Nicholas Jakubowski

Nicholas Jakubowski
Deputy Chief, Operational Support Services



Phone: (860) 509-7101 • Fax: (860) 509-7111
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

March 31, 2025

Mr. Robert L. Miller, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

Re: Contract Suspension Request

Dear Mr. Robert L. Miller:

You are receiving this notice because you have a contract with the Connecticut Department of Public Health ("Department") to perform work funded in whole or in part by the federal government.

The Department was recently notified by the federal government that effective March 24, 2025, the funding stream supporting DPH20240053POS and 2022-0113 is canceled.

Although the contract permits the Department to terminate the contract due to the loss of funding, in lieu of termination, the Department hereby requests at this time that **you immediately stop all services and expenditures** authorized under your contract with the Department while the Department assesses whether this contract can continue to be supported.

Please email the Department at DPH-Agreements@ct.gov to indicate that you agree to this request and confirm that all services and expenditures have, in fact, stopped.

If the Department does not receive notification of your agreement to this request by close of business tomorrow, the Department will proceed to assess whether to proceed with the immediate termination of this contract in accordance with its provisions.

Please also submit to the Department an invoice for all outstanding payments under the contract no later than close of business, April 4, 2025.



Phone: (860) 509-8251 • Fax: (860) 509-7854
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



The Department will contact you once it determines whether this contract can continue to be in effect. At this time, the Department has no additional information to share. However, any communication regarding this notice should be directed to DPH-Agreements@ct.gov

Sincerely,

Nicholas Jakubowski

Nicholas Jakubowski
Deputy Chief, Operational Support Services

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

8

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

April 30, 2025

Eastern Highlands Health District
Attn: Robert Miller
4 South Eagleville Rd.
Mansfield, CT 06268

Dear Mr. Miller:

This letter is to notify you of the results of your application submitted under the Request for Proposal (RFP) # 2026-0905 for Best Practice Tobacco Control Programs.

A review panel convened by the Department of Public Health (DPH) reviewed all qualifying applications. Based on the proposal submitted, your organization has been recommended for funding in the amount of \$166,050 for Component 1. You will be contacted shortly to negotiate the contract that may result from this competitive process.

Next steps for your organization:

- Please confirm receipt of the award letter, indicate your intent to move forward with the contracts process, and provide the key point of contact at your organization to negotiate the contract terms, by May 12, 2025.
- If a local board, Common Council, or other governing agency will need to accept the funds, please advise them of the award and provide any related timelines that may impact the subsequent contracts process.

Please be aware that this award letter does not represent, nor does it imply the existence of a contract. No contractual obligations between DPH and your organization will be in effect until contract negotiations are successful, and a contract becomes fully executed.

Please feel free to email me at DPHTobacco@ct.gov should you have any questions.

Sincerely,

Allison P. Sullivan

Allison P. Sullivan, Health Program Supervisor

Tobacco and Cannabis Prevention Program



Phone: (860) 509-8251
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer





Activity Report

January 1, 2025 – March 31, 2025

Highlighted Accomplishments/Activities

- Subsequent to a public hearing in January, the Board of Directors Public Hearing adopted the fiscal year 25/26 budgets – total authorized operational budget of \$1,071,890.
- We continue to provide significant support to the Town of Tolland in their efforts to address NaCl ground water contamination. This includes but is not limited to:
 1. Participated in bi-weekly status meetings on efforts to address Tolland NaCl challenges
 2. Providing additional technical and sampling support regarding a new investigation in the Lakeview Hts Neighborhood
- Participated in weekly meetings as an active member of CT DPH workgroup to revised and update the statewide Eastern Equine Encephalitis response plan.
- Responded to request from CT Dentistry Foundation to find a site for a large-scale free dental clinic in eastern CT. This office was able to secure EO Smith High School as a site for 2026. More planning work to do.
- Completed the annual operating permit renewal for 73 cosmetology businesses in the health district during this period.
- Attended two and participated as an active member of the UConn Institutional Bio-safety Committee, community member at-large.
- Supported the Town of Tolland in response to Electric Blue sewage discharge. Initiated and completed enforcement action.
- Ongoing collaboration with UConn Environmental Compliance on updating their Fats, Oil, and Greases (FOG) oversight program. Held two meetings, and reviewed and on commented on their program details. The EHHD will be supporting UConn FOG efforts during our routine inspection of FSE's connected to UConn community sewer system.
- Significant advocacy activities during this quarter. CADH advocacy committee met weekly. As a member this office drafted and submitted in-person testimony regarding well data confidentiality, participated in meetings with PH Committee co-chairs, and collaborated with other stakeholders on the matter. Additionally, sent communications to state elected officials regarding governors proposed cuts to local health departments, and connected in person with a number of them.
- Attended and participated as an active member of the UConn Student and Health and Wellness Infection Prevention Committee.
- In collaboration with the CT DEEP and in support of Mansfield and Chaplin, ongoing response to application of bio-solids on farms in those member towns. CT DEEP in consultation with us is evaluating the prospect of environmental testing and monitoring for PFAS.



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

- Per the Town of Columbia's request, we initiated an investigation of bacterial laden storm culvert discharge to Columbia Lake.
-
- Attended and participated in Governors Opioid Settlement Advisory Committee meeting during this quarter.
 - Working with the Strategic Planning Committee, the EHHD Strategic Plan was approved in January. The committee has completed work on the Action/Implementation Plan, with anticipated board approval in June.
 - Staff is currently managing 28 cases of Elevated Blood Lead Levels in children. Three of these cases involved in depth investigations on the causes of their environmental lead exposures, and enforcement proceedings.
 - Six (6) infectious disease outbreak investigations were conducted during this period.
 - The Health District engaged in a number of grant funded activities this quarter:
 1. The development and implantation of a comprehensive vaccine promotion campaign to address those barriers. This work stopped on 3/24/25 due to a federal stop work order.
 2. The coordination and conducted five blood pressure screening clinics screening 29 persons. Conducted one educational series with seven attendees.
 - *Community Health and Wellness Programs*: Hosted 8 vaccination clinics administering 263 vaccine shots; distributed 122 Covid-19 kits (See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, Chronic Disease activities, and other outreach initiatives.)
 - *Emergency Preparedness Program*: Highlighted EP activities for this period include a number of MRC trainings: Situational Awareness and Mission set training day. (See separate EHHD PHPP report attached.)

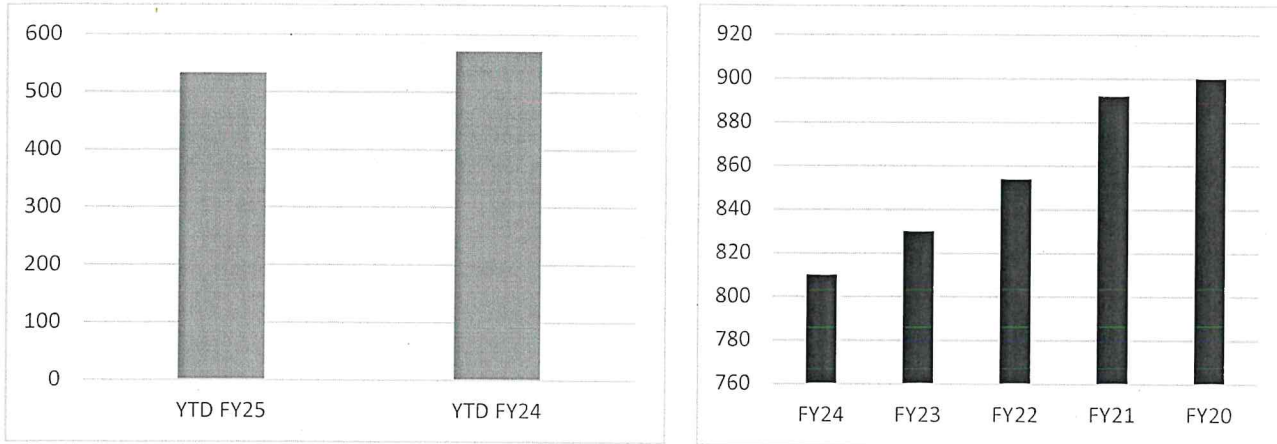
Plans for the Next Quarter

- Ongoing working with CADH Advocacy Committee engage CGA members on policy affecting local public health during legislative session.
- Active support and participation the Windham Hospital Community Health Needs Assessment.
- Continue progress on the Implementation Plan for the Strategic Plan updated is anticipated.
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
- On-going work on the Preventive Health and Human Services Block Grant to prevent hypertension.
- Hire summer interns and initiate summer bathing water-testing program.
- Complete annual FSE license renewals.
- Ongoing planning work for CT Mission of Mercy free Dental clinic.
- Working to develop EHHD opioid initiative.

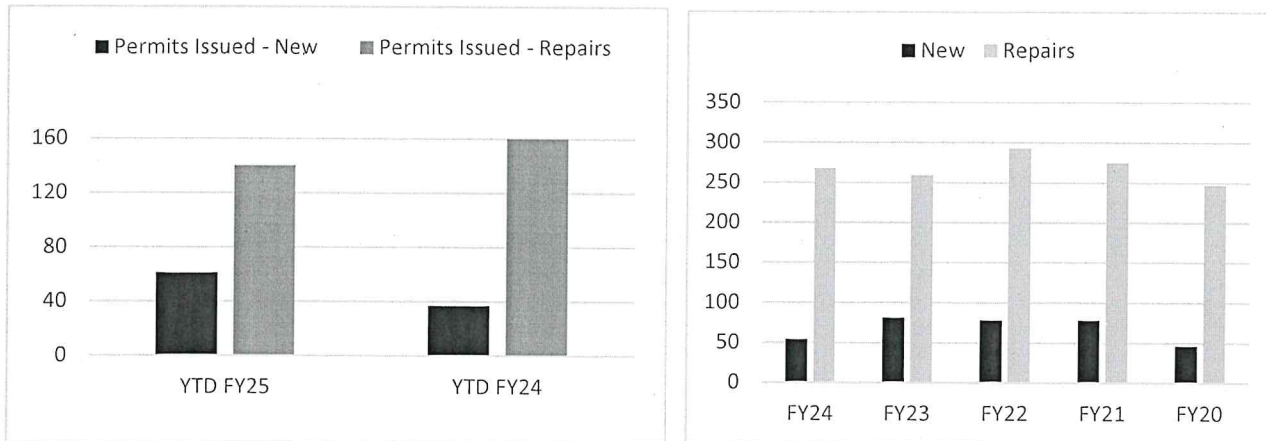
Statistical Report (Attached)

Quarterly Report January 1, 2025 - March 31, 2025
 Year to Date Histograms with 5 Year Trend Comparisons for Selected Activity Indicators

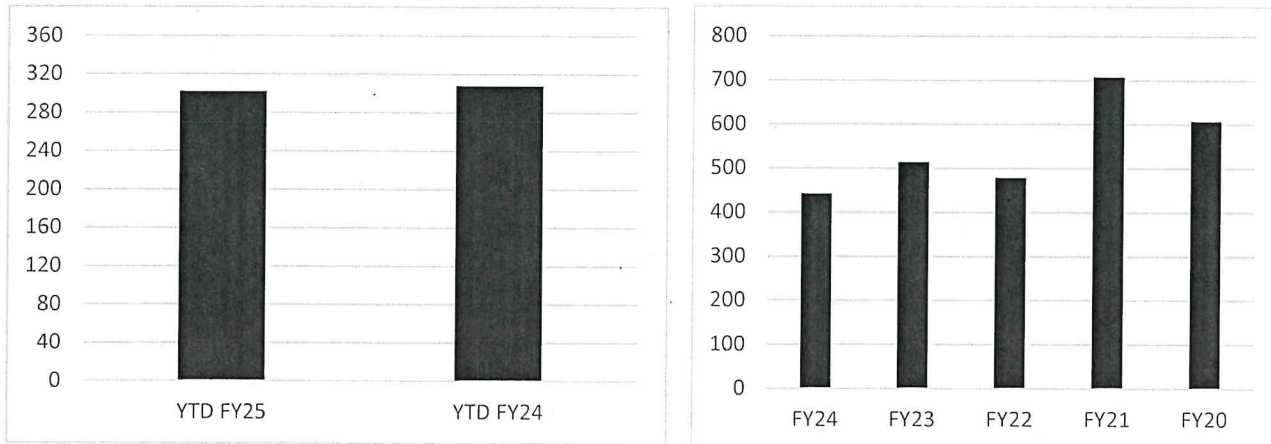
Deep Test Holes



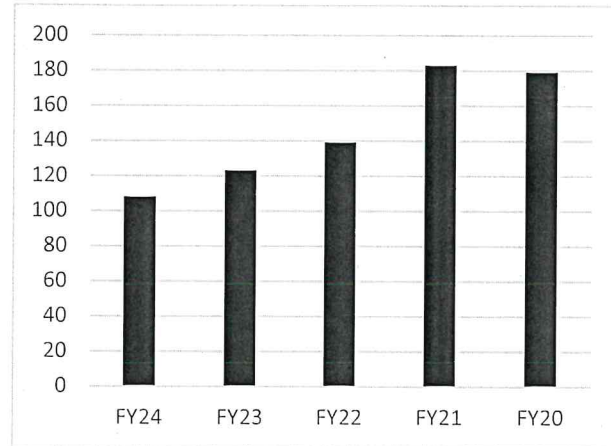
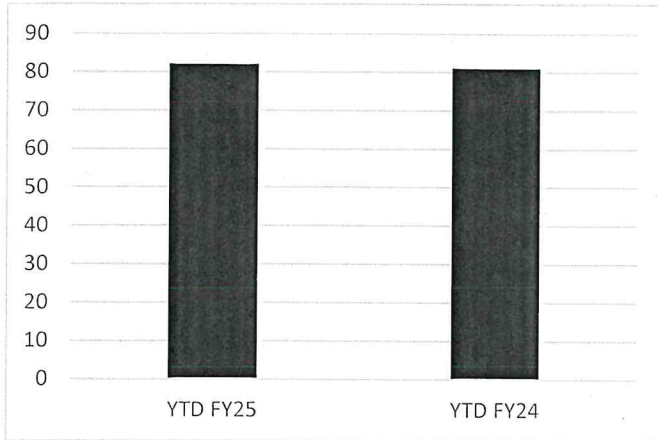
Septic Permits Issued



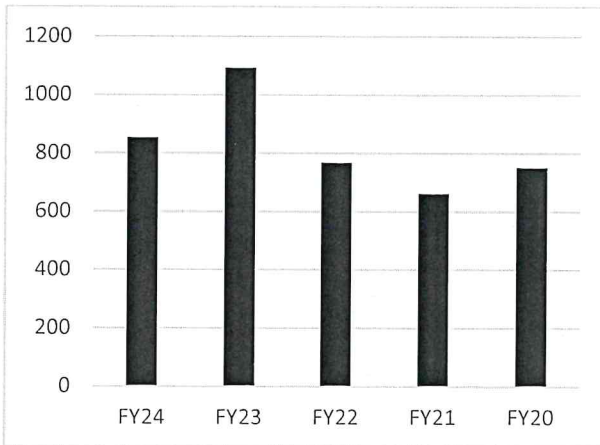
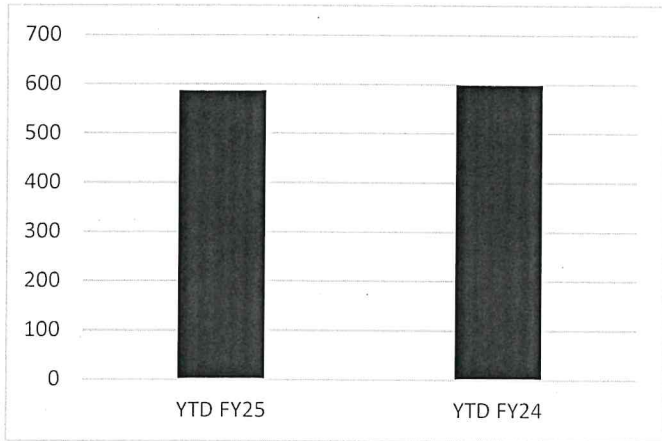
Public Health Reviews



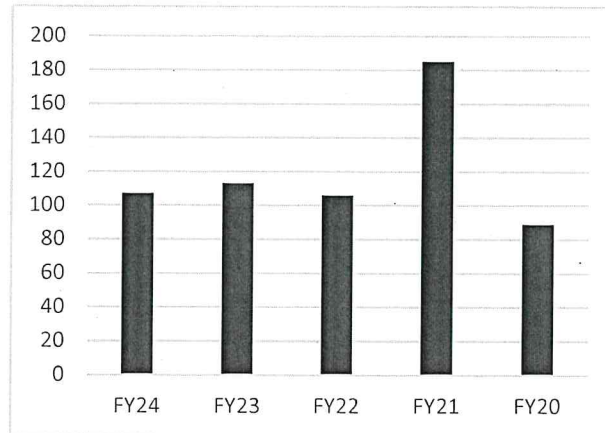
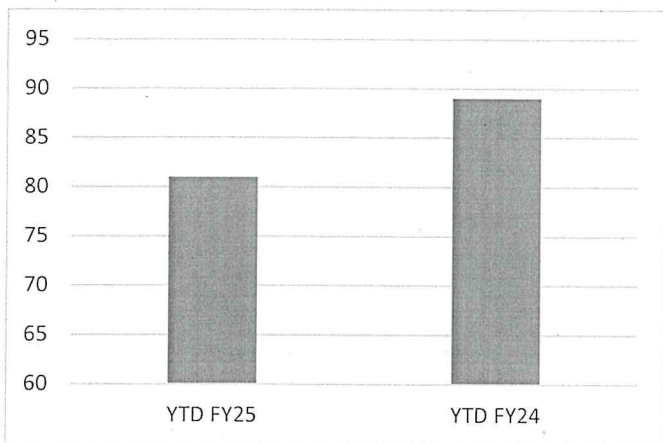
Complaints



Food Service Inspections



Well Permits



EASTERN HIGHLANDS HEALTH DISTRICT THIRD QUARTER FISCAL YEAR 2023-2024

January 1, 2024 - March 31, 2024

Activity Indicators		MONTHS				Current	Previous
ENVIRONMENTAL HEALTH ACTIVITIES		January	February	March	Total	YTD FY25	YTD FY24
Complaints							
	Air Quality	0	0	0	0	2	0
	Animals/Animal Waste	0	1	0	1	2	2
	Activity without Permit	0	2	0	2	3	2
	Food Protection	0	0	0	0	2	5
	Housing Issues	5	1	2	8	18	21
	Emergency Response	0	0	0	0	1	4
	Refuse/Garbage	1	1	2	4	8	3
	Rodents/Insects	1	1	0	2	8	8
	Septic/Sewage	4	1	2	7	19	21
	Other	2	2	5	9	16	9
	Water Quality	1	0	0	1	3	6
	COVID-19	0	0	0	0	0	0
	Total	14	9	11	34	82	81
Health Inspection							
	Group homes	0	0	1	1	1	4
	Day Care	0	0	1	1	7	10
	Camps	0	0	0	0	1	4
	Public Pool	0	0	0	0	0	4
	Other	0	0	0	0	10	13
	Schools	0	0	0	0	1	0
	Mortgage, FHA, VA	0	0	0	0	0	0
	Bathing Areas	0	0	0	0	1	0
	Cosmetology	28	30	31	89	95	96
	Total Health Inspections	28	30	33	91	116	131
On-site Sewage Disposal & Wells							
	Site inspection	42	71	83	196	741	566
	Deep hole tests	30	25	64	119	533	571
	Percolation tests	4	3	13	20	100	135
	Permits issued, new	6	5	9	20	61	37
	Permits issued, repair	11	7	14	32	140	192
	Site Plans Reviewed	18	20	23	61	238	238
	Public Health Reviews	13	27	40	80	302	308
Wells							
	Well sites inspected	6	13	6	25	69	96
	Well permits issued	8	9	7	24	81	89
Laboratory Activities (samples taken)							
	Potable water	0	0	0	0	14	43
	Surface water	0	0	0	0	218	213
	Ground water	0	0	0	0	0	0
	Rabies	0	1	0	1	8	0
	Lead	18	25	70	113	265	137
	Other	0	0	6	6	19	14
Food Protection							
	Inspections	21	57	44	122	342	383
	On Site inspection violation follow up	3	8	9	20	53	66
	Documented inspection violation follow up	3	10	7	20	80	92
	Temporary permit	3	8	15	26	96	193
	Temporary inspections*	0	1	16	17	87	42
	Plan review	0	2	0	2	16	17
	Pre-operational inspections	6	0	0	6	25	16
	Total Inspections	33	76	76	185	587	599
Lead Activities							
	Housing inspection	1	2	3	6	12	7
	Abate plan reviewed	1	0	0	1	2	2
Miscellaneous Activities							
	Planning and Zoning referrals	0	1	0	1	2	1
	Subdivision reviewed (# of lots)	0	0	0	0	5	1

January 1, 2025 - March 31, 2025

January 1, 2025 - March 31, 2025

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	A	B	C	D	E	F	G	H	I
1	ASHFORD QUARTERLY REPORT								
2	January 1, 2025 - March 31, 2025								
3									
4	Activity Indicators								
5									
6					<u>January</u>	<u>February</u>	<u>March</u>	<u>Total</u>	<u>District Total</u>
7	ENVIRONMENTAL HEALTH ACTIVITIES								
8	Complaints								
9		Air Quality						0	0
10		Animals/Animal Waste						0	1
11		Activity Without Proper Permits						0	2
12		Food Protection						0	0
13		Housing Issues						0	8
14		Emergency Response						0	0
15		Refuse/Garbage						0	4
16		Rodents/Insects						0	2
17		Septic/Sewage					1	1	7
18		Other						0	9
19		Water Quality						0	1
20		COVID-19						0	0
21		Total			0	0	1	1	34
22	Health Inspection								
23		Group homes						0	1
24		Day Care						0	1
25		Camps						0	0
26		Public Pool						0	0
27		Other						0	0
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Cosmetology			3		2	5	89
32		Total			3	0	2	5	91
33	On-site Sewage Disposal								
34		Site inspection -- all site visits			7	7	12	26	196
35		Deep hole tests -- number of holes			7	13	12	32	119
36		Percolation tests -- number of holes				1	3	4	20
37		Permits issued, new			1	1		2	20
38		Permits issued, repair			4	1	1	6	32
39		Site plans reviewed			3	3	2	8	61
40		Public Health Reviews			2	4	4	10	80
41	Wells								
42		Well sites inspected			2			2	25
43		Well permits issued			2	1		3	24
44	Laboratory Activities (samples taken)								
45		Potable water						0	0
46		Surface water						0	0
47		Ground water						0	0
48		Rabies						0	1
49		Lead						0	113
50		Other						0	6
51	Food Protection								
52		Inspections				4		4	122
53		On Site inspection violation follow up				2		2	20
54		Documented inspection violation follow up						0	20
55		Temporary permits						0	26
56		Temporary inspections						0	17
57		Plan reviews						0	2
58		Pre-operational inspections						0	6
59	Lead Activities								
60		Housing inspection						0	6
61		Abate plan reviewed						0	1
62	MISCELLANEOUS ACTIVITIES								
63		Planning and Zoning referrals						0	1
64		Subdivision reviewed (per lot)						0	0

January 1, 2025 - March 31, 2025

January 1, 2025 - March 31, 2025

Activity Indicators		January		February		March		Total		District Total	
ENVIRONMENTAL HEALTH ACTIVITIES											
Complaints											
	Air Quality							0		0	
	Animals/Animal Waste							0		1	
	Activity Without Proper Permits							0		2	
	Food Protection							0		0	
	Housing Issues							0		8	
	Emergency Response							0		0	
	Refuse/Garbage							0		4	
	Rodents/Insects							0		2	
	Septic/Sewage							0		7	
	Other							0		9	
	Water Quality							0		1	
	COVID-19							0		0	
	Total		0		0		0		0		34
Health Inspection											
	Group homes							0		1	
	Day Care							0		1	
	Camps							0		0	
	Public Pool							0		0	
	Other							0		0	
	Schools							0		0	
	Mortgage, FHA, VA							0		0	
	Bathing Areas							0		0	
	Cosmetology			3				3		89	
	Total		0		3		0		3		91
On-site Sewage Disposal											
	Site inspection -- all site visits	9		3		7		19		196	
	Deep hole tests -- number of holes							0		119	
	Percolation tests -- number of holes	1						1		20	
	Permits issued, new					1		1		20	
	Permits issued, repair	1		1				2		32	
	Site plans reviewed	2		3		1		6		61	
	Public Health Reviews	3		2		3		8		80	
Wells											
	Well sites inspected							0		25	
	Well permits issued			1				1		24	
Laboratory Activities (samples taken)											
	Potable water							0		0	
	Surface water							0		0	
	Ground water							0		0	
	Rabies							0		1	
	Lead							0		113	
	Other							0		6	
Food Protection											
	Inspections	1		6		1		8		122	
	On Site inspection violation follow up							0		20	
	Documented inspection violation follow up			1				1		20	
	Temporary permits							0		26	
	Temporary inspections							0		17	
	Plan reviews							0		2	
	Pre-operational inspections							0		6	
Lead Activities											
	Housing inspection							0		6	
	Abate plan reviewed							0		1	
MISCELLANEOUS ACTIVITIES											
	Planning and Zoning referrals							0		1	
	Subdivision reviewed (per lot)							0		0	

January 1, 2025 - March 31, 2025

January 1, 2025 - March 31, 2025

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January 1, 2025 - March 31, 2025

January 1, 2025 - March 31, 2025

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SCOTLAND QUARTERLY REPORT

January 1, 2025 - March 31, 2025

Activity Indicators

ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

	January	February	March	Total	District Total
Air Quality				0	0
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	2
Food Protection				0	0
Housing Issues				0	8
Emergency Response				0	0
Refuse/Garbage	1			1	4
Rodents/Insects	1			1	2
Septic/Sewage				0	7
Other				0	9
Water Quality				0	1
COVID-19				0	0
Total	2	0	0	2	34

Health Inspection

Group homes				0	1
Day Care				0	1
Camps				0	0
Public Pool				0	0
Other				0	0
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Cosmetology				0	89
Total	0	0	0	0	91

On-site Sewage Disposal

Site inspection -- all site visits	2	1	2	5	196
Deep hole tests -- number of holes				0	119
Percolation tests -- number of holes				0	20
Permits issued, new				0	20
Permits issued, repair	2			2	32
Site plans reviewed				0	61
Public Health Reviews				0	80

Wells

Well sites inspected	2			2	25
Well permits issued				0	24

Laboratory Activities (samples taken)

Potable water				0	0
Surface water				0	0
Ground water				0	0
Rabies				0	1
Lead				0	113
Other				0	6

Food Protection

Inspections	1			1	122
On Site inspection violation follow up				0	20
Documented inspection violation follow up		1		1	20
Temporary permits				0	26
Temporary inspections				0	17
Plan reviews				0	2
Pre-operational inspections				0	6

Lead Activities

Housing inspection				0	6
Abate plan reviewed				0	1

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	1
Subdivision reviewed (per lot)				0	0

January 1, 2025 - March 31, 2025

January 1, 2025 - March 31, 2025

Activity Indicators								
				January	February	March	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES								
Complaints								
	Air Quality						0	0
	Animals/Animal Waste						0	1
	Activity Without Proper Permits				2		2	2
	Food Protection						0	0
	Housing Issues						0	8
	Emergency Response						0	0
	Refuse/Garbage						0	4
	Rodents/Insects						0	2
	Septic/Sewage			3			3	7
	Other			1	1		2	9
	Water Quality						0	1
	COVID-19						0	0
	Total			4	3	0	7	34
Health Inspection								
	Group homes						0	1
	Day Care					1	1	1
	Camps						0	0
	Public Pool						0	0
	Other						0	0
	Schools						0	0
	Mortgage, FHA, VA						0	0
	Bathing Areas						0	0
	Cosmetology			19	9	6	34	89
	Total			19	9	7	35	91
On-site Sewage Disposal								
	Site inspection -- all site visits			18	30	29	77	196
	Deep hole tests -- number of holes			3	3	24	30	119
	Percolation tests -- number of holes			1		3	4	20
	Permits issued, new			1	2		3	20
	Permits issued, repair			1		2	3	32
	Site plans reviewed			5	1	12	18	61
	Public Health Reviews			2	2	11	15	80
Wells								
	Well sites inspected				8	4	12	25
	Well permits issued				2		2	24
Laboratory Activities (samples taken)								
	Potable water						0	0
	Surface water						0	0
	Ground water						0	0
	Rabies						0	1
	Lead						0	113
	Other						0	6
Food Protection								
	Inspections			3	14	8	25	122
	On Site inspection violation follow up					1	1	20
	Documented inspection violation follow up				2	2	4	20
	Temporary permits					1	1	26
	Temporary inspections						0	17
	Plan reviews				1		1	2
	Pre-operational inspections						0	6
Lead Activities								
	Housing inspection						0	6
	Abate plan reviewed						0	1
MISCELLANEOUS ACTIVITIES								
	Planning and Zoning referrals						0	1
	Subdivision reviewed (per lot)						0	0

January 1, 2025 - March 31, 2025

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**Eastern Highlands Health District
Community Health and Wellness Coordinator
3rd Quarter Report January 1, 2025 –March 31, 2025**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally 1,590 individuals in member towns this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
1b (1) Refine/update grants	CHWC continues to look for opportunities to conduct blood pressure screening and educational series throughout the District as part of the Block Grant.	5 bp screenings were done in this quarter 29 people were screened. (Andover Community Center, Mansfield Community Center, Mansfield Senior Center and Coventry Winter Farmer's Market) One 4-meeting BP educational series conducted with 8 people signed up and 7 people completed the series.
1g (1) Explore and expand partnership opportunities	CHWC is part of the Immunization Coalition and attended 3 meetings CHWC is assisting the Director of Health to facilitate the partnership of E.O. Smith High School and the CTMOMS organization to bring a free dental clinic Spring 2026.	CHWC provided feedback to the meetings.
2a (2) Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings. CHWC continues to produce quarterly newsletters. CHWC oversees the clinical staff and volunteers for vaccination clinics. CHWC is a voting member of the Chaplin School Readiness Committee.	Bulletin boards with health and safety messages were updated. Topics included: physical activity information, suicide prevention, respiratory illnesses and vaccination resources, and tick-borne illnesses. Newsletters are distributed to member town officials, UConn Be Well Tolland members and residents. Wrote an article for the Mansfield e-newsletter for April/May

3c (1) Engage in advocacy events and activities	CHWC is a source for the public on immunization information, including Covid-19. CHWC participated in meetings with local substance abuse Prevention Counsels: Tolland, Bolton and Coventry. CHWC worked with the UConn Interdisciplinary Professionals group to have students provide information to on topics such as hearing loss and fall prevention at tabling events. CHWC looks for opportunities to provide education and information to the community.	CHWC will continue to explore ways to support community events Along with UConn students did a public health information and bp screening at the Coventry Winter Farmer's Market. CHWC did a Radon Presentation on 01/28/2025 at the Bentley Library, Bolton. 14 people attended
Childhood Lead Activities	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were 28 cases followed in this reporting period. 8 events were closed. 22 phone calls were made to families and providers. 8 correspondences completed to families. CHWC worked with the Chief Sanitarian on 3 investigations for elevated lead levels that included risk assessments or epidemiological investigations.
Communicable Disease Control	CHWC interviews and follow-up as needed for enteric diseases and f/u on other communicable disease such as TB. Documenting and faxing information to DPH as necessary. CHWC collected and transported specimens such as sputum and possible bats to 122 Covid-19 test kits were distributed	please see chart below
CHWC Training and Continued Education	CHWC participated in the American Lung Association: "How Do Vaccines Work" CHWC completed training for Sexual Harassment as part of the requirements to be part of the Coventry Prevention Council. Neuroplasticity by the Governor's Prevention Program WEB EOC training 01/05/2025	CHWC will continue to look for look for opportunities to participate in continuing education that support the CHWC role.
Vaccine Program	CHWC attended 3 monthly meetings of the Immunization Coalition	

	CHWC attended the training of the American Lung Association “How Vaccines Work	
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Emergency Preparedness/Response

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CT Responds system. In total, in this reporting period there are **125 volunteers**. Activities this reporting period: Volunteers supported blood pressure screenings (Coventry Winter Farmer’s Market and vaccination events) and vaccination events (Welcome Winter, Coventry Farmer’s Market, Andover elementary, Scotland School Wellness Fair and others, Tolland High School), during this period.

CHWC/ MRC Unit Leader held a EHHD MRC meeting 03/13/2024 and conducted a training on Situational Awareness. 15 people attended. The Loyalty Oath was conducted at this meeting.

CHWC/MRC Unit Leader attended the Statewide MRC Mission Set Meeting and joined the organizing group to sponsor a Statewide MRC Mission Set Training Day 03/20/2025. CHWC attended the training.

CHWC sends emails to MRC volunteers to staff the upcoming events and then assigns the volunteers to the events. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters.

CHWC continues to attend PHEP/Region 4 MRC meetings and Statewide MRC meetings and to maintain the National MRC activity log.

Grants: Blood Pressure/ Immunizations

During this quarter there were **6 bp screenings and 23 people were screened. First blood pressure educational series was conducted and 8 people signed up and 7 completed all 4 classes.**

Be Well Employee Wellness Programs

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

Tolland

The CHWC organized the 3rd Quarterly Educational Event, for the Tolland Town employees: **Bone Health** in person (02/27/2025) **14 attended** and an online version was posted to the Be Well website for people unable to attend.

Community Outreach

CHWC provided information to individuals and stakeholders regarding respiratory illness in phone calls and emails.

Communicable disease*	January	February	March	Quarter
Number of reported cases	9	10	5	19
Interviews	3	2	1	6
Investigations	2	3	1	6

*These numbers do not include SAR-Covid-19 cases.

Date	Description	# served	Community
Spring 2025	Employee Wellness Newsletter (UConn) 185	185	UConn
Spring 2025	Employee Wellness Newsletter 60	60	Andover
Spring 2025	Employee Wellness Newsletter 60	60	Ashford
Spring 2025	Employee Wellness Newsletter 200	200	Bolton
Spring 2025	Employee Wellness Newsletter 30	30	Chaplin
Spring 2025	Employee Wellness Newsletter 60	60	Columbia
Spring 2025	Employee Wellness Newsletter 60	60	Coventry
Spring 2025	Employee Wellness Newsletter 60	60	Scotland
Spring 2025	Employee Wellness Newsletter 435	435	Tolland
Spring 2025	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Tolland Local Prevention Council/Youth Advisory Board	Monthly meetings of Tolland stakeholders for the prevention of harm to youth and the reduction of substance abuse. The council includes: Social Services, high school staff, librarians, children's counseling services, and local religious leaders.	2	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	3	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	2	
Statewide MRC Unit Leader Meeting		1	
MRC Mission Set		3	
Bike Mansfield	The goal of the group is maintain the League of American Bicyclists Bike Friendly Status and to promote biking in the community. The group supports with volunteers a 4 th grade bike safety class which the CHWC helps to coordinate the volunteers.	1	
R-4 ESF 8 meeting	Region 4 emergency response meeting	1	
Bolton Prevention Council		2	
Coventry Prevention Council		2	

Eastern Highlands Health District Public Health Preparedness Program

January – March 2025

- **PHEP Activities:**

- EHHD participated in the Statewide Training and Exercise Work Group (STEW) on 1/08/2025. This meeting began to explore ideas to update the Integrated Preparedness Plan and discuss the Columbia University Optics Training.
- BP1 Quarter1/ 2 Combined Progress Report was completed and submitted on 1/15/2025. This report gives an overview of all the planning, capabilities and exercises completed within the budget period.

Regional Activities:

- Participated Region4 & Region3 PHEP, MRC, and CRI monthly meetings:
Region 3 PHEP:
1/7/2025- This meeting an Everbridge representative provided staff with the updates to their new role and upgraded program.
2/7/2025- This meeting provided updates for next steps to the approved PPHR and application and updates to upcoming regional training and exercises.
3/7/2025- This meeting reviewed the new DPH Optics training course and the updated MCM mission for this current 5-year budget period.
Region 4 PHEP:
1/13/2025- This session we provided updates to the PHEP demobilization checklist, began outlining the necessary updates to the Region Distribution Site Plans.
2/10/2025- This meeting we review the region-wide coordination of vest color with prospective positions for future drills and discussed possible communication challenges within our community.
3/10/2025- This meeting we discussed pricing of emergency preparedness materials that may need updates throughout the region including radios, tires and shelving.
- Region 4 ESF-8 monthly meetings:
1/23/2025- This session hosted a special guest speaker from The Underground of New England. This groups supports the effort to raise awareness for human trafficking prevention.
2/27/2025- This meeting hosted speakers from Connecticut's U.S.V.A Suicide prevention program. They provided information on their mission and how they support our Veterans around the state.
3/27/2025- This meeting allowed for all present health districts and programs to provide any updates on plans or ongoing services.

Plans for Next Quarter:

- Continue with BP1 PHEP deliverables and any necessary new 5-year budget period requirements
- Support CRI Region 4 partners to complete MCM action plan and ORR
- Support DPH with MCM workgroup
- Support Statewide Training and Exercise Work Group
- Continue to Update local EHHD preparedness plans



CADH Bill Tracking Report - May 30, 2025

CADH - 1 2 Bills

HB7248 - An Act Concerning Well Water Quality.

Introducers: Public Health Committee

Intro Date: 3/18/2025

Summary: To allow (1) the Commissioner of Public Health to implement policies and procedures necessary to administer provisions relating to cross connections between water supplies while in the process of adopting such policies and procedures as regulations, and (2) a local health authority or the Department of Public Health to disclose the results or information obtained from an investigation of the results of a water quality test on a private well serving a residential property or a semipublic well to the Department of Energy and Environmental Protection.

Complete 05/16/2025 FILE NO. 936 936

History: 05/16/2025 SENATE CALENDAR NUMBER 502 502
 05/16/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/14/2025 HOUSE PASSED, HOUSE AMEND. SCH. A A
 05/14/2025 HOUSE REJECTED HOUSE AMEND. SCH. B 8495 B
 05/14/2025 HOUSE ADOPTED HOUSE AMEND. SCH. A 8354 A
 04/15/2025 FILE NO. 709 709
 04/15/2025 HOUSE CALENDAR NUMBER 444 444
 04/15/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
 04/15/2025 RPTD. OUT OF LCO
 04/08/2025 REFERRED TO OLR, OFA 04/14/25 5:00 PM
 03/31/2025 FILED WITH LCO
 03/28/2025 Joint Favorable
 03/20/2025 PUBLIC HEARING MON 3/24/25 11:30AM - PUBLIC HEALTH 0324
 03/19/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB6974 - An Act Concerning The Use Of Funds In The Tobacco Settlement Fund.

Introducers: Public Health Committee

Cosponsors: Rep. Mary M. Mushinsky (D);

Intro Date: 2/13/2025

Categories: Tobacco and health trust fund; Tobacco settlement fund;

Summary: To require funding of tobacco control programs to prevent and reduce tobacco use at the amount recommended by the Centers for Disease Control and Prevention.

Complete 04/25/2025 TABLED FOR HOUSE CALENDAR

History: 04/25/2025 NO NEW FILE BY COMM. ON FIN FINANCE, REVENUE AND BONDING
 04/25/2025 RPTD. OUT OF LCO
 04/24/2025 FILED WITH LCO
 04/24/2025 Joint Favorable
 03/25/2025 REF. BY HOUSE TO COMMITTEE ON FIN FINANCE, REVENUE AND BONDING
 03/12/2025 FILE NO. 86 86
 03/12/2025 HOUSE CALENDAR NUMBER 85 85
 03/12/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
 03/12/2025 RPTD. OUT OF LCO
 03/06/2025 REFERRED TO OLR, OFA 03/11/25 5:00 PM
 03/05/2025 FILED WITH LCO
 03/05/2025 Joint Favorable Substitute
 02/18/2025 PUBLIC HEARING FRI 2/21/25 1:30PM - PUBLIC HEALTH 0221
 02/14/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

CADH - 2 2 Bills

SB7 - An Act Concerning Protections For Access To Health Care And The Equitable Delivery Of Health Care Services In The State.

Introducers: Public Health Committee; Sen. Martin M. Looney (D); Sen. Bob Duff (D); Sen. Saud Anwar (D); Sen. Jorge Cabrera (D); Sen. Christine Cohen (D); Sen. Mae Flexer (D); Sen. Sujata Gadkar-Wilcox (D); Sen. Herron Gaston (D); Sen. Jan Hochadel (D); Sen. Paul Honig (D); Sen. Julie Kushner (D); Sen. Matthew L. Lesser (D); Sen. Rick Lopes (D); Sen. Ceci Maher (D); Sen. James J. Maroney (D); Sen. Martha Marx (D); Sen. Douglas McCrory (D); Sen. Patricia Billie Miller (D); Sen. Norman Needleman (D); Sen. MD Rahman (D); Sen. Derek Slap (D); Sen. Gary A. Winfield (D)

Cosponsors: Sen. Martin M. Looney (D); Sen. Bob Duff (D); Sen. Saud Anwar (D); Sen. Jorge Cabrera (D); Sen. Christine Cohen (D); Sen. Mae Flexer (D); Sen. Sujata Gadkar-Wilcox (D); Sen. Herron Gaston (D); Sen. Jan Hochadel (D); Sen. Paul Honig (D); Sen. Julie Kushner (D); Sen. Matthew L. Lesser (D); Sen. Rick Lopes (D); Sen. Ceci Maher (D); Sen. James J. Maroney (D); Sen. Martha Marx (D); Sen. Douglas McCrory (D); Sen. Patricia Miller (D); Sen. Norman Needleman (D); Sen. MD Rahman (D); Sen. Derek Slap (D); Sen. Gary A. Winfield (D); Rep. Elish Collins Main (D); Rep. Kaitlyn Shake (D); Rep. Susan M. Johnson (D); Rep. Anne M. Hughes (D); Rep. Matt Blumenthal (D); Rep. Kate Farrar (D); Rep. Nicholas Menapace (D); Rep. Gary A. Turco, Jr. (D);

Intro Date: 3/18/2025
Categories: Medical care;

Summary: To protect continued access to health care and the equitable delivery of health care services in the state.

Complete 05/29/2025 DISAGREEING ACTION,TABLED FOR CAL., SEN.
History: 05/29/2025 IMMEDIATE TRANSMITTAL TO THE SENATE
05/29/2025 HOUSE PASSED, HOUSE AMEND. SCH. A A
05/29/2025 HOUSE PASSED, SEN. AMEND. SCH. A,B A,B
05/29/2025 HOUSE REJECTED HOUSE AMEND. SCH. F 9780 F
05/29/2025 HOUSE REJECTED HOUSE AMEND. SCH. E 9745 E
05/29/2025 HOUSE REJECTED HOUSE AMEND. SCH. D 9760 D
05/29/2025 HOUSE REJECTED HOUSE AMEND. SCH. C 9376 C
05/29/2025 HOUSE REJECTED HOUSE AMEND. SCH. B 9374 B
05/29/2025 HOUSE ADOPTED HOUSE AMEND. SCH. A 9584 A
05/29/2025 HOUSE ADOPTED SEN. AMEND. SCH. A,B A,B
05/23/2025 HOUSE CALENDAR NUMBER 631 631
05/23/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
05/22/2025 SEN. PASSED, SEN. AMEND. SCH. A,B A,B
05/22/2025 SEN. REJ. SEN. AMEND. SCH. E 9162 E
05/22/2025 SEN. REJ. SEN. AMEND. SCH. D 9100 D
05/22/2025 SEN. REJ. SEN. AMEND. SCH. C 9097 C
05/22/2025 SEN. ADOPTED SEN. AMEND. SCH. B 9143 B
05/19/2025 FAV. RPT., TAB. FOR CAL., SEN.
05/19/2025 NO NEW FILE BY COMM. ON APP APPROPRIATIONS
05/19/2025 RPTD. OUT OF LCO
05/19/2025 FILED WITH LCO
05/16/2025 Joint Favorable
05/15/2025 IMMEDIATE TRANSMITTAL TO COMMITTEE
05/15/2025 REF. BY SEN. TO COMM. ON APP APPROPRIATIONS
05/13/2025 FAV. RPT., TAB. FOR CAL., SEN.
05/13/2025 NO NEW FILE BY COMM. ON JUD JUDICIARY
05/13/2025 RPTD. OUT OF LCO
05/13/2025 FILED WITH LCO
05/12/2025 Joint Favorable
05/09/2025 IMMEDIATE TRANSMITTAL TO COMMITTEE
05/09/2025 REF. BY SEN. TO COMM. ON JUD JUDICIARY
05/09/2025 SEN. ADOPTED SEN. AMEND. SCH. A 7974 A
04/09/2025 FILE NO. 604 604
04/09/2025 SENATE CALENDAR NUMBER 329 329
04/09/2025 FAV. RPT., TAB. FOR CAL., SEN.
04/09/2025 RPTD. OUT OF LCO
04/03/2025 REFERRED TO OLR, OFA 04/08/25 5:00 PM
03/27/2025 FILED WITH LCO
03/27/2025 Joint Favorable Substitute
03/20/2025 PUBLIC HEARING MON 3/24/25 11:30AM - PUBLIC HEALTH 0324
03/19/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH
03/18/2025 DRAFTED BY COMMITTEE
01/17/2025 Vote to Draft
01/08/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB1326 - An Act Concerning The Department Of Public Health's Recommendations Regarding Food Safety And Oral Health.

Introducers: Public Health Committee

Cosponsors: Sen. Saud Anwar (D);

Intro Date: 2/13/2025

Categories: Food; Public health, department of; Water companies;

Summary: To (1) increase the average monthly fluoride content of water systems, and (2) require the Commissioner of Public Health to adopt and administer by reference the United States Food and Drug Administration's Food Code and any revision thereto issued on or before December 31, 2024.

Complete 03/27/2025 FILE NO. 288 288
History: 03/27/2025 SENATE CALENDAR NUMBER 189 189
03/27/2025 FAV. RPT., TAB. FOR CAL., SEN.
03/27/2025 RPTD. OUT OF LCO
03/21/2025 REFERRED TO OLR, OFA 03/26/25 5:00 PM
03/12/2025 FILED WITH LCO
03/12/2025 Joint Favorable
02/21/2025 PUBLIC HEARING WED 2/26/25 11:30AM - PUBLIC HEALTH 0226
02/14/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

CADH - 3 32 Bills

SB9 - An Act Concerning The Environment, Climate And Sustainable Municipal And State Planning. And The Use Of Neonicotinoids And Second-Generation Anticoagulant Rodenticides.

Introducers: Environment Committee; Sen. Martin M. Looney (D); Sen. Bob Duff (D); Sen. Saud Anwar (D); Sen. Jorge Cabrera (D); Sen. Christine Cohen (D); Sen. Mae Flexer (D); Sen. Sujata Gadkar-Wilcox (D); Sen. Herron Gaston (D); Sen. Jan Hochadel (D); Sen. Paul Honig (D); Sen. Julie Kushner (D); Sen. Matthew L. Lesser (D); Sen. Rick Lopes (D); Sen. Ceci Maher (D); Sen. James J. Maroney (D); Sen. Martha Marx (D); Sen. Douglas McCrory (D); Sen. Patricia Billie Miller (D); Sen. Norman Needleman (D); Sen. MD Rahman (D); Sen. Derek Slap (D); Sen. Gary A. Winfield (D)

Cosponsors: Sen. Martin M. Looney (D); Sen. Bob Duff (D); Sen. Saud Anwar (D); Sen. Jorge Cabrera (D); Sen. Christine Cohen (D); Sen. Mae Flexer (D); Sen. Sujata Gadkar-Wilcox (D); Sen. Herron Gaston (D); Sen. Jan Hochadel (D); Sen. Paul Honig (D); Sen. Julie Kushner (D); Sen. Matthew L. Lesser (D); Sen. Rick Lopes (D); Sen. Ceci

Maher (D); Sen. James J. Maroney (D); Sen. Martha Marx (D); Sen. Douglas McCrory (D); Sen. Patricia Miller (D); Sen. Norman Needleman (D); Sen. MD Rahman (D); Sen. Derek Slap (D); Sen. Gary A. Winfield (D); Rep. Michael Shannon (D); Rep. Andre Bumgardner (D); Rep. Jonathan Jacobson (D); Rep. Brandon Chafee (D); Rep. Sarah Keitt (D); Rep. Anne M. Hughes (D); Rep. Patricia A. Dillon (D); Rep. Jane M. Garibay (D); Rep. John-Michael Parker (D); Rep. Amy Morrin Bello (D); Rep. Kevin Ryan (D); Rep. Richard A. Smith (R); Rep. Tammy R. Exum (D); Rep. Kerry S. Wood (D); Rep. Hector Arzeno (D); Rep. Robin E. Comey (D);

Intro Date: 2/21/2025

Categories: Affordable housing; Assessments; Civil preparedness; Climate change; Coastal management; Consumer protection department; Disclosure; Districts; Drinking water; Electronic government information; Evacuation; Fair housing choice; Fines (penalties); Flood insurance; Geospatial information systems; Hazard mitigation and floodplain management; Highway construction; Housing development; Infrastructure; Interlocal agreements; Landlord and tenant; Leases; Municipal bonds; Municipal plans of conservation and development; Municipalities; New home warranties; Ordinances; Personal risk insurance; Pesticides; Plans; Real estate; Regional councils of governments; Sales; State funds; Subsurface sewage disposal systems; Transportation department; Violations; Water planning council; Zoning;

Summary: To provide municipalities certain authorities concerning climate resiliency efforts and restrict the use of neonicotinoids and second-generation rodenticides.

Complete 05/28/2025 IN CONCURRENCE

History: 05/28/2025 HOUSE PASSED, SEN. AMEND. SCH. A A
05/28/2025 HOUSE ADOPTED SEN. AMEND. SCH. A A
05/16/2025 HOUSE CALENDAR NUMBER 613 613
05/16/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
05/15/2025 SEN. PASSED, SEN. AMEND. SCH. A A
05/15/2025 SEN. ADOPTED SEN. AMEND. SCH. A 8466 A
05/13/2025 FAV. RPT., TAB. FOR CAL., SEN.
05/13/2025 NO NEW FILE BY COMM. ON FIN FINANCE, REVENUE AND BONDING
05/12/2025 RPTD. OUT OF LCO
05/12/2025 FILED WITH LCO
05/12/2025 Joint Favorable
05/08/2025 IMMEDIATE TRANSMITTAL TO COMMITTEE
05/08/2025 REF. BY SEN. TO COMM. ON FIN FINANCE, REVENUE AND BONDING
05/07/2025 FAV. RPT., TAB. FOR CAL., SEN.
05/07/2025 NO NEW FILE BY COMM. ON APP APPROPRIATIONS
05/07/2025 RPTD. OUT OF LCO
05/06/2025 FILED WITH LCO
05/05/2025 Joint Favorable
05/01/2025 REF. BY SEN. TO COMM. ON APP APPROPRIATIONS
04/28/2025 FAV. RPT., TAB. FOR CAL., SEN.
04/28/2025 NO NEW FILE BY COMM. ON JUD JUDICIARY
04/28/2025 RPTD. OUT OF LCO
04/28/2025 FILED WITH LCO
04/25/2025 Joint Favorable
04/23/2025 REF. BY SEN. TO COMM. ON JUD JUDICIARY
04/02/2025 FILE NO. 418 418
04/02/2025 SENATE CALENDAR NUMBER 240 240
04/02/2025 FAV. RPT., TAB. FOR CAL., SEN.
04/02/2025 RPTD. OUT OF LCO
03/27/2025 REFERRED TO OLR, OFA 04/01/25 5:00 PM
03/17/2025 FILED WITH LCO
03/14/2025 Joint Favorable Substitute
02/25/2025 PUBLIC HEARING MON 3/3/25 10:00AM - ENVIRONMENT 0303
02/24/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT
02/21/2025 DRAFTED BY COMMITTEE
02/10/2025 Vote to Draft
01/08/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT

HB7085 - An Act Concerning A Review Of And A Transition To The Release-Based Cleanup Program And Related Regulations.

Introducers: Commerce Committee

Intro Date: 2/26/2025

Categories: Energy and environmental protection, department of; Environmental audits; Hazardous waste; State regulations, generally;

Summary: To review the transition to a release-based cleanup program.

Complete 05/29/2025 FILE NO. 984 984

History: 05/29/2025 FILE NO. 984 984
05/29/2025 SENATE CALENDAR NUMBER 558 558
05/29/2025 FAV. RPT., TAB. FOR CAL., SEN.
05/28/2025 IMMEDIATE TRANSMITTAL TO THE SENATE
05/28/2025 HOUSE PASSED, HOUSE AMEND. SCH. A A
05/28/2025 HOUSE ADOPTED HOUSE AMEND. SCH. A 9508 A
04/07/2025 FILE NO. 559 559
04/07/2025 HOUSE CALENDAR NUMBER 348 348
04/07/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/07/2025 RPTD. OUT OF LCO
03/31/2025 REFERRED TO OLR, OFA 04/07/25 12:00 PM
03/20/2025 FILED WITH LCO
03/20/2025 Joint Favorable Substitute
02/28/2025 PUBLIC HEARING TUE 3/4/25 11:00AM - COMMERCE 0304
02/27/2025 REF. TO JOINT COMM. ON CE COMMERCE

HB7053 - An Act Establishing A Working Group To Develop Uniform Statutory Definitions Of "First Responder" And "Essential Worker".

Introducers: Public Safety and Security Committee

Cosponsors: Rep. Tony J. Scott (R); Rep. Patrick S. Boyd (D); Rep. Eleni Kavros DeGraw (D); Rep. Robin E. Comey (D); Rep. Jane M. Garibay (D);

Intro Date: 2/19/2025

Categories: Emergency medical responders; Reports;

Summary: To establish a working group to develop uniform statutory definitions of "first responder" and "essential worker".

Complete 05/16/2025 FILE NO. 932 932

History: 05/16/2025 SENATE CALENDAR NUMBER 504 504
 05/16/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/14/2025 HOUSE PASSED, HOUSE AMEND. SCH. A A
 05/14/2025 HOUSE ADOPTED HOUSE AMEND. SCH. A 7917 A
 04/02/2025 FILE NO. 463 463
 04/02/2025 HOUSE CALENDAR NUMBER 293 293
 04/02/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
 04/02/2025 RPTD. OUT OF LCO
 03/27/2025 REFERRED TO OLR, OFA 04/01/25 5:00 PM
 03/18/2025 FILED WITH LCO
 03/18/2025 Joint Favorable Substitute
 02/21/2025 PUBLIC HEARING THU 2/27/25 11:00AM - PUBLIC SAFETY AND SECURITY 0227
 02/20/2025 REF. TO JOINT COMM. ON PS PUBLIC SAFETY AND SECURITY

HB6868 - An Act Enhancing Environmental Permitting Predictability.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/5/2025

Categories: Electronic government information; Electronic government information; Energy and environmental protection, department of; Energy and environmental protection, department of; Environmental permits; Environmental permits; Licenses; Licenses; Public hearings; Public hearings; Reports; Reports;

Summary: To implement the Governor's budget recommendations.

Complete 05/22/2025 FILE NO. 946 946

History: 05/22/2025 SENATE CALENDAR NUMBER 534 534
 05/22/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/22/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/20/2025 HOUSE PASSED, HOUSE AMEND. SCH. A A
 05/20/2025 HOUSE ADOPTED HOUSE AMEND. SCH. A 8804 A
 04/02/2025 FILE NO. 456 456
 04/02/2025 HOUSE CALENDAR NUMBER 286 286
 04/02/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
 04/02/2025 RPTD. OUT OF LCO
 03/27/2025 REFERRED TO OLR, OFA 04/01/25 5:00 PM
 03/17/2025 FILED WITH LCO
 03/14/2025 Joint Favorable
 02/25/2025 PUBLIC HEARING MON 3/3/25 10:00AM - ENVIRONMENT 0303
 02/06/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT

SB1357 - An Act Concerning The Department Of Consumer Protection's Recommendations Regarding Various Statutes Concerning Consumer Protection.

Introducers: General Law Committee

Intro Date: 2/19/2025

Categories: Accountancy, state board of; Advertising; Apprentices; Architects; Bakeries; Certificates and certification; Charitable contributions; Closing out sales; Community association managers; Complaint; Construction contracts; Consumer contracts; Consumer protection department; Contractors; Contracts; Debt negotiation; Disclosure; Fees; Fines (penalties); Food factories, warehouses and establishments; Health clubs; Home solicitation sales; Investigations; Landlord and tenant; Misdemeanors; Mobile homes and mobile home parks; Motor vehicle leasing; Motor vehicle sales; Motor vehicle warranties; Permits; Professional engineers; Professional licenses; Public accountants; Real estate brokers and salespersons; Real estate guaranty fund; Rent; Restitution; Retail trade; Threshold limits; Violations;

Summary: To implement the Department of Consumer Protection's recommendations regarding (1) public accountancy and certified public accountants, (2) architects and the practice of architecture, (3) real estate licensees, (4) the skilled trades, (5) major contractors, (6) new home construction contractors and the New Home Construction Guaranty Fund, (7) community association managers, (8) closing-out sales, (9) mobile manufactured homes and mobile manufactured home parks, (10) the Commissioner of Consumer Protection's enforcement powers and the enforcement powers of various boards and commissions, (11) pure food and drugs, (12) the Connecticut Food, Drug and Cosmetic Act, (13) bakeries, food manufacturing establishments and food warehouses, (14) health clubs, (15) donation bins, (16) acceptance of cash as a form of payment, (17) the Connecticut Unfair Trade Practices Act, (18) the Home Solicitation Sales Act, (19) new motor vehicle warranties, (20) automatic renewal and continuous services provisions, and (21) mechanical contractors.

Complete 05/23/2025 HOUSE CALENDAR NUMBER 642 642

History: 05/23/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
 05/22/2025 SEN. PASSED, SEN. AMEND. SCH. A A
 05/22/2025 SEN. ADOPTED SEN. AMEND. SCH. A 9084 A
 05/06/2025 FILE NO. 831 831
 05/06/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/06/2025 NEW FILE BY COMM. ON JUD JUDICIARY
 05/06/2025 RPTD. OUT OF LCO
 04/29/2025 REFERRED TO OLR, OFA 05/05/25 5:00 PM
 04/28/2025 FILED WITH LCO
 04/25/2025 Joint Favorable Substitute
 04/23/2025 REF. BY SEN. TO COMM. ON JUD JUDICIARY
 04/08/2025 FILE NO. 569 569
 04/08/2025 SENATE CALENDAR NUMBER 322 322
 04/08/2025 FAV. RPT., TAB. FOR CAL., SEN.
 04/08/2025 FAV. RPT., TAB. FOR CAL., SEN.
 04/08/2025 RPTD. OUT OF LCO
 04/02/2025 REFERRED TO OLR, OFA 04/07/25 5:00 PM
 03/24/2025 FILED WITH LCO
 03/24/2025 Joint Favorable Substitute
 02/21/2025 PUBLIC HEARING WED 2/26/25 10:00AM - GENERAL LAW 0226
 02/20/2025 REF. TO JOINT COMM. ON GL GENERAL LAW

SB1355 - An Act Concerning Prescription Drugs, Devices And Nonlegend Drugs.

Introducers: General Law Committee

Intro Date: 2/19/2025

Categories: Consumer protection department; Drugs; Electronic government information; Pharmaceutical industry; Pharmaceutical manufacturing companies; Pharmacies; Reports; Veterinarians;

Summary: To (1) require the Commissioner of Consumer Protection to adopt regulations to (A) ensure that nonsterile compounding pharmacies are able to engage in nonsterile compounding of drug products that include levonorgestrel, mifepristone, misoprostol or a similar component as an active ingredient, and (B) provide for the Department of Consumer Protection, or one or more public-private partnerships, to import levonorgestrel, mifepristone, misoprostol and similar drug products and components, (2) eliminate a provision requiring the department to prominently post on its Internet web site certain information concerning pharmaceutical representatives, and (3) authorize certain persons working under the direct supervision of veterinarians to dispense prescription veterinary drugs.

Complete 05/22/2025 HOUSE CALENDAR NUMBER 624 624

History: 05/22/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
05/20/2025 SEN. PASSED, SEN. AMEND. SCH. A A
05/20/2025 SEN. REJ. SEN. AMEND. SCH. C 8043 C
05/20/2025 SEN. REJ. SEN. AMEND. SCH. B 8039 B
05/20/2025 SEN. ADOPTED SEN. AMEND. SCH. A 8013 A
05/13/2025 FAV. RPT., TAB. FOR CAL., SEN.
05/13/2025 NO NEW FILE BY COMM. ON JUD JUDICIARY
05/13/2025 RPTD. OUT OF LCO
05/13/2025 FILED WITH LCO
05/12/2025 Joint Favorable
05/08/2025 IMMEDIATE TRANSMITTAL TO COMMITTEE
05/08/2025 REF. BY SEN. TO COMM. ON JUD JUDICIARY
04/09/2025 FILE NO. 608 608
04/09/2025 SENATE CALENDAR NUMBER 333 333
04/09/2025 FAV. RPT., TAB. FOR CAL., SEN.
04/09/2025 RPTD. OUT OF LCO
04/03/2025 REFERRED TO OLR, OFA 04/08/25 5:00 PM
03/24/2025 FILED WITH LCO
03/24/2025 Joint Favorable Substitute
02/21/2025 PUBLIC HEARING WED 2/26/25 10:00AM - GENERAL LAW 0226
02/20/2025 REF. TO JOINT COMM. ON GL GENERAL LAW

SB1306 - An Act Eliminating Certain Funding Provisions From The Healthy Homes Fund.

Introducers: Housing Committee

Intro Date: 2/11/2025

Categories: Damages; Floods; Housing; State funds;

Summary: To remove certain funding provisions from the Healthy Homes Fund.

Complete 05/08/2025 HOUSE CALENDAR NUMBER 564 564

History: 05/08/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
05/07/2025 SENATE PASSED
05/07/2025 SEN. REJ. SEN. AMEND. SCH. A 7923 A
03/10/2025 FILE NO. 76 76
03/10/2025 SENATE CALENDAR NUMBER 95 95
03/10/2025 FAV. RPT., TAB. FOR CAL., SEN.
03/10/2025 RPTD. OUT OF LCO
03/03/2025 REFERRED TO OLR, OFA 03/10/25 12:00 PM
02/21/2025 FILED WITH LCO
02/20/2025 Joint Favorable
02/14/2025 PUBLIC HEARING TUE 2/18/25 10:30AM - HOUSING 0218
02/13/2025 REF. TO JOINT COMM. ON HSG HOUSING

SB830 - An Act Establishing Safety Standards To Prevent Heat-Related Illness In Workplaces.

Introducers: Labor and Public Employees Committee; Sen. Martin M. Looney (D)

Cosponsors: Sen. Martin M. Looney (D); Sen. Saud Anwar (D); Sen. Herron Gaston (D); Rep. Nick Gauthier (D); Rep. Kara Rochelle (D);

Intro Date: 3/5/2025

Categories: Hazardous conditions in workplace; Hazardous conditions in workplace;

Summary: To create safety standards to prevent employee exposure to the risk of heat-related illness.

Complete 04/07/2025 FILE NO. 530 530

History: 04/07/2025 SENATE CALENDAR NUMBER 295 295
04/07/2025 FAV. RPT., TAB. FOR CAL., SEN.
04/07/2025 RPTD. OUT OF LCO
03/31/2025 REFERRED TO OLR, OFA 04/07/25 12:00 PM
03/20/2025 FILED WITH LCO
03/20/2025 Joint Favorable Substitute
03/07/2025 PUBLIC HEARING TUE 3/11/25 10:00AM - LABOR AND PUBLIC EMPLOYEES 0311
03/06/2025 REF. TO JOINT COMM. ON LAB LABOR AND PUBLIC EMPLOYEES
03/05/2025 DRAFTED BY COMMITTEE
01/28/2025 Vote to Draft
01/21/2025 REF. TO JOINT COMM. ON LAB LABOR AND PUBLIC EMPLOYEES

SB80 - An Act Concerning The Burning Of Medical Waste.

Introducers: Environment Committee; Sen. Henri Martin (R)

Cosponsors: Sen. Henri Martin (R); Sen. Rob Sampson (R); Rep. Gale L. Mastrofrancesco (R); Rep. Donna Veach (R); Rep. Joe Hoxha (R);

Intro Date: 1/23/2025

Categories: Incinerators; Medical waste; Solid waste facilities;
Summary: To prohibit the burning of medical waste by facilities that do not meet EPA standards for the burning of such waste.

Complete 04/14/2025 FILE NO. 665 665
History: 04/14/2025 SENATE CALENDAR NUMBER 354 354
04/14/2025 FAV. RPT., TAB. FOR CAL., SEN.
04/14/2025 RPTD. OUT OF LCO
04/07/2025 REFERRED TO OLR, OFA 04/14/25 12:00 PM
03/27/2025 FILED WITH LCO
03/24/2025 Joint Favorable Substitute
01/27/2025 PUBLIC HEARING FRI 1/31/25 10:00AM - ENVIRONMENT 0131
01/24/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT
01/23/2025 DRAFTED BY COMMITTEE
01/17/2025 Vote to Draft
01/08/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT

HB7247 - An Act Concerning Sewage Disposal Requirements And Their Impact On Housing Development, Public Health And The Environment.

Introducers: Public Health Committee

Intro Date: 3/18/2025

Summary: To require an evaluation of sewage disposal requirements and their impact on housing development, public health and the environment.

Complete 04/15/2025 FILE NO. 708 708
History: 04/15/2025 HOUSE CALENDAR NUMBER 443 443
04/15/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/15/2025 RPTD. OUT OF LCO
04/08/2025 REFERRED TO OLR, OFA 04/14/25 5:00 PM
03/31/2025 FILED WITH LCO
03/28/2025 Joint Favorable Substitute
03/20/2025 PUBLIC HEARING MON 3/24/25 11:30AM - PUBLIC HEALTH 0324
03/19/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB7200 - An Act Concerning Bleeding Control Training And Kits.

Introducers: Public Safety and Security Committee

Cosponsors: Rep. Irene M. Haines (R); Rep. Michael DiGiovancarlo (D); Rep. Michael D. Quinn (D); Rep. Patrick S. Boyd (D); Rep. Christopher Poulos (D); Rep. Jill Barry (D); Rep. Greg Howard (R); Sen. Paul Cicarella (R); Rep. Kathy Kennedy (R);

Intro Date: 3/5/2025

Categories: Administrative services, department of; Administrative services, department of; Certificates and certification; Certificates and certification; District departments of health; District departments of health; Emergency services and public protection, department of; Fire prevention and control, commission on; Fire prevention and control, commission on; Fire training schools; Fire training schools; Medical care; Medical care; Occupational training; State building code; State building code; State building inspector;

Summary: To require (1) the Department of Emergency Services and Public Protection to administer a bleeding control training program, (2) police officers and probationary candidates who receive certification through such program be given credit toward basic or review training, (3) firefighters who receive certification through such program be given credit toward fire service training and education program standards, (4) bleeding control kits be installed in each building owned by the state or any political subdivision thereof, and (5) amendments to the State Building Code concerning the installation of bleeding control kits.

Complete 04/02/2025 FILE NO. 475 475
History: 04/02/2025 HOUSE CALENDAR NUMBER 305 305
04/02/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/02/2025 RPTD. OUT OF LCO
03/27/2025 REFERRED TO OLR, OFA 04/01/25 5:00 PM
03/18/2025 FILED WITH LCO
03/18/2025 Joint Favorable
03/07/2025 PUBLIC HEARING TUE 3/11/25 11:00AM - PUBLIC SAFETY AND SECURITY 0311
03/06/2025 REF. TO JOINT COMM. ON PS PUBLIC SAFETY AND SECURITY

HB7192 - An Act Implementing Recommendations Of The Bipartisan Drug Task Force.

Introducers: Human Services Committee

Cosponsors: Sen. Martin M. Looney (D); Rep. Tom Delnicki (R); Sen. Saud Anwar (D); Rep. Geraldo C. Reyes, Jr. (D);

Intro Date: 3/5/2025

Categories: Canada; Canada; Consumer protection department; Consumer protection department; Contracts; Contracts; Drug wholesalers; Drug wholesalers; Drugs; Electronic government information; Electronic government information; Emergencies; Emergencies; Exports and imports; Health insurance; Health insurance; Insurance department; Insurance department; Pharmacy benefits managers; Plans; Plans; Rebates; Reports; Studies; Task forces; Violations; Violations;

Summary: To implement recommendations of the bipartisan drug task force.

Complete 05/14/2025 FILE NO. 916 916
History: 05/14/2025 TABLED FOR HOUSE CALENDAR
05/14/2025 NEW FILE BY COMM. ON APP APPROPRIATIONS
05/14/2025 RPTD. OUT OF LCO
05/08/2025 REFERRED TO OLR, OFA 05/13/25 5:00 PM
05/06/2025 FILED WITH LCO
05/05/2025 Joint Favorable Substitute
04/29/2025 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS
04/15/2025 TABLED FOR HOUSE CALENDAR
04/15/2025 NO NEW FILE BY COMM. ON INS INSURANCE AND REAL ESTATE
04/15/2025 RPTD. OUT OF LCO
04/15/2025 FILED WITH LCO
04/15/2025 Joint Favorable
04/08/2025 REF. BY HOUSE TO COMMITTEE ON INS INSURANCE AND REAL ESTATE

04/01/2025 FILE NO. 414 **414**
04/01/2025 FILE NO. 414 **414**
04/01/2025 HOUSE CALENDAR NUMBER 275 **275**
04/01/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/01/2025 RPTD. OUT OF LCO
03/25/2025 REFERRED TO OLR, OFA 03/31/25 5:00 PM
03/17/2025 FILED WITH LCO
03/14/2025 Joint Favorable
03/07/2025 PUBLIC HEARING **TUE 3/11/25 11:00AM - HUMAN SERVICES** 0311
03/06/2025 REF. TO JOINT COMM. ON HS **HUMAN SERVICES**

HB7157 - An Act Concerning Various Revisions To The Public Health Statutes.

Introducers: Public Health Committee

Cosponsors: Rep. Brian Lanoue (R); Rep. Chris Stewart (R);

Intro Date: 3/4/2025

Categories: Ambulances; Behavioral health services; Confidential communications; Continuing education; Credit card information; Disclosure; Emergency medical responders; Epinephrine; Fines (penalties); Health care providers; Medical examiners; Medical records; Mental health and addiction services, department of; Mental health facilities; Mental health services; Occupational training; Physical therapists; Professional licenses; Public health, department of; Violations;

Summary: To make various revisions to the public health statutes.

Complete 04/09/2025 FILE NO. 628 **628**

History: 04/09/2025 HOUSE CALENDAR NUMBER 389 **389**

04/09/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/09/2025 RPTD. OUT OF LCO

04/03/2025 REFERRED TO OLR, OFA 04/08/25 5:00 PM

03/24/2025 FILED WITH LCO

03/21/2025 Joint Favorable Substitute

03/06/2025 PUBLIC HEARING **MON 3/10/25 11:30AM - PUBLIC HEALTH** 0310

03/05/2025 REF. TO JOINT COMM. ON PH **PUBLIC HEALTH**

HB6980 - An Act Concerning Recommendations Of The Legislative Commissioners' Office Regarding Technical Revisions To Public Health Statutes.

Introducers: Public Health Committee

Intro Date: 2/13/2025

Categories: Affordable housing; Assisted living services; Community-based health care services; Continuing care facilities; Drinking water; Electronic government information; Fees; Health insurance; Health strategy, office of; Intellectual disabilities, persons with; Licenses; Managed residential communities; Medicaid; Notices; Permits; Public health, department of; State medical assistance program; State regulations, generally; Telemedicine;

Summary: To make minor and technical revisions to the public health statutes.

Complete 03/13/2025 FILE NO. 94 **94**

History: 03/13/2025 HOUSE CALENDAR NUMBER 90 **90**

03/13/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

03/13/2025 RPTD. OUT OF LCO

03/07/2025 REFERRED TO OLR, OFA 03/12/25 5:00 PM

03/05/2025 FILED WITH LCO

03/05/2025 Joint Favorable

02/18/2025 PUBLIC HEARING **FRI 2/21/25 1:30PM - PUBLIC HEALTH** 0221

02/14/2025 REF. TO JOINT COMM. ON PH **PUBLIC HEALTH**

HB6978 - An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes.

Introducers: Public Health Committee

Cosponsors: Rep. Sarah Keitt (D);

Intro Date: 2/13/2025

Categories: Diseases; Fines (penalties); Health care facilities; Hospitals; Infant mortality; Licenses; Medical records; Public health, department of;

Summary: To implement the Department of Public Health's recommendations regarding various revisions to the public health statutes.

Complete 03/19/2025 FILE NO. 149 **149**

History: 03/19/2025 HOUSE CALENDAR NUMBER 123 **123**

03/19/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

03/19/2025 RPTD. OUT OF LCO

03/13/2025 REFERRED TO OLR, OFA 03/18/25 5:00 PM

03/05/2025 FILED WITH LCO

03/05/2025 Joint Favorable

02/21/2025 PUBLIC HEARING **WED 2/26/25 11:30AM - PUBLIC HEALTH** 0226

02/14/2025 REF. TO JOINT COMM. ON PH **PUBLIC HEALTH**

HB6977 - An Act Concerning The Department Of Public Health's Recommendations Regarding Drinking Water.

Introducers: Public Health Committee

Cosponsors: Rep. Hilda E. Santiago (D);

Intro Date: 2/13/2025

Categories: Drinking water; Marital and family therapists; Professional licenses; Public health, department of; Sewage treatment facilities; Subsurface sewage disposal systems; Water companies; Water supply;

Summary: To implement the recommendations of the Department of Public Health regarding drinking water, including (1) providing for biennial license renewal for bulk water haulers, (2) allowing the department to adopt policies and procedures while in the process of adopting regulations concerning subsurface sewage disposal systems with a ten thousand gallon capacity, and (3) revising certain application requirements relating to the construction, expansion or utilization of new water supply sources.

Complete 03/27/2025 FILE NO. 313 **313**

History: 03/27/2025 FILE NO. 313 **313**

03/27/2025 HOUSE CALENDAR NUMBER 215 215
 03/27/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
 03/27/2025 RPTD. OUT OF LCO
 03/21/2025 REFERRED TO OLR, OFA 03/26/25 5:00 PM
 03/12/2025 FILED WITH LCO
 03/12/2025 Joint Favorable
 02/21/2025 PUBLIC HEARING WED 2/26/25 11:30AM - PUBLIC HEALTH 0226
 02/14/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB6942 - An Act Establishing A Radon Mitigation Assistance Program For Low-Income Households.

Introducers: Housing Committee

Intro Date: 2/11/2025

Categories: Radon; State funds;

Summary: To establish a radon mitigation assistance program for low-income households.

Complete 04/08/2025 TABLED FOR HOUSE CALENDAR

History: 04/08/2025 NO NEW FILE BY COMM. ON PD PLANNING AND DEVELOPMENT

04/08/2025 RPTD. OUT OF LCO

04/08/2025 FILED WITH LCO

04/07/2025 Joint Favorable

04/01/2025 REF. BY HOUSE TO COMMITTEE ON PD PLANNING AND DEVELOPMENT

04/01/2025 REF. BY HOUSE TO COMMITTEE ON PD PLANNING AND DEVELOPMENT

03/10/2025 FILE NO. 68 68

03/10/2025 HOUSE CALENDAR NUMBER 77 77

03/10/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

03/10/2025 RPTD. OUT OF LCO

03/03/2025 REFERRED TO OLR, OFA 03/10/25 12:00 PM

02/21/2025 FILED WITH LCO

02/20/2025 Joint Favorable

02/14/2025 PUBLIC HEARING TUE 2/18/25 10:30AM - HOUSING 0218

02/13/2025 REF. TO JOINT COMM. ON HSG HOUSING

HB6866 - An Act Implementing The Governor's Budget Recommendations For Education.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/5/2025

Categories: Agricultural science and technology education; Agricultural science and technology education; Birth-to-three early intervention system; Boards of education; Early childhood, office of; Early childhood, office of; Education; Education department; Governor's bills; Grants by the state; Head start programs; Health insurance; Magnet schools; Municipalities; Municipalities; Regional educational service centers; Reports; State budget; State budget; Teachers' retirement fund; Teachers' retirement fund; Tuition; Tuition; Tutoring; Tutoring;

Summary: To implement the Governor's budget recommendations.

Complete 05/08/2025 FILE NO. 857 857

History: 05/08/2025 HOUSE CALENDAR NUMBER 549 549

05/08/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

05/08/2025 RPTD. OUT OF LCO

05/02/2025 REFERRED TO OLR, OFA 05/07/25 5:00 PM

04/25/2025 FILED WITH LCO

04/24/2025 Joint Favorable Substitute

04/01/2025 FAV. CHG. OF REF., SEN. TO COMM. ON APP APPROPRIATIONS

03/31/2025 FAV. CHG. OF REF. HOUSE TO COMM. ON APP APPROPRIATIONS

03/31/2025 RPTD. OUT OF LCO

03/31/2025 FILED WITH LCO

03/28/2025 Joint Favorable Substitute Change of Reference APP APPROPRIATIONS

02/14/2025 PUBLIC HEARING WED 2/19/25 10:00AM - EDUCATION 0219

02/06/2025 REF. TO JOINT COMM. ON ED EDUCATION

HB6865 - An Act Implementing The Governor's Recommendations For General Government.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/5/2025

Categories: Attorney general; Boards of education; Career education; Criminal history records; Criminal law; Electronic funds transfers; Emergency services and public protection, department of; Emergency services and public protection, department of; Erasure of criminal records; Fees; Fines (penalties); Governor's bills; Governor's workforce council; Guardian and ward; Health insurance; Health strategy, office of; Health strategy, office of; Immunity; Indigent persons; Innovations program; Judicial branch; Judicial branch; Marijuana; Marijuana and controlled substances tax; Motor vehicle department; Motor vehicle department; Municipal revenue sharing fund; Municipal revenue sharing fund; Pro se representation; Pro se representation; Probate court; Probate court; Probate judges; Probate judges; Regional councils of governments; Regional planning incentive account; Regional planning incentive account; Retail trade; Retail trade; Revenue services, department of; Revenue services, department of; School paraprofessionals; School paraprofessionals; State agencies; State agencies; State budget; State budget; State employee salaries; State employee salaries; State employees; State employees; State grants to municipalities; State grants to municipalities; State officers; Students; Tuition; Tuition; Violations; Violations;

Summary: To implement the Governor's budget recommendations.

Complete 05/12/2025 FILE NO. 900 900

History: 05/12/2025 HOUSE CALENDAR NUMBER 581 581

05/12/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

05/12/2025 RPTD. OUT OF LCO

05/05/2025 REFERRED TO OLR, OFA 05/12/25 12:00 PM

04/25/2025 FILED WITH LCO

04/24/2025 Joint Favorable Substitute

03/28/2025 PUBLIC HEARING THU 4/3/25 10:00AM - APPROPRIATIONS 0403

02/06/2025 REF. TO JOINT COMM. ON APP APPROPRIATIONS

HB6864 - An Act Concerning The State Budget For The Biennium Ending June Thirtieth, 2027, And Making Appropriations Therefor.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Cosponsors: Rep. Bobby G. Gibson, Jr. (D); Rep. Anne M. Hughes (D); Rep. Matt Blumenthal (D); Rep. Nicholas Menapace (D); Rep. Jennifer Leeper (D);

Intro Date: 2/5/2025

Categories: Governor's bills; Hospital disproportionate share payments; Mashantucket pequot and mohegan fund; State budget; State grants to municipalities;

Summary: To implement the Governor's budget recommendations.

Complete 05/06/2025 FILE NO. 839 **839**

History: 05/06/2025 HOUSE CALENDAR NUMBER 533 **533**

05/06/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

05/06/2025 RPTD. OUT OF LCO

04/29/2025 REFERRED TO OLR, OFA 05/05/25 5:00 PM

04/23/2025 FILED WITH LCO

04/23/2025 FILED WITH LCO

04/22/2025 Joint Favorable Substitute

02/19/2025 PUBLIC HEARING FRI 2/28/25 10:00AM - APPROPRIATIONS 0228

02/19/2025 PUBLIC HEARING WED 2/26/25 4:30PM - APPROPRIATIONS 0226

02/13/2025 PUBLIC HEARING FRI 2/21/25 4:00PM - APPROPRIATIONS 0221

02/13/2025 PUBLIC HEARING THU 2/20/25 3:00PM - APPROPRIATIONS 0220

02/13/2025 PUBLIC HEARING WED 2/19/25 5:00PM - APPROPRIATIONS 0219

02/07/2025 PUBLIC HEARING FRI 2/14/25 4:00PM - APPROPRIATIONS 0214

02/07/2025 PUBLIC HEARING THU 2/13/25 5:00PM - APPROPRIATIONS 0213

02/07/2025 PUBLIC HEARING TUE 2/11/25 5:00PM - APPROPRIATIONS 0211

02/06/2025 REF. TO JOINT COMM. ON APP APPROPRIATIONS

HB6777 - An Act Concerning Water Utility Systems And Water Quality And Treatment Surcharges.

Introducers: Energy and Technology Committee

Intro Date: 1/28/2025

Categories: Fees; Water companies; Water treatment facilities;

Summary: To allow water companies to charge a water quality and treatment surcharge to recover costs for capital projects required to comply with state and federal water regulations.

Complete 05/06/2025 TABLED FOR HOUSE CALENDAR

History: 05/06/2025 NO NEW FILE BY COMM. ON APP APPROPRIATIONS

05/06/2025 RPTD. OUT OF LCO

05/06/2025 FILED WITH LCO

05/05/2025 Joint Favorable

04/29/2025 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS

03/31/2025 FILE NO. 345 **345**

03/31/2025 FILE NO. 345 **345**

03/31/2025 HOUSE CALENDAR NUMBER 227 **227**

03/31/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

03/31/2025 RPTD. OUT OF LCO

03/24/2025 REFERRED TO OLR, OFA 03/31/25 12:00 PM

03/14/2025 FILED WITH LCO

03/13/2025 Joint Favorable Substitute

01/31/2025 PUBLIC HEARING TUE 2/4/25 10:30AM - ENERGY AND TECHNOLOGY 0204

01/29/2025 REF. TO JOINT COMM. ON ET ENERGY AND TECHNOLOGY

HB6289 - An Act Authorizing The Use Of Drones To Analyze, Treat And Apply Fertilizers And Pesticides To Crops.

Introducers: Environment Committee; Rep. Vincent J. Candelora (R)

Cosponsors: Rep. Vincent J. Candelora (R); Sen. Heather S. Somers (R);

Intro Date: 2/21/2025

Categories: Agricultural products; Agricultural products; Aircraft; Energy and environmental protection, department of; Fertilizers; Permits; Pesticides; Pesticides; Unmanned aerial vehicle; Unmanned aerial vehicle;

Summary: To allow the use of precision drone technology by Federal Aviation Administration licensed pilots and licensed commercial and private pesticide applicators to analyze, treat and apply fertilizers and pesticides on crops in order to reduce the environmental impact compared to existing methods.

Complete 04/01/2025 FILE NO. 394 **394**

History: 04/01/2025 FILE NO. 394 **394**

04/01/2025 HOUSE CALENDAR NUMBER 255 **255**

04/01/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/01/2025 RPTD. OUT OF LCO

03/25/2025 REFERRED TO OLR, OFA 03/31/25 5:00 PM

03/17/2025 FILED WITH LCO

03/14/2025 Joint Favorable Substitute

02/25/2025 PUBLIC HEARING MON 3/3/25 10:00AM - ENVIRONMENT 0303

02/24/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT

02/21/2025 DRAFTED BY COMMITTEE

02/10/2025 Vote to Draft

01/23/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT

HB6185 - An Act Concerning The Consumption Of Energy Drinks By Children.

Introducers: Committee on Children; Rep. Liz Linehan (D)

Cosponsors: Rep. Liz Linehan (D); Rep. Rebecca Martinez (D);

Intro Date: 1/29/2025

Categories: Child health; Electronic government information; Labeling; Reports; Signs; Soft drinks; Studies;
Summary: To establish a working group to study the medical risks associated with the consumption of energy drinks by children and effects of a prohibition on the sale of energy drinks to children, and require signage related to the medical risks associated with the consumption of energy drinks by children.

Complete 03/03/2025 FILE NO. 32 32
History: 03/03/2025 HOUSE CALENDAR NUMBER 48 48
03/03/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
03/03/2025 RPTD. OUT OF LCO
02/24/2025 REFERRED TO OLR, OFA 03/03/25 12:00 PM
02/18/2025 FILED WITH LCO
02/18/2025 Joint Favorable
01/31/2025 PUBLIC HEARING THU 2/6/25 1:00PM - CHILDREN 0206
01/30/2025 REF. TO JOINT COMM. ON KID CHILDREN
01/29/2025 DRAFTED BY COMMITTEE
01/28/2025 Vote to Draft
01/22/2025 REF. TO JOINT COMM. ON KID CHILDREN

SB1494 - An Act Concerning Remediation And Testing For Pfas In Certain Water Supplies.

Introducers: Environment Committee

Intro Date: 3/5/2025

Categories: Chemicals; Public health, department of; Water companies; Water supply;

Summary: To require water companies to test for PFAS levels and take remedial action when such test reflects certain levels of PFAS in such water supply.

Complete 04/16/2025 FILE NO. 710 710
History: 04/16/2025 SENATE CALENDAR NUMBER 379 379
04/16/2025 FAV. RPT., TAB. FOR CAL., SEN.
04/16/2025 RPTD. OUT OF LCO
04/10/2025 REFERRED TO OLR, OFA 04/15/25 5:00 PM
03/31/2025 FILED WITH LCO
03/28/2025 Joint Favorable Substitute
03/07/2025 PUBLIC HEARING MON 3/17/25 10:00AM - ENVIRONMENT 0317
03/06/2025 REF. TO JOINT COMM. ON ENV ENVIRONMENT

SB1350 - An Act Concerning The Availability Of Automated External Defibrillators And Requiring Cardiac Emergency Response Plans In Public Schools.

Introducers: Education Committee

Cosponsors: Sen. Saud Anwar (D);

Intro Date: 2/19/2025

Categories: Automatic external defibrillators; Boards of education; Education department; Electronic government information; Emergencies; Grants by the state; Plans; Schools;

Summary: To require (1) each board of education to develop a cardiac emergency response plan for each school governed by such board, and (2) the Department of Education to establish a grant program to assist schools, with a priority given to priority schools, with implementing cardiac emergency response plans and a procedure for monitoring adherence to cardiac emergency response plans.

Complete 05/08/2025 FILE NO. 849 849
History: 05/08/2025 SENATE CALENDAR NUMBER 443 443
05/08/2025 FAV. RPT., TAB. FOR CAL., SEN.
05/08/2025 RPTD. OUT OF LCO
05/02/2025 REFERRED TO OLR, OFA 05/07/25 5:00 PM
04/25/2025 FILED WITH LCO
04/24/2025 Joint Unfavorable Substitute
04/24/2025 Joint Favorable Substitute
03/14/2025 FAV. CHG. OF REF. HOUSE TO COMM. ON APP APPROPRIATIONS
03/14/2025 FAV. CHG. OF REF., SEN. TO COMM. ON APP APPROPRIATIONS
03/14/2025 RPTD. OUT OF LCO
03/13/2025 FILED WITH LCO
03/12/2025 Joint Favorable Substitute Change of Reference APP APPROPRIATIONS
02/21/2025 PUBLIC HEARING WED 2/26/25 10:00AM - EDUCATION 0226
02/20/2025 REF. TO JOINT COMM. ON ED EDUCATION

SB1307 - An Act Establishing A Working Group To Study And Develop Best Practices To Promote Housing Growth And Protect The State's Water Supply.

Introducers: Housing Committee

Cosponsors: Sen. Tony Hwang (R);

Intro Date: 2/11/2025

Categories: Housing development; Studies; Water supply;

Summary: To establish a working group to study and develop best practices to promote housing growth and protect the state's water supply.

Complete 03/06/2025 FILE NO. 49 49
History: 03/06/2025 SENATE CALENDAR NUMBER 87 87
03/06/2025 FAV. RPT., TAB. FOR CAL., SEN.
03/06/2025 RPTD. OUT OF LCO
02/28/2025 REFERRED TO OLR, OFA 03/05/25 5:00 PM
02/21/2025 FILED WITH LCO
02/20/2025 Joint Favorable
02/14/2025 PUBLIC HEARING TUE 2/18/25 10:30AM - HOUSING 0218
02/13/2025 REF. TO JOINT COMM. ON HSG HOUSING

SB1285 - An Act Establishing An Overdose Prevention Center Pilot Program.

Introducers: Public Health Committee

Cosponsors: Sen. Saud Anwar (D); Rep. Geraldo C. Reyes, Jr. (D); Rep. Josh Elliott (D); Rep. Nick Gauthier (D); Sen. Martha Marx (D); Sen. Julie Kushner (D); Rep. Sarah Keitt

(D); Rep. Jillian Gilchrest (D); Rep. Robin E. Comey (D); Rep. Patrick Biggins (D); Rep. Henry J. Genga (D); Sen. Herron Gaston (D); Rep. Anne M. Hughes (D); Rep. Laurie Sweet (D); Rep. Susan M. Johnson (D); Sen. Rick Lopes (D); Rep. Gary A. Turco, Jr. (D); Sen. Sujata Gadkar-Wilcox (D); Sen. Jan Hochadel (D); Rep. Nicholas Menapace (D); Sen. Ceci Maher (D); Rep. Amy Morrin Bello (D); Rep. Rebecca Martinez (D);

Intro Date: 2/10/2025

Categories: Drug abuse prevention; Mental health and addiction services, department of; Pilots; Reports;

Summary: To establish an overdose prevention center pilot program.

Complete 04/09/2025 FILE NO. 607 607

History: 04/09/2025 SENATE CALENDAR NUMBER 332 332

04/09/2025 FAV. RPT., TAB. FOR CAL., SEN.

04/09/2025 RPTD. OUT OF LCO

04/03/2025 REFERRED TO OLR, OFA 04/08/25 5:00 PM

03/24/2025 FILED WITH LCO

03/21/2025 Joint Favorable Substitute

02/18/2025 PUBLIC HEARING FRI 2/21/25 1:30PM - PUBLIC HEALTH 0221

02/11/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB1251 - An Act Implementing The Governor's Recommendations Concerning A Driver Training Program For Persons With Disabilities, Legislative Oversight Of Medicaid State Plan Amendments And Penalties For Violating Timely Wheelchair Repair Standards.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Cosponsors: Rep. Geraldo C. Reyes, Jr. (D);

Intro Date: 2/5/2025

Categories: Accessibility; Behavioral health services; Driver education; General assistance; Governor's bills; Health care facilities; Home care program for the elderly; Intellectual disabilities, persons with; Medicaid; Medical care; Motor vehicle operation; Obesity; Regional educational service centers; Rent; Residential care homes; Social services, department of; State budget; Studies; Temporary family assistance (tfa); Working persons with disabilities program;

Summary: To implement the Governor's budget recommendations regarding health and human services.

Complete 05/13/2025 FAV. RPT., TAB. FOR CAL., SEN.

History: 05/13/2025 NO NEW FILE BY COMM. ON APP APPROPRIATIONS

05/13/2025 RPTD. OUT OF LCO

05/13/2025 FILED WITH LCO

05/12/2025 Joint Favorable

05/08/2025 IMMEDIATE TRANSMITTAL TO COMMITTEE

05/08/2025 REF. BY SEN. TO COMM. ON APP APPROPRIATIONS

05/07/2025 FAV. RPT., TAB. FOR CAL., SEN.

05/07/2025 NO NEW FILE BY COMM. ON JUD JUDICIARY

05/07/2025 RPTD. OUT OF LCO

05/06/2025 FILED WITH LCO

05/06/2025 Joint Favorable

05/01/2025 REF. BY SEN. TO COMM. ON JUD JUDICIARY

04/02/2025 FILE NO. 427 427

04/02/2025 SENATE CALENDAR NUMBER 249 249

04/02/2025 FAV. RPT., TAB. FOR CAL., SEN.

04/02/2025 RPTD. OUT OF LCO

03/27/2025 REFERRED TO OLR, OFA 04/01/25 5:00 PM

03/19/2025 FILED WITH LCO

03/19/2025 Joint Favorable Substitute

03/07/2025 PUBLIC HEARING TUE 3/11/25 11:00AM - HUMAN SERVICES 0311

02/06/2025 REF. TO JOINT COMM. ON HS HUMAN SERVICES

SB1247 - An Act Authorizing And Adjusting Bonds Of The State.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/5/2025

Categories: Governor's bills; State bond commission; State bonds; State budget;

Summary: To implement the Governor's budget recommendations.

Complete 05/12/2025 FILE NO. 901 901

History: 05/12/2025 SENATE CALENDAR NUMBER 466 466

05/12/2025 FAV. RPT., TAB. FOR CAL., SEN.

05/12/2025 RPTD. OUT OF LCO

05/05/2025 REFERRED TO OLR, OFA 05/12/25 12:00 PM

04/24/2025 FILED WITH LCO

04/24/2025 Joint Favorable Substitute

02/20/2025 PUBLIC HEARING WED 2/26/25 11:00AM - FINANCE, REVENUE AND BONDING 0226

02/06/2025 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

SB1246 - An Act Concerning Revenue Items To Implement The Biennial Budget.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/5/2025

Categories: Accounting; Advanced practice nurses; Apprentices; Audits; Automotive glass work and flat glass work; Budget reserve fund (rainy day fund); Chiropractic and chiropractors; Cigarette tax; Comptroller; Contractors; Corporation business tax; Corporation business tax credits; Counselors; Dental hygienists; Dentistry; Emergency medical technicians; Fees; Film production tax credits; Fines (penalties); Fire protection sprinkler systems work; General fund; Governor's bills; Hospital net patient revenue tax; Hospitals; Housing development; Irrigation work; Marital and family therapists; Medicaid; Medical gas and vacuum systems work; Midwifery; Natureopathy; Nurse-midwives; Nurses; Occupational therapy; Optometry; Outpatient clinics; Paramedics; Physical therapists; Physician assistants; Physicians; Podiatry; Professional licenses; Public health, department of; Real estate conveyance tax; Sheet metal work; Social services, department of; Social workers; Solar thermal work; State bonds, generally; State budget; State surplus funds; Tax credits;

Summary: To implement the Governor's budget recommendations.

Complete 05/12/2025 FILE NO. 893 893
History: 05/12/2025 SENATE CALENDAR NUMBER 465 465
 05/12/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/12/2025 RPTD. OUT OF LCO
 05/05/2025 REFERRED TO OLR, OFA 05/12/25 12:00 PM
 04/24/2025 FILED WITH LCO
 04/24/2025 Joint Favorable Substitute
 02/20/2025 PUBLIC HEARING WED 2/26/25 11:00AM - FINANCE, REVENUE AND BONDING 0226
 02/06/2025 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING
SB1190 - An Act Requiring Nursing Homes And Managed Residential Communities To Be Equipped With An Automated External Defibrillator.

Introducers: Public Health Committee
Cosponsors: Rep. Tony J. Scott (R); Rep. Nicole Klarides-Ditria (R); Rep. Christie M. Carpino (R); Rep. Henry J. Genga (D); Sen. Saud Anwar (D);
Intro Date: 1/28/2025
Categories: Assisted living services; Automatic external defibrillators; Nursing homes;
Summary: To require nursing homes and assisted living facilities to be equipped with an automated external defibrillator.

Complete 02/27/2025 FILE NO. 22 22
History: 02/27/2025 SENATE CALENDAR NUMBER 52 52
 02/27/2025 FAV. RPT., TAB. FOR CAL., SEN.
 02/27/2025 RPTD. OUT OF LCO
 02/21/2025 REFERRED TO OLR, OFA 02/26/25 5:00 PM
 02/19/2025 FILED WITH LCO
 02/19/2025 Joint Favorable Substitute
 01/30/2025 PUBLIC HEARING MON 2/3/25 11:30AM - PUBLIC HEALTH 0203
 01/29/2025 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB6863 - An Act Concerning Deficiency Appropriations For The Fiscal Year Ending June 30, 2025, And Compensation Paid To Injured Employees And The Parents Of A Deceased Employee Under The Workers' Compensation Act.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9
Intro Date: 2/5/2025
Categories: Governor's bills; State budget;
Summary: To implement the Governor's budget recommendations.

Complete 05/20/2025 SIGNED BY GOVERNOR IN ORIGINAL
History: 05/19/2025 RULES SUSPENDED, TRANSMITTED TO THE GOVERNOR
 05/19/2025 IN CONCURRENCE
 05/19/2025 SEN. PASSED, HO. AMEND. SCH. A A
 05/19/2025 SEN. REJ. SEN. AMEND. SCH. A 8761 A
 05/19/2025 SEN. ADOPTED HO. AMEND. SCH. A A
 05/19/2025 RULES SUSPENDED
 05/19/2025 RULES SUSPENDED
 05/19/2025 SENATE CALENDAR NUMBER 515 515
 05/19/2025 SENATE CALENDAR NUMBER 515 515
 05/19/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/19/2025 FAV. RPT., TAB. FOR CAL., SEN.
 05/19/2025 RULES SUSPENDED, TRANSMITTED TO SENATE
 05/19/2025 RULES SUSPENDED, TRANSMITTED TO SENATE
 05/19/2025 HOUSE PASSED, HOUSE AMEND. SCH. A A
 05/19/2025 HOUSE PASSED, HOUSE AMEND. SCH. A A
 05/19/2025 HOUSE ADOPTED HOUSE AMEND. SCH. A 8700 A
 05/01/2025 FILE NO. 817 817
 05/01/2025 HOUSE CALENDAR NUMBER 511 511
 05/01/2025 FAV. RPT., TABLED FOR HOUSE CALENDAR
 05/01/2025 RPTD. OUT OF LCO
 04/25/2025 REFERRED TO OLR, OFA 04/30/25 5:00 PM
 04/23/2025 FILED WITH LCO
 04/23/2025 FILED WITH LCO
 04/22/2025 Joint Favorable
 03/31/2025 PUBLIC HEARING THU 4/10/25 10:00AM - APPROPRIATIONS 0410
 02/06/2025 REF. TO JOINT COMM. ON APP APPROPRIATIONS

Dead Bills

CADH - 1 2 Bills

HB5749 - An Act Concerning Advanced Septic Systems With Nitrogen Removal Features.

Introducers: Environment Committee; Rep. Nick Gauthier (D); Rep. Nicholas Menapace (D); Rep. Kevin Ryan (D); Rep. Brandon Chafee (D)
Cosponsors: Rep. Nick Gauthier (D); Rep. Nicholas Menapace (D); Rep. Kevin Ryan (D); Rep. Brandon Chafee (D); Rep. Michael Shannon (D);
Intro Date: 3/5/2025
Categories: Municipal health departments; Municipal health departments; Nitrogen; Public health, department of; Public health, department of; Subsurface sewage disposal systems;
Summary: To develop programs like those that exist in neighboring states for the installation and use of advanced septic systems that have nitrogen-removal features.
Complete 03/07/2025 PUBLIC HEARING MON 3/17/25 10:00AM - ENVIRONMENT 0317

HEALTH

CT House gives full passage to sprawling public health bill

Legislation seeks to preempt potential federal changes to public health and reproductive care policy



by Katy Golvala

May 29, 2025 @ 8:35 pm



Rep. Cristin McCarthy Vahey, D-Fairfield, speaks during session on May 29, 2025. CREDIT: SHAHRZAD RASEKH / CT MIRROR

The House on Thursday gave final passage to a bill focused on preempting potential federal changes to public health and reproductive care policy.

The legislation includes sections that would codify into state law current federal guidance for fluoride in drinking water and create accounts to be tapped in the case of federal cuts to public health funding.

The Senate voted last week 25-10 to pass the bill, with one legislator missing the vote. The House vote Thursday was 92-55, with four representatives absent from voting.

“Public health is a little bit like a submarine, where it’s a lot beneath the surface and things we take for granted. I think there are a lot of things in this bill that help secure some of the things we take for granted,” Rep. Cristin McCarthy Vahey, D-Fairfield, co-chair of the Public Health Committee, said following the bill’s passage.

However, the version that passed through the House removed a section that would have allowed for the establishment of safe injection sites because of opposition from Governor Ned Lamont.

According to House Speaker Matt Ritter, the governor’s staff communicated to him that Lamont would veto the entire bill if the section were included. At a press conference yesterday, the governor denied that he had made such a decision. But this morning Ritter said that’s not what he’d heard from Lamont’s staff.

“It was communicated to us and to the Senate that he would veto it by his chief of staff last night,” Ritter said. “I know there was this confusion yesterday. We have never been under any confusion in the House. We were told five days ago what he was going to do.”

Safe injection sites, also known as safe consumption sites or overdose prevention centers, are facilities where people can bring illegal substances to use under the supervision of trained staff in a clean environment with access to safety supplies, like clean needles and naloxone, a medication used to reverse opioid overdoses. The bill referred to “overdose prevention centers,” which is a term used by advocates to reflect the broader services offered, including medical referrals and other social services.

McCarthy Vahey called the removal of the measure “gut wrenching,” but said she’s already thinking about how to implement the policy successfully in the future.

“I start today thinking about how we can plan going forward. Because we absolutely have to address the deaths in our state. This is a policy that I believe will work. And so how do we get more people on board?” McCarthy Vahey said.

Reproductive care

The legislation also contains provisions that would bolster access to reproductive care in the state.

It would require hospital emergency rooms to provide services related to pregnancy complications, including miscarriage management and ectopic pregnancies, if they are necessary to treat the patient.

It also creates a trigger to guarantee in Connecticut a federal right to emergency services under a law known as the Emergency Medical Treatment and Labor Act, commonly referred to as “EMTALA.” If the federal government makes any changes to revoke EMTALA, or enforce it to a lesser degree, the DPH commissioner can adopt EMTALA provisions into DPH regulations — an attempt to guarantee EMTALA rights and enforcement in Connecticut, even if the federal government makes changes to the law.

Rep. Jillian Gilchrest, D-West Hartford, during the floor debate said the measure is necessary, given the changes to federal interpretation of EMTALA. The Trump administration dropped a case brought by the Biden administration against Idaho, which argued that hospitals had to provide emergency abortion care, despite the state’s abortion ban.

“By dismissing that federal lawsuit against the state of Idaho, this means that there is no federal enforcement of EMTALA when hospitals do not provide the abortion care necessary to stabilize a patient’s health,” Gilchrest said.

Another provision would create a “safe harbor” account to pay for expenses, like food, lodging and meals, for people coming to Connecticut from other states to receive reproductive and gender affirming care. The fund would be managed by the state Treasurer and awarded as grants to nonprofits that provide reproductive and gender affirming care services. The fund would accept only private donations and would not include public money.

The measure elicited the strongest opposition from Republicans, who argued that even if the funds were private, the measure made use of taxpayer resources because of the work required by the Treasurer and his staff.

“How does an elected official for the state of Connecticut collect donations from private providers then use his state-paid time and his staff’s state-paid time to invest them to create a profit to then give that money to a nonprofit who will distribute it as they see fit?” Nuccio said.

Several representatives also raised concerns about using government resources to manage funds for people outside of Connecticut. Others questioned why the fund was going toward reproductive services and not another issue in need of financial support.

Rep. Jay Case, R-Winchester, along with other Republicans, raised an amendment to change the recipients of the grants from nonprofits providing reproductive health services to those providing homelessness services. The amendment failed 48-99, with four legislators absent and not voting.

McCarthy Vahey acknowledged the many other needs that could use more funding, but said supporters were making a specific policy choice with this legislation.

“There are absolutely a lot of things that we would all like to prioritize. The choice in this bill was to recognize that there are vulnerable people in places where it’s not legal to get safe and accessible health care,” she said.

Public health and other measures

The omnibus bill seeks to preempt several changes to public health policy by the Trump administration: It contains provisions to guarantee in state law the current federal standard for the level of fluoride in drinking water; allows the commissioner of the Department of Public health to create an advisory committee related to recommendations by federal public health agencies; and it creates accounts to shore up funds for public health emergency communications and in case of federal cuts to public health funding.

Several Republicans questioned why the bill was attempting to legislate for federal changes that hadn’t yet happened.

“I think the theme of the 2025 legislative session is ‘just in case,’” Rep. Nicole Klarides-Ditria, R-Seymour, ranking member of the Public Health Committee, said during the floor debate. “Just in case something happens in Washington, just in case the President does something. And, while I’m concerned about certain things, I don’t think we should legislate just in case.”

Democrats pushed back on the “just in case” notion during the floor debate, saying there are federal changes that are already happening. McCarthy Vahey also said the measures provide some predictability amidst a chaotic federal environment.

“It’s about providing consistency and predictability for the people of our state, for our water companies, for our public health officials locally,” McCarthy Vahey said.

While the bill creates emergency accounts to shore up funds for emergencies, it doesn’t appropriate any funding to go into those accounts. McCarthy Vahey said, despite the lack of funding, the accounts serve as an indication of priorities.

While the sections addressing potential federal changes sparked a clash between parties, several of the other measures received bipartisan support.

Multiple Republicans spoke in favor of the creation of a program to promote and provide referrals for pancreatic cancer screening, as well as a section that requires the correction ombuds to evaluate health care services provided by the Department of Correction to people who are incarcerated in the state.

Robert L. Miller

From: News from Washington <newsfromdc@naccho.org>
Sent: Friday, May 2, 2025 5:01 PM
To: Robert L. Miller
Subject: President's Budget Request Released

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News from Washington

NACCHOSM
National Association of County & City Health Officials

May 2, 2025

Congressional Activities

President's Budget Request Released

Today, the White House released a "skinny" version of the President's Budget Request to Congress for Fiscal Year 2026 (FY26). The President's Budget Request is a set of recommendations that Congress may consider but is not required to adopt; however, it is an important step which initiates the congressional budget process. The "skinny budget" was much anticipated after Office of Management and Budget (OMB) Director Russ Vought canceled a meeting with Republican appropriators this week, inciting a response from House Appropriations Chair Tom Cole (R-OK) who told reporters that the president is not the "commander in Chief of Congress."

While the budget overview does not include many details, it does propose a request for \$93.8 billion for the Department of Health and Human Services (HHS), which would be a 26.2% decrease from FY25 enacted levels. The budget proposes significant cuts to federal agencies including:

- \$5.6 billion in discretionary funding for Centers for Disease Control and Prevention (CDC), a 38.9% decrease from FY25
- \$29.3 billion for National Institutes of Health (NIH), a 38% decrease from FY25
- \$7.2 billion for "priority activities that were formerly part of" Health Resources and Services Administration (HRSA), a 19.4% decrease from FY25
- \$6.2 billion for "activities that were formerly part of" Substance Abuse and Mental Health Services Administration (SAMHSA), a 14.3% decrease from FY25

The budget does not provide funding details for the Administration for Strategic Preparedness and Response (ASPR), but it does note that the budget would decrease ASPR funding by \$240 million from FY25 and eliminate the Hospital Preparedness Program (HPP). The budget also proposes \$500 million for Make America Healthy Again for "resources to HHS that would allow the Secretary to tackle issues related to nutrition, physical activity, healthy lifestyles, over-reliance on medication and treatments, the effects of new technological habits, environmental impacts and food and drug quality and safety."

In addition to the skinny budget, the administration published a document on "revitalizing federalism" which provides a summary of the administration's goal to reset "the proper balance between Federal and State responsibilities." A complete budget request with additional details on specific programs and congressional justification is expected to be released in the coming weeks. NACCHO Government Affairs will provide an analysis of the complete budget request when it becomes available to the public.

House Energy & Commerce Committee Advances SUPPORT Act

Earlier this week, the House Energy and Commerce Committee voted 36-13 to advance a bill which would reauthorize the 2018 SUPPORT Act, which provides funding for treatment and recovery programs for opioid use disorder and expands access to addiction medications. Representatives Brett Guthrie (R-KY) and Brittany Pettersen (D-CO) introduced the SUPPORT Act reauthorization bill. The Committee previously unanimously passed the bill in July 2023, but a majority of Democrats voted against the bill this week to highlight their frustration with the reorganization of HHS, including the layoff of approximately half of the employees at the SAMHSA which would be responsible for disbursing and enacting significant portions of the legislation. Chair Brett Guthrie (R-KY) indicated that if the bill becomes law, then the Committee will conduct oversight to ensure that the implementation is done effectively.

Democratic Hearing on CDC Reorganization

On Tuesday, House Appropriations Ranking Member Rosa DeLauro (D-CT) led a Democratic hearing to examine the consequences of the administration's efforts to reorganize CDC and the recent reductions in force across HHS. Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee Democrats brought questions about the impact of recent actions to public health leaders including:

- Dr. Ashish Jha, Dean of the Brown University School of Public Health
- Dr. Anne Schuchat, former Principal Deputy Director at CDC and the first Director of CDC's National Center for Immunization and Respiratory Diseases (NCIRD)
- Dr. Manisha Juthani, Commissioner of the Connecticut Department of Public Health

Witnesses highlighted the importance of a robust CDC to support the overall governmental public health system and expressed concerns about how recent changes were having an immediate impact on public health services in communities.

Senate Appropriations Committee Hearing on Biomedical Research

On Wednesday, the Senate Appropriations Committee held a hearing titled "Biomedical Research: Keeping America's Edge in Innovation." Witnesses included:

- Sudip Parikh, Ph.D., Chief Executive Officer and Executive Publisher, Science, American Association for the Advancement of Science (AAAS)
- Hermann Haller, M.D., President, Mount Desert Island Biological Laboratory

- Cartier Esham, Ph.D., Executive Director, Alliance for a Stronger Food and Drug Administration
- Barry Paul Sleckman, M.D., Ph.D., Director, University of Alabama at Birmingham, Oâ€™Neal Comprehensive Cancer Center
- Mrs. Emily Stenson, Mom and Patient Advocate

During the hearing, Committee Chair Susan Collins (R-ME) expressed disapproval with the administration's cuts to biomedical research, warning this threatens U.S. leadership in innovation. She said she opposed caps on indirect research costs, canceled grants, and mass layoffs at HHS. Dr. Parikh echoed these concerns in his remarks, saying the proposed budget would cause the U.S. to fall behind China. Other Republican senators debated funding efficiency, with some supporting the cuts while others stressed the importance of stable investment in health research. Vice Chair Patty Murray (D-WA) emphasized that biomedical research policy has had longstanding bipartisan support.

Senate Finance & HELP Committees Announce HHS Nomination Hearings

Senate Finance Committee Chair Mike Crapo (R-ID) announced that the Committee will hold a nomination hearing on Tuesday, May 6, 2025, to consider James O'Neill to be Deputy Secretary of HHS and Gary Andres to be an Assistant Secretary of HHS. On Thursday, May 8, 2025, the Senate Health, Education, Labor, and Pensions (HELP) Committee will hold a hearing on the nominations of James O'Neill to serve as Deputy Secretary of Health and Human Services, and Janette Nesheiwat.

Administration Activities

HHS Will Order Placebo Testing for New Vaccines

HHS will start requiring all new vaccines to undergo placebo testing, a change that the agency intends to increase transparency. Currently many vaccines for new pathogens are tested using placebo testing, but it is generally not used for more well-researched diseases. A placebo test is a trial in which some people receive the vaccine while others receive a shot of saline, or some other inert substance. It is not yet clear when this testing will be implemented or for which vaccines it will be used. HHS did clarify that the shift in testing would not apply to the annual flu vaccine.

HHS Planning â€œTake Back Your Healthâ€ Ad Campaign

HHS is reportedly planning a new public relations campaign titled â€œTake Back Your Healthâ€ that is intended to run for the next four years. While the total project cost is not yet known, sources estimate that the campaign will cost at least \$20 million. The campaign will include running multiple

television ads each day on five major television networks. This is part of the Administration's larger "Make America Healthy Again" campaign and is aimed at promoting "healthier habits" and addressing chronic disease.

Voice of Local Health Departments

Letters Sent to Policymakers

Joint Letter to Congressional Appropriators Urging Sufficient Funding for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (5/2/25)

NACCHO News

Coming Soon: Participate in NACCHO's Profile Study to Make Your Voice Heard

This spring, NACCHO Research is launching the 2025 National Profile of Local Health Departments (Profile) Study "the largest and most comprehensive data source on local health department (LHD) infrastructure and practice. This is the only national-level data source on LHDs that spans three decades! Profile data are a valuable tool for public health practitioners to understand how your programs align with community health indicators, benchmark your LHD against peers, and bolster resources for essential services in your community. Your response to the survey also assures the availability of up-to-date information needed to inform policy at the local, state, and federal levels. If you're a local health official, please be on the look-out for an e-mail in the coming weeks from "NACCHO's Profile Team" (noreply@gemailserver.com) with a link to your LHD's questionnaire. If you have any questions, please contact NACCHO's Profile Team (profile@naccho.org).

NACCHO Launches New Program for Local Health Officials

NACCHO's program, RISE: A Roadmap for New Local Health Officials, is designed to build Resiliency, Innovation, Strategy, and Excellence in new leaders through a cohort experience that includes an asynchronous eLearning curriculum, live skill-building sessions, and being matched with an experienced LHO who will act as your coach.

RISE is a 12-month program for LHOs in their position for two years or fewer to better manage and achieve their health department's goals. This program offers invaluable networking opportunities, problem-solving support, and essential leadership skills to help you and your health department thrive. The RISE Fellows application opens on May 12 and closes on June 2. The application to become a RISE Coach will open on April 28 and close on May 15. For more information, go to: bit.ly/3Elgq3b

Need to Know

Florida to Pass Ban on Fluoride in Drinking Water

The Florida Legislature, on Tuesday, passed a bill which includes a provision prohibiting the use of fluoride in drinking water in the state. The provision, which is part of a larger state farm bill, would prevent localities from using additives in drinking water. Once it was approved by the legislature, the bill was sent to the desk of Governor Ron DeSantis where it will become law in the state if signed by DeSantis. This would make Florida the second state, behind Utah, to ban fluoride in drinking water. Dentists say that removing fluoride from drinking water would negatively impact oral health, as the mineral is proven to help prevent cavities and tooth decay.

Resources

[CDC | Overdoses Involving Medetomidine Mixed with Opioids â€” Chicago, Illinois, May 2024](#)

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1201 Eye Street, NW, Suite 400, Washington, DC 20005

Public health officials fear massive federal cuts

Vaccination clinics and education could be affected



The bulk of federal cuts affecting Connecticut are coming at the expense of the Connecticut Department of Public Health, including a loss of \$26,267,097 in grant funding for immunization activities. Annie Rice/AP

BY SEAN KROFSSIK HARTFORD COURANT

Last month, Gov. Ned Lamont announced massive federal cuts coming to the state with the bulk of it coming at the expense of the Connecticut Department of Public Health.

Among the hardest hit was \$118,897,449 in estimated funding loss for the Epidemiology and Laboratory Capacity Program, as well as \$26,267,097 in grant funding for immunization activities. Other areas that could be affected include essential public health services such as disease outbreak surveillance, newborn screenings, childhood immunizations and testing for viruses and other pathogens.

Connecticut Department of Public Health commissioner Dr. Manisha Juthani said impacts have already been felt with the 43 contracts with local health departments that the Connecticut Department of Public Health had to issue stop-work orders.

Local health departments help enhance vaccination rates, access, equity and vaccine confidence. The lost funding could result in a loss of vaccination clinics, and the distribution of vaccine education materials would be stopped, according to Lamont.

“The immunization grant was to help keep up with immunization rates across communities and help with childhood vaccinations required for school admission,” Juthani said. “This grant helped find pockets of undervaccinated and meeting communities where they were by opening vaccination clinics or doing vaccine outreach to at-risk communities whether they be homebound or disabled. Those were what these grants were helping to fund.”

Juthani said the first tangible place where people would be able to notice the cuts would be vaccinations in at-risk communities.

“It may not be as easy in certain circumstances (to get vaccinations) but we do know you still have your child provider, you still have a pharmacy, and you still have doctors’ offices,” Juthani said. “It may require a little bit extra work, but there are still other ways in the state to be vaccinated. But what we were trying to do was to make it as convenient and easy as possible so there were less hurdles to overcome to get what they need to achieve their best health.”

Juthani said there have been some updates since the governor’s March 27 press conference, and the cuts remain in a “holding pattern” because of court proceedings. Juthani said there is a lawsuit regarding the cuts from 23 different states.

“Then we heard at (recently) that the judge has offered more time and needs more information for the federal government to come back to see if these grants

are officially terminated or not on April 29,” Juthani said. “We communicated with the local health department to say they have another week of expenses that they could submit to us. You can’t plan large-scale projects or initiatives just one week at a time. ... We are in a little bit of a holding pattern because things are so uncertain.”

Juthani said another change in recent weeks is that syndromic surveillance was initially feared to be one of the programs cut, but the commissioner said there has been a one-year reprieve to continue the program.

“Syndromic surveillance is where anyone that comes into the emergency department and complains about any sort of symptom, it would get put into a database,” Juthani said. “That information would come to the state of public health. That is how we find out if something expected is happening.

“During flu season, we would see the normal uptick that we see every season. Sometimes we can learn if something new is going on. We thought that system was going to be completely offline,” Juthani added. “That was an immediate program cut we weren’t prepared for.”

Juthani said the week-to-week funding with each judge ruling has forced some of the state’s health departments to let people go because the departments do not have the capacity to keep people if funding is not continued.

“It’s varied by each department by their budgetary needs,” Juthani said.

Juthani said the state has one of the top vaccination rates in the country due to a “cohesive, concerted effort across the board.” She included healthcare professionals and school nurses and others.

“We do have an advantage in our state which is you can have great efforts, but you need a population open and interested in hearing the message,” Juthani said. “There is always a desire to meet people where they are at and explain things the way they would understand. Funding can always enhance that.

“I hope we don’t slide back because of funding cuts because the open-mindedness of the population has not changed,” she added. “The access to healthcare has yet to change. I hope it doesn’t happen. But is there a risk? Of course. One of the other things the immunizations grant helped with was optimizing our CT WiZ platform which helps us track what those rates actually are.”

Juthani said school vaccination records are on CT WiZ and during the COVID-19 pandemic, vaccinations were logged. The cuts will stop enhancements to that

program that provides a real-time public-facing dashboard on vaccination rates in the state.

“All you have to do on CT WiZ is put your name in and you can get your own vaccination records,” Juthani said. “We’ve been using this funding to expand our capacity to work on other platforms with CT WiZ so if you get a vaccination in one of our sister states on our platform you can see that on your record in Connecticut. It would include vaccinations from out of state if it was in one of our sister states.

“That’s the kind of upgrade we have been doing and that funding is in question whether we are going to be able to expand on that type of capacity,” she added.

Juthani said she is concerned about what she has seen in the cuts but is focused on everything the Department of Public Health can do to prepare for the cuts.

“Our goal here in Connecticut is to make sure we don’t lose ground on protecting public health despite cuts we receive. That’s what we are focused on,” Juthani said.

Dr. Ulysses Wu, the chief epidemiologist and system director for infectious diseases at Hartford HealthCare, said he has concerns about cuts to immunization education.

“The impact is not just the immunizations themselves, but it’s the education that is associated with it,” Wu said.

“As you know, immunization is very divisive,” Wu said. “The science is solid. I think people should be concerned at many different levels. On a broad level, public health is not being prioritized. Cuts are going to be made for that. On a micro level, the access and education and cost that may be associated with this. Yes, people should be concerned on a micro and macro level.”

Wu said given the current measles outbreak in the country, immunizations are even more important. According to the CDC, as of April 24, there were 884 cases in the country. There were no cases in Connecticut, but surrounding states had some reported including Vermont, Rhode Island, New York and New Jersey. In total, 30 states

According to the CDC, the 884 cases are a large jump from the 285 in all of 2024, and 96% of the cases are individuals who are unvaccinated or are of unknown vaccination.

“Measles is a highly contagious, highly dangerous disease that is also entirely preventable with the MMR vaccine,” Juthani said. “Before 1963, there were over

500,000 cases of measles in the U.S. every year. In 2000, that number plummeted to just 85, proving the MMR vaccine works.

“Now is the time to act to prevent an outbreak here and to ensure you are vaccinated while there are no cases in Connecticut,” she added. “Staying up to date on vaccinations not only protects you and your family but also helps protect people who cannot be vaccinated due to medical conditions or are too young to get vaccinated, like infants below 6 months of age.”

The Connecticut Department of Public Health is urging residents to “ensure they are adequately protected if they are traveling to areas with active outbreaks.” It is also recommended that the MMR vaccine be given to infants 6–11 months of age who are traveling internationally or in areas of the country with active measles transmission.

“Most of the measles transmissions in the United States prior to this year were due to international travel,” Wu said. “Now we have to worry about domestic travel with every exposure that is possible and brought back to Connecticut. Remember they can be contagious before the rash or after the rash has subsided. There can be people that are infectious that don’t even know it.

“What happens is, when more people are immunized, it creates that safety net and that herd immunity,” he added. “When you start losing that herd immunity, let’s just say it’s the state of Connecticut. Your chances of getting measles are going to be increased. For those who are immunized for the most part should be protected. What can take hold of is those who are not immunized. The immunization rate in Connecticut is very good but it is also not 100%. This is all going to be impacted for Connecticut mostly indirectly. But there may be some direct effects as well.”

Wu said the worst-case scenario of more cuts would be “any transmissible disease that results in an epidemic or a pandemic that was preventable.”

“That is what this is all about,” Wu said. “It’s about preventable disease. All of these measles cases were preventable. We understand the greater picture of people’s rights in terms of what they can and can’t do. The only problem is that it changes a little bit in the sense that what you do may impact someone else.

“With these transmissible diseases, it’s not only about the individual but it’s also about the community at large,” he said. “We run into these issues where it’s not just an individual decision at this point and sometimes you have to look at the greater good.”

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

March 31, 2025

To: Local Health Directors,

Last week was a tough week for public health, and I suspect it will get tougher. As you know, we were told last week that several CDC grants initially awarded as COVID-19 funds but then authorized for redirection were terminated, effective immediately. This decision has resulted in the cancellation of six CDC grants that primarily affected our Infectious Diseases, Immunizations, and Laboratory divisions within DPH. Regrettably, these terminations have also affected many of your local health departments.

The longstanding partnership between DPH and our local health departments has been the backbone of Connecticut's public health system. Your departments have been on the frontlines alongside us through the pandemic and beyond, and I deeply value the collaborative relationship we've built together over the years.

Our leadership team has been working diligently to assess the full fiscal and operational impacts of this sudden funding loss. While we do not yet have all the answers regarding the extent of these impacts, I believe it is important for you to know where we stand given how this will affect your programs, your staff, and the communities you serve.

As you are already aware from the stop work orders issued last week, all contracts funded through these impacted grants may be terminated as we learn more from our federal partners and work to preserve foundational public health. I understand that you are now faced with making painful decisions about which programs to scale back or possibly even eliminate which potentially may impact staffing levels. Having to consider reductions to your dedicated workforce—professionals who have worked tirelessly to protect community health—is heartbreaking. I recognize the tremendous personal and professional burden these funding cuts place on you as leaders, on your staff, and on the communities that depend on your vital public health services. We at CT DPH are faced with similar challenges.

As we assess the full impact of these cuts, we are particularly concerned about our collective ability to conduct effective disease surveillance and maintain the data systems that both DPH and local health departments rely upon to monitor and respond to public health threats. Some systems, like CT WIZ, were built or enhanced with the now-terminated grant funding, and we are actively evaluating how this loss of funding will impact these critical functions that form the foundation of our shared public health work.



Phone: (860) 509-7101 • Fax: (860) 509-7111
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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I want to assure you that I, along with the Governor and the Attorney General, will continue to advocate strongly for the restoration of these funds. We hold out hope that the Administration and CDC leadership will recognize the devastating impact these cuts will have on core public health work throughout our state. However, we must confront the reality that these funds are lost right now.

Please know that I personally value the relationship I have with each of you and recognize the essential, irreplaceable role you play in protecting public health across Connecticut. Your departments are the first line of defense for your communities, and this sudden funding cut threatens the infrastructure we've built together. I ask for your patience and collaboration as we navigate these challenging circumstances together, and I promise that your voice and concerns will be central to our planning process moving forward. Sadly, we anticipate more federal grant cuts may still be forthcoming, making it even more important that we stand united as one public health family.

Sincerely,

Manisha Juthani, MD
Commissioner

Major Impacts of DPH Grant Fund Cuts

Epidemiology & Laboratory Capacity (Grants 1-4)

Estimated Funding Loss: \$118,897,449

- DPH no longer able to know when a new syndrome or a known disease (like flu) is showing up in emergency departments
- DPH will face staffing shortages in areas responsible for key public health functions like disease outbreak response, response to outbreaks in nursing homes, providing data and recommendations to healthcare providers and the public on disease spread in their communities
- No information on ED trends in the State, limiting DPH's ability to respond to and alert partners and the public to emergencies
- Newborn screening impacted: will remain a paper process, slowing critical information and potentially impacting care in critical first days/weeks of life
- Providers now forced to fax reportable diseases to DPH, rather than transmitting electronically, preventing DPH from sharing real-time reports on disease spread or healthcare capacity
- Inability to complete upgrades to key information systems, wasting 10s of millions of dollars already put into the upgrades
- Lab tests will not be completed or reported timely, including for newborn screening, and the Lab's ability to provide testing support in emergency outbreak situations will be severely degraded
- Installation of equipment to enhance the state's ability to process and analyze genomic data scrapped, which will impact the detection of new and existing diseases and pathogens, like H5N1, Ebola, and resistant healthcare associated infections including *Candida auris*
- Cannot implement an electronic birth registry or combine birth and death registries, making it more difficult for people to obtain these vital records
- Elimination of 24/7 help desk to assist funeral directors, doctors, healthcare organizations and local registrars to navigate the State's relatively new death registry
- Projects to improve data exchanges with the Office of the Chief Medical Examiner and with CDC halted

- Nearly \$5 million in grants to 26 local health departments cancelled, impacting local disease surveillance and outbreak response

Immunization Activities (Grant 5)

Estimated Funding Loss: \$26,267,097

- 43 contracts (nearly \$3.5M) with Local Health Departments to enhance vaccination rates, access, equity & vaccine confidence cancelled
- Loss of vaccination clinics and mobile outreach in underserved neighborhoods
- Development and distribution of vaccine educational materials stopped
- Automated reports for overdue vaccines no longer sent to providers, potentially decreasing vaccination rates and creating challenges for sticking to vaccine schedules
- All of the above will impact CT's high vaccination rates (3rd highest in the nation), which can lead to increased disease spread throughout the state
- Work will stop on enhancements to improve access to timely, accurate, and valid patient and vaccination records and the real-time public facing dashboard on vaccination rates in the state

Health Disparities (Grant 6)

Estimated Funding Loss: \$4,465,606

- Loss of DPH funding for Family Bridge Program (home visits for newborns) currently active in Bridgeport and Norwich
- Loss of Mobile Vaccine Clinics for Homebound and Rural Residents
- Loss of rural health department support
- CSDE programs – Parent Trust Fund and Young Parents Program – aimed at improving the health, safety, and education of children in underserved communities were slated to receive \$3 million in DPH funding. That funding has now been cancelled.



Town of Windham

Windham Water Works

174 Storrs Road
Mansfield Center, CT 06250
Phone: 860-465-3075 & Fax: 860-465-3085

15

March 28, 2025

Dear Town Leaders,

This letter is regarding two recent PFAS Biosolids-related investigations currently occurring in the Willimantic Reservoir Watershed. As you should be aware, PFAS (Per-and Polyfluoroalkyl Substances), are a group of man-made chemicals used in a wide range of products and known for their environmental and health risks.

Biosolids are created from treated sewage sludges that are being used as fertilizers or soil conditioners generated from wastewater treatment facilities. These biosolid pellet fertilizers are dark in color and almost resemble asphalt from a distance. Since biosolids are a result of wastewater treatment, the unique smell is that of human fecal matter. PFAS has been linked to the following health conditions in humans: Cancer, liver damage, thyroid disease, immune system dysfunction, reproductive health problems, developmental problems, along with other things such as increased cholesterol levels, hormonal imbalances, and increased risk of cardiovascular disease. PFAS is extremely resistant to degradation, thus why it received the name "the forever chemical." If you would like to provide your residents with more information, you can find information at www.cdc.gov or www.epa.gov.

As of October 1, 2024, per Connecticut Public Act No. 24-59 Bill No. 292, **"No person shall use, sell or offer for sale in this State as a soil amendment any biosolids or wastewater sludge that contains PFAS."** It has been brought to our attention by concerned residents, neighbors, schools and farmers, that there have been multiple purchases and applications of biosolids which contain PFAS within our watershed. The ongoing investigations right now are due to farmers applying these biosolid based pellet fertilizers to their farmlands as well as mixing these biosolids in with gravel to reclaim land.

We would like you to be aware that the use of these biosolid materials could not only affect surface water which we use for drinking water for Willimantic & Mansfield residents, but it also has the potential to contaminate aquifers and private wells near these land applications. We intend to work diligently with the USDA on correcting these issues as well as work in developing an outreach program to keep our farmers up to date with rules and regulations along with good house keeping practices.

The intent of this memo is to educate all Towns within the Willimantic Reservoir Watershed of the serious health concerns of this now banned practice in the state of CT. It would be beneficial to not only report suspicious activity to Windham Water Works, but to also stop the farmers from applying the substances on land, to protect your Towns' residents. Together we can eliminate polluting contaminants from entering water supplies and/or possibly being consumed.

In relation to this issue, that is why it is important to make sure your residents are submitting watershed applications to Windham Water Works for any projects occurring in our Watershed, so we can review them to reduce contaminants from entering our waterways.

We appreciate all the efforts you have made previously to help keep the water supplies clean. Thank you.

Sincerely,

Tyler Johnson
Environmental Technician

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Thursday, March 27, 2025 11:54 AM
To: Robert L. Miller
Subject: Governor Lamont: Trump Administration Cuts Will Have Sweeping Impact on Public Health, Mental Health, and Addiction Services in Connecticut

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STATE OF CONNECTICUT
GOVERNOR NED LAMONT

Governor Lamont: Trump Administration Cuts Will Have Sweeping Impact on Public Health, Mental Health, and Addiction Services in Connecticut

Posted on March 27, 2025

(HARTFORD, CT) – Governor Ned Lamont today announced that his administration was notified this week by the Trump administration through the U.S. Department of Health and Human Services that it is immediately terminating a number of grants estimated to total more than \$150 million that had been allocated to Connecticut for a wide range of essential public health, mental health, and addiction services, such as disease outbreak surveillance, newborn screenings, childhood immunizations, and testing for viruses and other pathogens.

The grants were largely committed to the Connecticut Department of Public Health (DPH) and the Connecticut Department of Mental Health and Addiction Services (DMHAS). The agencies are analyzing the impact of these cuts and as more information becomes available will notify providers in Connecticut that were expecting this funding.

These cuts are part of more than \$11.4 billion in public health grants that the Trump administration announced this week it is rescinding from states nationwide. Congress has long recognized that public health begins at the state and local level and appropriated these funds to strengthen the nation's ability to respond to disease outbreaks and other public health emergencies.

“These abrupt and unexpected cuts to our health system are going to have a devastating impact on our ability to fight disease, protect the health of newborns, provide mental health and addiction treatment services, and keep people safe,” **Governor Lamont said.** “We should be making it easier and cheaper for people to access critical health care, including mental health services. I am urging the Trump administration to recognize that these cuts go beyond what is reasonable and reverse this rash and impulsive decision. I will do everything I can to support the health and safety of the residents of Connecticut.”

Some of the hardest impacts will be felt by DPH’s Infectious Disease Branch and the Connecticut State Public Health Laboratory. On Wednesday, dozens of projects and all work being done by vendors and consultants funded by these grants were ordered to stop. Grants are also being eliminated that fund immunization activities and address health disparities. DPH is also being forced to cancel 48 contracts with local health departments and other providers for immunization services.

“This is a dark day for public health,” **DPH Commissioner Manisha Juthani, M.D., said.** “These grants fund many of our core public health functions. While we are still assessing the impact to our agency, we know that these cuts will severely hamper our ability to respond to any future infectious disease outbreaks, childhood immunization programs that we fund must now end, and critical work we have done to strengthen and increase our capacity to protect the public health of Connecticut’s residents must stop. COVID-19 may have been the catalyst for these grants but, as Congress intended, these funds were being used to modernize our systems, strengthen our workforce, educate the public, protect our children all to prevent or mitigate the damage to human lives caused by future disease outbreaks. I hope that the administration will reconsider its decision once they realize the full scope of the critical work funded by these grants.”

DMHAS, which oversees Connecticut’s behavioral health needs in the areas of mental health treatment and substance abuse prevention and treatment, cautions that the cuts could impact services related to housing and employment supports, regional suicide advisory boards, harm reduction, perinatal screening, early-stage treatments, and increased access to medication assisted treatment.

“Let there be no doubt that this unanticipated and sudden cessation of these block grants will be immediately and consequentially disruptive to the behavioral health system in Connecticut,” **DMHAS Commissioner Nancy Navarretta said.** “These resources were deployed by DMHAS in a contemplative and rigorous fashion to assist providers in handling the COVID-19 pandemic and its latent impacts based on a timeline that was clearly established and articulated by Congress and the United States Treasury. Now, our clients and providers are put at risk due to an unwarranted and uninformed decision. The services at risk include housing and employment supports, regional suicide advisory boards, harm reduction, perinatal screening, early-stage treatments, and increased access to medication assisted treatment. These are lifesaving and life-changing services for our state’s residents who are asking for help at a vulnerable time in their life – all of which was exacerbated by the pandemic. In the hours and days ahead, there will be uncertainty in the system, and we will be working closely with our providers and clients to ensure they know we continue to seek solutions to continue these programs for as long as possible.”

Funding cuts will also extend beyond DPH and DMHAS. Funding is being eliminated for the Family Bridge Program, which is administered by the Connecticut Office of Early Childhood and provides up to three at-home visits from registered nurses and community health workers for families of newborns to help with the transition from hospital to home.

The following table provides a preliminary analysis of the cuts and their impact on services provided by DPH. Additional analysis of these cuts and their impact on other agencies are underway.

<u>Major Impacts of DPH Grant Fund Cuts</u>
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Epidemiology and Laboratory Capacity (Grants 1-4)

Estimated Funding Loss: \$118,897,449

- DPH no longer able to know when a new syndrome or a known disease (like flu) is showing up in emergency departments.
- DPH will face staffing shortages in areas responsible for key public health functions like disease outbreak response, response to outbreaks in nursing homes, providing data and recommendations to healthcare providers and the public on disease spread in their communities.
- No information on emergency department trends in the state, limiting DPH's ability to respond to and alert partners and the public to emergencies.
- Newborn screening impacted: will remain a paper process, slowing critical information and potentially impacting care in critical first days/weeks of life.
- Providers will now be forced to fax reportable diseases to DPH, rather than transmitting electronically, preventing DPH from sharing real-time reports on disease spread or healthcare capacity.
- Inability to complete upgrades to key information systems, wasting 10s of millions of dollars already put into the upgrades.
- Lab tests will not be completed or reported timely, including for newborn screening, and the Lab's ability to provide testing support in emergency outbreak situations will be severely degraded.
- Installation of equipment to enhance the state's ability to process and analyze genomic data scrapped, which will impact the detection of new and existing diseases and pathogens, like H5N1, Ebola, and resistant healthcare associated infections including Candida auris.
- Cannot implement an electronic birth registry or combine birth and death registries, making it more difficult for people to obtain these vital records.
- Elimination of 24/7 help desk to assist funeral directors, doctors, healthcare organizations and local registrars to navigate the state's relatively new death registry.
- Projects to improve data exchanges with the Office of the Chief Medical Examiner and with CDC halted.

Immunization Activities (Grant 5)

Estimated Funding Loss: \$26,267,097

- 43 contracts (nearly \$3.5 million) with local health departments to enhance vaccination rates, access, equity, and vaccine confidence cancelled.
- Loss of vaccination clinics and mobile outreach in underserved neighborhoods.
- Development and distribution of vaccine educational materials stopped.
- Automated reports for overdue vaccines no longer sent to providers, potentially decreasing vaccination rates and creating challenges for sticking to vaccine schedules.
- All of the above will impact Connecticut's high vaccination rates (third highest in the nation), which can lead to increased disease spread throughout the state.
- Work will stop on enhancements to improve access to timely, accurate, and valid patient and vaccination records and the real-time public facing dashboard on vaccination rates in the state.

Health Disparities (Grant 6)

Estimated Funding Loss: \$4,465,606

- Loss of DPH funding for Family Bridge Program (home visits for newborns) currently active in Bridgeport and Norwich.
- Loss of Mobile Vaccine Clinics for Homebound and Rural Residents.
- Loss of rural health department support.

Robert L. Miller

From: Robert L. Miller
Sent: Wednesday, March 26, 2025 9:57 AM
To: 'Andover Town Manager'; 'Ashford First Selectman'; 'Chaplin First Selectman (firstselectman@chaplinct.org)'; 'Heather Evans'; 'Jacob Marie'; 'Jim Drumm'; 'Jim Rupert (jrupert@boltonct.gov)'; 'John A. Elsesser (johnelsesser@gmail.com)'; 'Kenneth Dardick'; 'Maria Capriola'; 'Peter Tanaka - Willington First Selectman (ptanaka@willingtonct.gov)'; 'Ryan J. Aylesworth'; 'Scotland First Selectman'; 'Tolland Town Manager'; 'Town Administrator (townadministrator@columbiact.org)'
Cc: Robert L. Miller; Amanda Backhaus
Subject: Federal Grants to Local Health Department
Attachments: Trump administration says it will pull back billions in COVID funding from local health departments _ AP News.pdf

Dear Board Member – We received word from our national association the National Association of County & City Health Officials (NACCHO) that the CDC issued stop work order on grants related to COVID-19 supplemental dollars. The notices say that work ends 3/24/25. I have attached an AP article on the same topic.

The two grants in our portfolio that appear to be impacted are the Immunization Grant, and the ELC2 Grant. As of the last financial reporting period for each of these grants we have a total \$50,800 unspent. However, it is unclear if we will be permitted to debit staff time and other expenses between the end of the last financial reporting period for each grant, and the 3/24/25 stop work notice. If we are, then the current unspent figure would go down significantly. We have not received any communication from CT DPH at this time. I am sure they too are assessing their own impacts to this notice. Please note that this is preliminary information, and may be updated with any forth coming information from DPH.

As I have stated previously, we do have the Workforce Develop Grant funds in the bank to fall back on in the interim. However, this event and the potential for additional volatility in our other federally funded programs will necessitate a more conservative planning approach in our grant funded programs moving forward.

Sincerely and respectfully,
 Rob

Robert L. Miller, MPH, RS

Director of Health
 Eastern Highlands Health District
 4 South Eagleville Road
 Storrs, CT 06268
 860-429-3325
 860-429-3321 (Fax)
 Twitter/X: @RobMillerMPH
 www.ehhd.org



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HEALTH

Trump administration says it will pull back billions in COVID funding from local health departments



BY LAURA UNGAR

Updated 8:01 PM EDT, March 25, 2025

Federal health officials said Tuesday they are pulling back \$11.4 billion in COVID-19-related funds for state and local public health departments and other health organizations throughout the nation.

"The COVID-19 pandemic is over, and HHS will no longer waste billions of taxpayer dollars responding to a non-existent pandemic that Americans moved on from years ago," the U.S. Department of Health and Human Services said in a statement.

The statement said the [Centers for Disease Control and Prevention](#) expects to recover the money beginning 30 days after termination notices, which began being sent out on Monday.

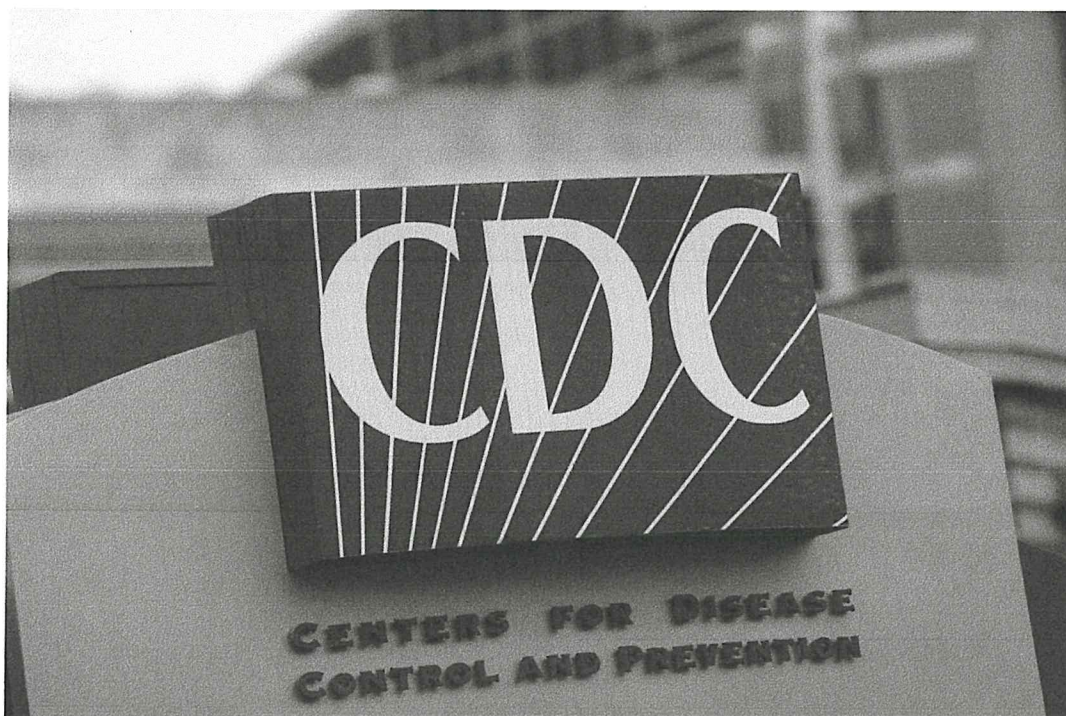
Officials said the money was largely used for COVID-19 testing, vaccination and global projects as well as community health workers responding to COVID and a program established in 2021 to address COVID health

Trump administration says it will pull back billions in COVID funding from local health departments | AP News
disparities among high-risk and underserved patients, including those in minority populations. The move was first reported by NBC News.

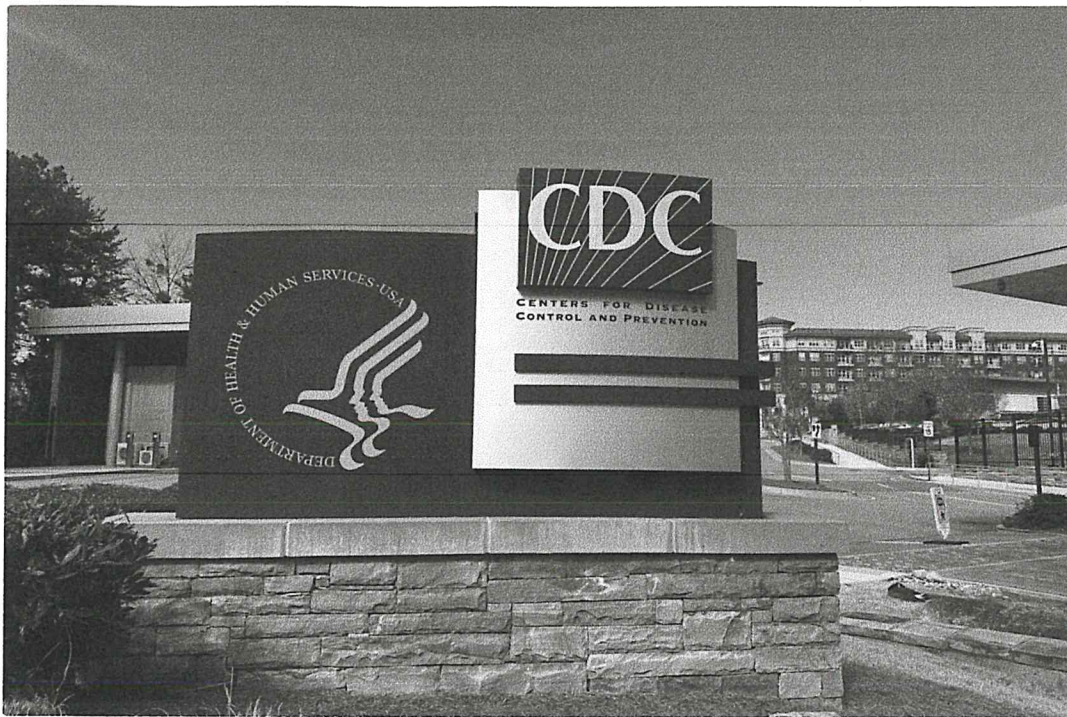
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Lori Freeman, CEO of the National Association of County & City Health Officials, said much of the funding was set to end soon anyway. "It's ending in the next six months," she said. "There's no reason — why rescind it now? It's just cruel and unusual behavior."

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HHS is losing thousands of workers under Trump administration probationary job cuts



CDC vaccination committee meeting postponed days after RFK Jr. took over at HHS



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In a related move, more than two dozen COVID-related research grants funded by the National Institutes of Health have been canceled. Earlier this month, the Trump administration shut down ordering from covidtest.gov, the site where Americans could have COVID-19 tests delivered to their mailboxes for no charge.

Although the COVID federal public health emergency has ended, the virus is still killing Americans: 458 people per week on average have died from COVID over the past four weeks, according to CDC data.

HHS wouldn't provide many details about how the federal government expects to recover the money from what it called "impacted recipients." But HHS spokesman Andrew Nixon said in an email: "The \$11.4 billion is undisbursed funds remaining."

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Freeman said her understanding is that state health departments already had the COVID money.

"The funding was authorized by Congress, was appropriated by Congress, and it was out the door, basically, into the hands of the grantees" — states, she said, which decide how to distribute it locally.

Some of the COVID money is used to address other public health issues, Freeman added. For example, wastewater surveillance that began during COVID became important for detecting other diseases, too.

"It was being used in significant ways to track flu and patterns of new disease and emerging diseases — and even more recently with [the measles outbreak](#)," Freeman said.

Under both the first Trump administration and the Biden administration, billions of dollars was allocated for COVID response through legislation, including a COVID relief bill and the American Rescue Plan Act.

At this point, it's unclear exactly how health departments will be affected by the pullback of funds. But some were starting to look at what it might mean for them. In Washington state, for example, health officials were notified that more than \$125 million in COVID-related funding has been immediately terminated. They are "assessing the impact" of the actions, they said.

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In Los Angeles County, health officials said they could lose more than \$80 million in core funding for vaccinations and other services. "Much of this funding supports disease surveillance, public health lab services, outbreak investigations, infection control activities at healthcare facilities and data transparency," a department official wrote in an email.

Associated Press reporters Mike Stobbe in New York, JoNel Aleccia in Temecula, California, Carla K. Johnson in Seattle and Amanda Seitz in Washington, D.C. contributed to this story.

The Associated Press Health and Science Department receives support from the Howard Hughes Medical Institute's Science and Educational Media Group and the Robert Wood Johnson Foundation. The AP is solely

TO: Co-Chairs and Members of the Public Health Committee

DATE: March 24, 2025

RE: Testimony in Opposition to Raised HB 7248, AN ACT CONCERNING WELL WATER QUALITY

Dear Co-Chairs and Members of the Committee,

The Connecticut Association of Directors of Health (CADH) **strongly opposes** Section 2(c)(1) of Raised Bill 7248 provisions that establish private well and semi-public well test results as confidential pursuant to Section 19a-25 of the Connecticut General Statutes.

The proposed changes in Raised Bill 7248 and previously passed changes to this statute seek to address some of the concerns related to data accessibility. Unfortunately, these efforts fall woefully short in PROTECTING HEALTH AND ensuring ACCESS TO INFORMATION VITAL TO THAT MISSION. SAFETY OF WATER IS A SOMETHING THE PUBLIC EXPECTS.

Approximately 24% of Connecticut's population, approximately 840,000 residents, rely on private wells for drinking water. Groundwater contamination, whether natural or man-made, poses a significant public health concern in Connecticut, particularly in areas served by private wells. Providing residents and stakeholders with unfettered access to water quality information is an essential public health function, empowering property owners, neighbors, and communities to take action to protect themselves from contamination exposures. Data related to private well water quality has been readily available to the public for over 60 years. Over these years, local health departments have worked closely with industry stakeholders, state agencies, property owners, and communities on groundwater quality issues, addressing a wide array of contaminants including emerging concerns such as sodium chloride (NaCl) and per- and polyfluoroalkyl substances (PFAS). There is no reasonable rationale for limiting access to this important environmental health data. It is our position that governmental public health's duty to warn significantly outweighs any De Minimis right to privacy, with limiting any access to such information at least public health negligence and at worst public health malfeasance.

For example, as one reads the current plain language of these provisions the local health director is required to obtain approval from the Commissioner of Public Health prior to disclosing drinking water lead test result from a private well to a resident family with a child who has been diagnosed with lead poisoning. This requirement stands in stark contrast to a local health director's ability, without explicit approval from the Commissioner, to disclose the identity of a sick restaurant worker to a restaurant manager. The lead scenario is one of many examples where there is little to no justification for this

additional layer of bureaucracy, which is currently affecting the timely reporting of crucial information needed to reduce exposures from environmental health hazards.

In addition, the basic science of ground water hydrology tells us that the presences of a single contaminated private well indicates a risk to other nearby wells. Yet, under these current statutory provisions neighbors whose wells are at risk would not be able to access critical information unless they meet specific, and unreasonable conditions. These conditions include obtaining explicit approval from the DPH Commissioner, submitting a signed contract for the purchase of their neighbor's property, and receiving a determination from public health authorities that the contract provided is sufficient. Such restrictions create significant barriers to the timely dissemination of information that could otherwise prevent potential exposures and help protect the health of nearby residents and in some cases, the entire neighborhood.

Furthermore, the administrative burden and number of legal questions created by these provisions and confronting local public health on this issue cannot be overstated. With 60 years of well water data in our public records, both hard copy and online digital files, establishing this data as confidential has created a legal minefield of liability, and material administrative challenges for local public health departments. A paradigm shift in many of our internal workflows became necessary to manage this change. Prior to the establishment of this law, we routinely released and/or consulted on the data with a number of stakeholders for legitimate public health reasons. These include but are not limited to building officials seeking to approve a certificate of occupancy, housing inspectors seeking to certify rental property, environmental enigneers seeking to assess a property for development, higher education scientists conducting research, and finally the very owners of these properties seeking advice on their own drinking water quality. Now, under the current provisions of this statute we need to ask for approval from the Commissioner of Health for each of these scenarios with no assurance for some scenarios of receiving the requested approval, timely or otherwise.

The current statutory approach handcuffs the ability of local public health professionals to protect residents, create informed communities, and prevent adverse health outcomes. Transparency in environmental health reporting should be the rule, not the exception. The Connecticut Association of Directors of Health urges the Public Health Committee to reconsider the provisions of Raised Bill 7248 and support the full reinstatement of private well data as public information, as it was for decades before. This data empowers individuals and communities to protect themselves from groundwater contamination and helps safeguard the health of Connecticut's residents.

Thank you for your time and consideration.

Robert Rubbo

President CADH

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Thursday, March 13, 2025 5:23 PM
To: Robert L. Miller
Subject: Governor Lamont and Commissioner Dykes Statements on EPA Announcement Rolling Back Environmental and Clean Air Regulations

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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STATE OF CONNECTICUT
GOVERNOR NED LAMONT

Governor Lamont and Commissioner Dykes Statements on EPA Announcement Rolling Back Environmental and Clean Air Regulations

Posted on March 13, 2025

(HARTFORD, CT) – Governor Ned Lamont and Connecticut Department of Energy and Environmental Protection Commissioner Katie Dykes today released the following statements regarding an [announcement](#) from the U.S. Environmental Protection Agency that it will be rolling back a series of landmark environmental and clean air regulations:

Governor Lamont said, “These rollbacks are especially damaging for downwind states like Connecticut, which rely on federal protections to prevent other states’ pollution from impacting our air quality. While we have made great strides in implementing an entire suite of control strategies to reduce air pollution in Connecticut, because we are a downwind state, only the federal government can address the significant amount of air pollution that originates from outside our borders. Connecticut remains committed to protecting the health and well-being of our residents and our environment. I strongly urge the EPA to reconsider rolling back these critical environmental and public health protections.”

Commissioner Dykes said, “This announcement targets longstanding rules protecting Americans from pollutants like mercury, smog-forming ozone, and other toxic emissions that come from

sources like coal-fired power plants and gas-powered vehicles. For nearly 50 years, Connecticut has experienced ozone levels that exceed the National Ambient Air Quality Standards that the EPA set at a level to protect public health. Exceeding this level puts the health of our residents at risk, especially the health of children, the elderly, and individuals with respiratory issues. This EPA announcement attacks the tools we have available to protect our residents.”

[Read on CT.gov](#)

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February 28, 2025

Honorable Representative Joe Courtney
2449 Rayburn House Office Building
Washington, DC 20515

Re: Local Public Health – how federal funding supports healthy communities in CT-02

Representative Courtney:

Thank you for your advocacy for Connecticut and for all your support over the years for our local initiatives. This week, our colleagues in local public health from around the country are participating in “Local Public Health on the Hill” – a week of communication with our federal delegations about the work we do at the local level and especially how that work is supported with federal funding. While we are not able to join you for an in-person visit in DC, we wanted to take a moment to provide you with some specific information and examples of the importance of federal funding to our local public health efforts.

As you are aware, our health districts collectively serve over 640,000 residents in the 2nd Congressional District, working to prevent disease, illness and injury through a wide range of activities. Our teams of public health professionals promote community health by implementing regulatory activities, conducting community education and outreach, providing public health nursing services, planning and preparing for public health emergencies, collecting and analyzing data about community health, and collaborating with community members and partner organizations to implement programs and advocate for policies that support community health. With limited local and state funding for public health, our ability to fulfill our responsibilities to our communities is dependent on the federal funding we receive to support these activities.

Some specific examples of how we activate federal funding in CT-02:

- *Monitoring and responding to the ongoing overdose crisis through the CDC Overdose Data to Action Grant and the SAMHSA Strategic Opioid Response Grant;
- *Working across sectors to prevent youth substance use through the CDC Drug Free Communities Grant, the Office of Juvenile Justice and Delinquency Prevention Connected Communities Prevent Overdose Grant, and the SAMHSA Strategic Prevention Framework Grant;

- *Preparing community partners, staff and volunteers to respond to public health emergencies through the CDC Public Health Emergency Preparedness Cooperative Agreement;
- *Connecting community members with resources and supports through community health worker teams; providing tobacco and vaping cessation services; delivering education, support and supplies to promote hypertension management and prevention; and implementing chronic disease self-management programs through the Preventive Health Services Block Grant;
- *Monitoring community vaccination rates, providing education about vaccine safety, and connecting community members with recommended vaccinations through the CDC Immunization Action Program Grant;
- *Supporting the current and developing the future public health workforce through the CDC Public Health Infrastructure Grant.
- *Reducing the incidence of foodborne illness through conformance with the Voluntary National Retail Program Standards under the FDA Retail Flexible Funding Model Cooperative Agreement.

As we look ahead to the public health challenges we know we will face in the coming years, including the very real possibility of a H5N1 epidemic, we reaffirm our commitment to protecting our neighbors and promoting healthy communities. We hope to have the federal resources necessary to fulfill that commitment, and are grateful for your continued support and advocacy. If there is additional information we can share that would be helpful for your efforts please do not hesitate to reach out.

With high regards,



Russell Melmed, MPH, Director of Health
Chatham Health District



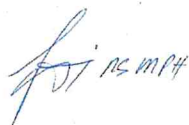
Robert Miller MPH, RS, Director of Health
Eastern Highlands Health District



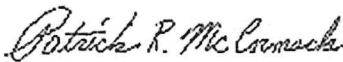
Jennifer Muggeo, MPH, Director of Health
Ledge Light Health District



Patrice A. Sulik MPH, RS, Director of Health
North Central District Health Department



Luigi Satori, MPH, Director of Health
Northeast District Department of Health



Patrick R. McCormack, MPH, Director of Health
Uncas Health District

CC: Robert Rubbo, MPH, RS, Director of Health, Torrington Area Health District
President, Connecticut Association of Directors of Health

Strengthening local public health.

February 21, 2025

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Deepa Joseph, President
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Maritza Bond,
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Mike Pepe, Treasurer
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(2025) replaced Deepa
Joseph for 1 year
Jennifer Kertanis (2025)
Jessica Kristy (2025)
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Mike Pascucilla (2025)
replaced Maura for 1
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Lea Crown (2026)
Ebony Jackson-Shaheed
(2026)
Aimee Krauss (2026)

Testimony for the Connecticut Appropriations Committee from the Connecticut Association of Directors of Health (CADH) regarding Funding for Local Public Health Departments and Districts

To the Distinguished Co-Chairs and Members of the Appropriations Committee:

The Connecticut Association of Directors of Health (CADH) respectfully submits this written testimony regarding the proposed budget cuts to public health funding. *We strongly encourage the committee to reassess the proposed 10% funding cut, as doing so would negatively impact our initiatives. Instead, we advocate for a 15% increase in funding to enhance our programs and better serve our community, driving positive outcomes and fostering growth.*

Public health is not merely a service; it is a lifeline for our communities, ensuring that all residents have access to essential health services that promote well-being and safeguard against disease. The ramifications of these proposed cuts are not a distant concern but an imminent threat that could potentially cripple our public health infrastructure at a time when it is most needed.

Connecticut's public health system has been under tremendous strain, particularly as we continue to navigate the challenges of emerging infectious diseases such as H5N1 and COVID-19. The ongoing pandemic has highlighted public health's critical role in disease prevention, health education, and emergency preparedness. *According to the Connecticut Workforce Development Plan published by the Department of Public Health, there was a significant increase in demand for public health services during this period, with resources stretched thin as dedicated employees worked tirelessly to respond to these unprecedented challenges.*¹ **We need to secure funding and staff to ensure that local health professionals who serve as agents of the state are able to secure a workforce that can be placed to respond to ongoing public health emerging threats.**

Moreover, we are facing an opioid epidemic that continues to devastate communities across our state.² The Centers for Disease Control and Prevention (CDC) reported that opioid-related overdoses have surged during the pandemic, necessitating robust public health interventions aimed at prevention and treatment.³ Our public health workforce—already overworked and underpaid—has been on the front lines of this crisis, providing essential services such as harm reduction programs, overdose prevention training, and community outreach.

¹ Connecticut Public Health Workforce Development Plan, [Connecticut Public Health Workforce Development Plan 2023 – 2028](#)

² Department of Public Health, [Opioid and Drug Overdose Statistics](#)

³ Center for Disease Control, [Understanding the Opioid Overdose Epidemic | Overdose Prevention | CDC](#)

The Connecticut Association of Directors of Health (CADH) is a nonprofit organization comprised of the Directors of Connecticut's local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

Strengthening local public health.

The proposed budget cuts threaten not only these critical initiatives but also the overall capacity of our public health system. Dr. Georges C. Benjamin, Executive Director of the American Public Health Association, noted, "Public health is about protecting populations from threats; if we do not invest in it now, we risk losing ground on decades of progress" (Benjamin). This sentiment resonates deeply within our communities here in Connecticut.

The exhaustion faced by our public health employees cannot be overstated. They are not just committed professionals, but heroes who have dedicated their lives to safeguarding our communities' health; however, their ability to perform effectively without adequate support and resources will be severely compromised. A recent report from the National Association of County and City Health Officials (NACCHO) indicates that local health departments nationwide are experiencing staffing shortages due to burnout and inadequate funding (NACCHO). This trend is mirrored here in Connecticut, where many local departments struggle to maintain essential services.

Your leadership is crucial at this moment. As members of the Appropriations Committee, your decision to invest in local health will make a significant difference. It will enable us to attract and retain a qualified workforce, enhance our information technology capacity, and effectively plan for and respond to health concerns. Your action can prevent the collapse of our public health system and ensure the safety and well-being of our communities.

1. **Impact on Public Health Services:** Reducing funding may decrease the staffing levels and resources available for local health departments. This could result in longer response times during public health emergencies, such as delayed contact tracing during disease outbreaks, reduced outreach programs, fewer health education seminars in schools and communities, and diminished capacity to monitor and control communicable diseases, such as a slower response to a potential flu epidemic. For instance, a 10% cut could mean a reduction of 20% in the public health workforce in cities and towns, leading to a significant decrease in preventative and public health response to statutory mandates at the local level.
2. **The Essential Case for Public Health Investment:** Investing in public health extends beyond mere expenditure; it represents a crucial investment in the economic stability of our communities. Every dollar allocated to public health initiatives generates substantial returns by reducing healthcare costs, evidenced by fewer hospitalizations stemming from preventable diseases. Additionally, healthier residents are more productive, enabling them to work effectively and contribute positively to the economy. This perspective emphasizes the importance of wise, long-term investment in public health. Numerous studies underscore that increased investment in public health correlates with improved overall population health outcomes. Enhanced funding facilitates more comprehensive vaccination programs, mental health services, and chronic disease management initiatives. Ultimately, prioritizing public health is a strategic move that benefits community health and economic vitality.
3. **Equity in Health Access:** The proposed cuts disproportionately affect vulnerable populations who rely heavily on public health services. By increasing funding by 15%, we can ensure all residents have equitable access to necessary health resources, thereby addressing longstanding disparities within our communities.
4. **Mounting fiscal stress due to increasing unfunded mandates.** Local public health departments in Connecticut are legislatively mandated to carry out several activities. Each year, local health agencies must comply with an increasing number of new mandates that are either unfunded or underfunded. While these mandates are vital to protecting and improving the health of communities, a reduction in funding

The Connecticut Association of Directors of Health (CADH) is a nonprofit organization comprised of the Directors of Connecticut's local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

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will further increase existing challenges in having adequate staffing and resources to provide these services. A notable example of regulatory mandates pertains to preventing and controlling lead poisoning. Connecticut has enacted stringent regulations governing lead testing and remediation, particularly concerning residences constructed before 1978, the year in which lead-based paint was prohibited. Local health departments are mandated to conduct inspections, educate the public about lead hazards, and ensure adherence to lead abatement legislation. However, as the scope of these responsibilities expands, numerous local agencies encounter significant challenges in fulfilling the demands due to inadequate financial resources. The unfunded or underfunded nature of these mandates engenders a paradox in which local health departments are legally obligated to provide essential services while simultaneously lacking the financial means to execute them effectively. Consequently, this often results in insufficient staffing and limited resources, adversely affecting their capacity to safeguard public health adequately. For example, inadequate funding for staff training and community outreach initiatives may compromise efforts to reduce lead exposure. This situation not only impacts immediate public health outcomes but also carries long-term implications for the community's overall well-being.

5. **Support from Community Partners:** Our association has received overwhelming support from various stakeholders, including healthcare providers, community organizations, and residents who recognize the importance of a robust public health infrastructure.

In closing, we strongly encourage the committee to reassess the proposed 10% funding cut, as doing so would negatively impact our initiatives. Instead, we advocate for a 15% increase in funding to enhance our programs and better serve our community, driving positive outcomes and fostering growth.

Respectfully submitted by the CADH Chair Rob Rubbo and Board of Directors



February 18, 2025

Testimony: Governor Lamont's proposed Budget Cuts to Local Public Health

Dear Co-Chairs and Members of the Appropriations Committee,

My name is Robert Miller, and I serve as the Director of Health for the Eastern Highlands Health District (EHHD). I am writing on behalf of EHHD to express our strong opposition to the proposed reduction in funding for local public health departments and health districts in Governor Lamont's budget.

The Governor's proposal includes a 10% cut to an already underfunded local public health system. More concerning is that this reduction is the only cut within the Connecticut Department of Public Health's (CT DPH) baseline budget. At a time when local health departments face an increasing number of unfunded mandates, such cuts would have significant and harmful consequences.

For example, the new childhood lead poisoning intervention threshold—mandated by Public Act 22-49—has increased our workload by 500%. While temporary ARPA funding provided some relief, those funds were prematurely reallocated by CT DPH, leaving local health departments to absorb the full cost. This is just one example of many unfunded obligations that strain our already limited resources.

Despite these increasing responsibilities, state funding for local public health has failed to keep pace with inflation. According to the Bureau of Labor Statistics, costs have risen 93% since 1999, yet the portion of the DPH budget allocated to local health departments has increased by only 40%—a mere \$0.75 per Connecticut resident. By contrast, DPH's overall budget has nearly doubled, from \$75 million in 1999 to a proposed \$144 million today.

The proposed \$723,311 cut to local health departments represents just 0.5% of the total DPH budget, yet it would be devastating for small departments with limited financial flexibility. Local health departments provide direct, frontline public health services—services that are critical in responding to emerging threats such as avian influenza, PFAS contamination, sodium chloride pollution, and climate change. Weakening local health infrastructure not only undermines public health but also exacerbates health disparities in our communities.

We respectfully urge the Appropriations Committee to fully restore the proposed funding reduction and strongly consider an increase to help cover the growing costs associated with unfunded mandates. Connecticut's public health system must be strengthened—not weakened—if we are to effectively protect the health of our residents.

Thank you for your time and consideration.

Sincerely,

Robert Miller

Director of Health

Eastern Highlands Health District