



# House of Representatives

General Assembly

**File No. 149**

January Session, 2025

Substitute House Bill No. 6978

*House of Representatives, March 19, 2025*

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

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE  
PUBLIC HEALTH STATUTES.**

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

1 Section 1. Section 19a-6t of the general statutes is amended by adding  
2 subsection (h) as follows (*Effective from passage*):

3 (NEW) (h) The council may apply for and accept grants, gifts,  
4 bequests, sponsorships and in-kind donations of funds from federal and  
5 interstate agencies, private firms, individuals and foundations for the  
6 purpose of carrying out its responsibilities.

7 Sec. 2. Subsections (d) and (e) of section 19a-59h of the general  
8 statutes are repealed and the following is substituted in lieu thereof  
9 (*Effective July 1, 2025*):

10 (d) A hospital shall provide the department with access, including  
11 remote access, to the entirety of a patient's medical record, as the  
12 department deems necessary, to review case information related to a  
13 maternal death case under review by the program. Such remote access

14 shall be provided on or before October 1, 2022, if technically feasible. All  
15 personal information obtained from the medical record [shall not be  
16 divulged to anyone and] shall be held strictly confidential pursuant to  
17 section 19a-25, as amended by this act, by the department.

18 (e) All information obtained by the department for the maternal  
19 mortality review program shall be confidential pursuant to section 19a-  
20 25, as amended by this act. The department may use such information  
21 to improve the accuracy of vital statistics data.

22 Sec. 3. Subsection (d) of section 19a-59i of the general statutes is  
23 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
24 *2025*):

25 (d) Whenever a meeting of the maternal mortality review committee  
26 takes place, the committee shall consult with relevant experts to  
27 evaluate the information and findings obtained from the department  
28 pursuant to section 19a-59h, as amended by this act, and make  
29 recommendations regarding the prevention of maternal deaths. Not  
30 later than ninety days after such meeting, the committee shall report, to  
31 the Commissioner of Public Health, any recommendations and findings  
32 of the committee in a manner that complies with section 19a-25, as  
33 amended by this act. The department may use any finding of the  
34 committee to improve the accuracy of vital statistics data.

35 Sec. 4. Subsection (a) of section 19a-25 of the general statutes is  
36 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
37 *2025*):

38 (a) All information, records of interviews, written reports, statements,  
39 notes, memoranda or other data, including personal data as defined in  
40 subdivision (9) of section 4-190, procured by: (1) The Department of  
41 Public Health, by staff committees of facilities accredited by the  
42 Department of Public Health, the maternity mortality review  
43 committee, established pursuant to section 19a-59i, as amended by this  
44 act, or the infant mortality review committee, established pursuant to  
45 section 19a-59k, in connection with studies of morbidity and mortality

46 conducted by the Department of Public Health, such staff committees,  
47 the maternal mortality review committee or the infant mortality review  
48 committee, or carried on by said department, such staff committees or  
49 the maternal mortality review committee jointly with other persons,  
50 agencies or organizations, (2) the directors of health of towns, cities or  
51 boroughs or the Department of Public Health pursuant to section 19a-  
52 215, or (3) the Department of Public Health or such other persons,  
53 agencies or organizations, for the purpose of reducing the morbidity or  
54 mortality from any cause or condition, shall be confidential and shall be  
55 used solely for the purposes of (A) medical or scientific research, [and,]  
56 (B) for information obtained pursuant to section 19a-215, disease  
57 prevention and control by the local director of health and the  
58 Department of Public Health, [and] (C) reducing the morbidity or  
59 mortality from any cause or condition, (D) for information obtained by  
60 the department for the maternal mortality review program pursuant to  
61 section 19a-59h, as amended by this act, improving the accuracy of vital  
62 statistics data, and (E) for findings of the maternal mortality review  
63 committee, established pursuant to section 19a-59i, as amended by this  
64 act, improving the accuracy of vital statistics data. Such information,  
65 records, reports, statements, notes, memoranda or other data shall not  
66 be admissible as evidence in any action of any kind in any court or  
67 before any other tribunal, board, agency or person, nor shall it be  
68 exhibited or its contents disclosed in any way, in whole or in part, by  
69 any officer or representative of the Department of Public Health or of  
70 any such facility, by any person participating in such a research project  
71 or by any other person, except as may be necessary for the purpose of  
72 furthering the research project or public health use to which it relates.

73 Sec. 5. Subsection (a) of section 19a-493 of the general statutes is  
74 repealed and the following is substituted in lieu thereof (*Effective October*  
75 *1, 2025*):

76 (a) Upon receipt of an application for an initial license, the  
77 Department of Public Health, subject to the provisions of section 19a-  
78 491a, shall issue such license if, upon conducting a scheduled inspection  
79 and investigation, the department finds that the applicant and facilities

80 meet the requirements established under section 19a-495, provided a  
81 license shall be issued to or renewed for an institution, as defined in  
82 section 19a-490, only if such institution is not otherwise required to be  
83 licensed by the state. If an institution, as defined in [subsections (b), (d),  
84 (e) and (f) of] section 19a-490, except for a nursing home or nursing  
85 home facility, as defined in section 19a-490, applies for license renewal  
86 and, [has been] at the time of such application for license renewal, is  
87 certified as a provider of services by the United States Department of  
88 Health and Human Services under Medicare or Medicaid programs,  
89 [within the immediately preceding twelve-month period, or if an  
90 institution, as defined in subsection (b) of section 19a-490, is currently  
91 certified,] the commissioner or the commissioner's designee may waive,  
92 on renewal of the institution's license, the inspection and investigation  
93 of such [facility] institution required by this section and, in such event,  
94 any such [facility] institution shall be deemed to have satisfied the  
95 requirements of section 19a-495 for the purposes of licensure. Such  
96 license shall be valid for two years or a fraction thereof and shall  
97 terminate on March thirty-first, June thirtieth, September thirtieth or  
98 December thirty-first of the appropriate year. A license issued pursuant  
99 to this chapter, unless sooner suspended or revoked, shall be renewable  
100 biennially (1) after an unscheduled inspection is conducted by the  
101 department, and (2) upon the filing by the licensee, and approval by the  
102 department, of a report upon such date and containing such information  
103 in such form as the department prescribes and satisfactory evidence of  
104 continuing compliance with requirements established under section  
105 19a-495. In the case of an institution, as defined in subsection (d) of  
106 section 19a-490, that is also certified as a provider under the Medicare  
107 program, the license shall be issued for a period not to exceed three  
108 years, to run concurrently with the certification period. In the case of an  
109 institution, as defined in subsection (m) of section 19a-490, that is  
110 applying for renewal, the license shall be issued pursuant to section 19a-  
111 491. Except in the case of a multicare institution, each license shall be  
112 issued only for the premises and persons named in the application. Such  
113 license shall not be transferable or assignable. Licenses shall be posted  
114 in a conspicuous place in the licensed premises.

115 Sec. 6. Section 19a-2a of the general statutes is repealed and the  
116 following is substituted in lieu thereof (*Effective from passage*):

117 The Commissioner of Public Health shall employ the most efficient  
118 and practical means for the prevention and suppression of disease and  
119 shall administer all laws under the jurisdiction of the Department of  
120 Public Health and the Public Health Code. The commissioner shall have  
121 responsibility for the overall operation and administration of the  
122 Department of Public Health. The commissioner shall have the power  
123 and duty to: (1) Administer, coordinate and direct the operation of the  
124 department; (2) adopt and enforce regulations, in accordance with  
125 chapter 54, as are necessary to carry out the purposes of the department  
126 as established by statute; (3) establish rules for the internal operation  
127 and administration of the department; (4) establish and develop  
128 programs and administer services to achieve the purposes of the  
129 department as established by statute; (5) enter into a contract, including,  
130 but not limited to, a contract with another state, for facilities, services  
131 and programs to implement the purposes of the department as  
132 established by statute; (6) designate a deputy commissioner or other  
133 employee of the department to sign any license, certificate or permit  
134 issued by said department; (7) conduct a hearing, issue subpoenas,  
135 administer oaths, compel testimony and render a final decision in any  
136 case when a hearing is required or authorized under the provisions of  
137 any statute dealing with the Department of Public Health; (8) with the  
138 health authorities of this and other states, secure information and data  
139 concerning the prevention and control of epidemics and conditions  
140 affecting or endangering the public health, and compile such  
141 information and statistics and shall disseminate among health  
142 authorities and the people of the state such information as may be of  
143 value to them; (9) annually issue a list of reportable diseases, emergency  
144 illnesses and health conditions and a list of reportable laboratory  
145 findings and amend such lists as the commissioner deems necessary and  
146 distribute such lists as well as any necessary forms to each licensed  
147 physician, licensed physician assistant, licensed advanced practice  
148 registered nurse and clinical laboratory in this state. The commissioner  
149 shall prepare printed forms for reports and returns, with such

150 instructions as may be necessary, for the use of directors of health,  
151 boards of health and registrars of vital statistics; and (10) specify  
152 uniform methods of keeping statistical information by public and  
153 private agencies, organizations and individuals, including a client  
154 identifier system, and collect and make available relevant statistical  
155 information, including the number of persons treated, frequency of  
156 admission and readmission, and frequency and duration of treatment.  
157 The client identifier system shall be subject to the confidentiality  
158 requirements set forth in section 17a-688 and regulations adopted  
159 thereunder. The commissioner may designate any person to perform  
160 any of the duties listed in subdivision (7) of this section. The  
161 commissioner shall have authority over directors of health and may, for  
162 cause, remove any such director; but any person claiming to be  
163 aggrieved by such removal may appeal to the Superior Court which  
164 may affirm or reverse the action of the commissioner as the public  
165 interest requires. The commissioner shall assist and advise local  
166 directors of health and district directors of health in the performance of  
167 their duties, and may require the enforcement of any law, regulation or  
168 ordinance relating to public health. In the event the commissioner  
169 reasonably suspects impropriety on the part of a local director of health  
170 or district director of health, or employee of such director, in the  
171 performance of his or her duties, the commissioner shall provide  
172 notification and any evidence of such impropriety to the appropriate  
173 governing authority of the municipal health authority, established  
174 pursuant to section 19a-200, or the district department of health,  
175 established pursuant to section 19a-244, for purposes of reviewing and  
176 assessing a director's or an employee's compliance with such duties.  
177 Such governing authority shall provide a written report of its findings  
178 from the review and assessment to the commissioner not later than  
179 ninety days after such review and assessment. When requested by local  
180 directors of health or district directors of health, the commissioner shall  
181 consult with them and investigate and advise concerning any condition  
182 affecting public health within their jurisdiction. The commissioner shall  
183 investigate nuisances and conditions affecting, or that he or she has  
184 reason to suspect may affect, the security of life and health in any

185 locality and, for that purpose, the commissioner, or any person  
186 authorized by the commissioner, may enter and examine any ground,  
187 vehicle, apartment, building or place, and any person designated by the  
188 commissioner shall have the authority conferred by law upon  
189 constables. Whenever the commissioner determines that any provision  
190 of the general statutes or regulation of the Public Health Code is not  
191 being enforced effectively by a local health department or health district,  
192 he or she shall forthwith take such measures, including the performance  
193 of any act required of the local health department or health district, to  
194 ensure enforcement of such statute or regulation and shall inform the  
195 local health department or health district of such measures. In  
196 September of each year the commissioner shall certify to the Secretary  
197 of the Office of Policy and Management the population of each  
198 municipality. The commissioner may solicit and accept for use any gift  
199 of money or property made by will or otherwise, and any grant of or  
200 contract for money, services or property from the federal government,  
201 the state, any political subdivision thereof, any other state or any private  
202 source, and do all things necessary to cooperate with the federal  
203 government or any of its agencies in making an application for any grant  
204 or contract. The commissioner may enter into any contracts or  
205 agreements, in accordance with any established procedures, as may be  
206 necessary for the distribution or use of such money, services or property  
207 in accordance with any requirements to fulfill any conditions of a gift,  
208 grant or contract. The commissioner may establish state-wide and  
209 regional advisory councils. For purposes of this section, "employee of  
210 such director" means an employee of, a consultant employed or retained  
211 by or an independent contractor retained by a local director of health, a  
212 district director of health, a local health department or a health district.

213 Sec. 7. Section 20-99 of the general statutes is amended by adding  
214 subsection (c) as follows (*Effective from passage*):

215 (NEW) (c) Nothing in this section shall prohibit the board from  
216 holding a contested case hearing, in accordance with the provisions of  
217 chapter 54, before (1) one or more hearing officers, or (2) one or more  
218 members of the board pursuant to section 4-176e.

219 Sec. 8. Subsection (a) of section 19a-494 of the general statutes is  
220 repealed and the following is substituted in lieu thereof (*Effective from*  
221 *passage*):

222 (a) The Commissioner of Public Health, after a hearing held in  
223 accordance with the provisions of chapter 54, may take any of the  
224 following actions, singly or in combination, in any case in which the  
225 commissioner finds that there has been a substantial failure to comply  
226 with the requirements established under this chapter or requirements  
227 relating to institutions established under this title, the Public Health  
228 Code or licensing regulations:

229 (1) Revoke a license or certificate;

230 (2) Suspend a license or certificate;

231 (3) Censure a licensee or certificate holder;

232 (4) Issue a letter of reprimand to a licensee or certificate holder;

233 (5) Place a licensee or certificate holder on probationary status and  
234 require such licensee or certificate holder to report regularly to the  
235 department on the matters which are the basis of the probation;

236 (6) Restrict the acquisition of other facilities for a period of time set  
237 by the commissioner;

238 (7) Issue an order compelling compliance with applicable statutes or  
239 regulations of the department;

240 (8) Impose a directed plan of correction; or

241 (9) Assess a civil penalty not to exceed twenty-five thousand dollars,  
242 provided no such penalty shall be assessed for violations arising from  
243 the investigation of a complaint filed with the Department of Public  
244 Health before July 1, 2024, except for violations of regulatory  
245 requirements relating to abuse or neglect of patients, as such terms are  
246 defined in 42 CFR 483.5.



247 Sec. 9. Subsection (g) of section 19a-565 of the general statutes is  
 248 repealed and the following is substituted in lieu thereof (*Effective from*  
 249 *passage*):

250 (g) A license issued under this section may be revoked or suspended  
 251 in accordance with chapter 54 or subject to any other disciplinary action  
 252 specified in section [19a-17] 19a-494, as amended by this act, if the  
 253 licensed clinical laboratory, blood collection facility or source plasma  
 254 donation center has engaged in fraudulent practices, fee-splitting  
 255 inducements or bribes, including, but not limited to, in the case of a  
 256 clinical laboratory, violations of subsection (h) of this section, or violated  
 257 any other provision of this section or regulations adopted under this  
 258 section after notice and a hearing is provided in accordance with the  
 259 provisions of said chapter.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	19a-6t(h)
Sec. 2	<i>July 1, 2025</i>	19a-59h(d) and (e)
Sec. 3	<i>July 1, 2025</i>	19a-59i(d)
Sec. 4	<i>July 1, 2025</i>	19a-25(a)
Sec. 5	<i>October 1, 2025</i>	19a-493(a)
Sec. 6	<i>from passage</i>	19a-2a
Sec. 7	<i>from passage</i>	20-99(c)
Sec. 8	<i>from passage</i>	19a-494(a)
Sec. 9	<i>from passage</i>	19a-565(g)

**Statement of Legislative Commissioners:**

In Section 6, "such contracts or agreements" was changed to "any contracts or agreements" and "said money" was changed to "such money" for clarity.

**PH** Joint Favorable Subst. -LCO

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

## **OFA Fiscal Note**

### **State Impact:**

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Public Health, Dept.	GF - Potential Revenue Gain	Minimal	Minimal

Note: GF=General Fund

### **Municipal Impact:** None

### **Explanation**

This bill makes various substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs. A few sections result in a potential revenue gain to DPH, as described below.

**Section 1** authorizes the Connecticut Rare Disease Advisory Council to apply for and accept grants and other funds from various sources to carry out its responsibilities, which may result in a minimal revenue gain. The Council is within DPH for administrative purposes only.

**Sections 2 - 4** allow DPH to use information it obtains for the Maternal Mortality Review Program, and findings of the Maternal Mortality Review Committee, to improve the accuracy of vital statistics data. This technical change results in no fiscal impact.

**Section 5** allows DPH to renew licenses for additional types of facilities without performing an inspection if the facility is federally certified. This results in no fiscal impact, as staff who would have otherwise carried out these renewal inspections will instead address an existing backlog of inspections and complaint investigations.

**Section 6** makes clarifying changes related to the Public Health Commissioner's ability to enter into contracts or agreements as needed to distribute or use funds received from gifts, grants, or contracts. This results in no fiscal impact.

**Section 7** allows the Board of Examiners for Nursing to hold contested case hearings before hearing officers as well as board members. This procedural change results in no fiscal impact.

**Section 8** expands DPH's authority to take disciplinary action against non-compliant health care institutions, which may result in a revenue gain to the General Fund from civil penalties of up to \$25,000 per violation. The extent of the revenue gain, if any, is dependent on the number of violations and the department's discretion regarding civil penalties.

**Section 9** makes a technical change by correcting an inaccurate statutory reference, resulting in no fiscal impact.

### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to the disciplinary actions taken pursuant to Section 8.

**OLR Bill Analysis****sHB 6978*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE  
PUBLIC HEALTH STATUTES.***

## TABLE OF CONTENTS:

[SUMMARY](#)[§ 1 — RARE DISEASE ADVISORY COUNCIL](#)

Allows the Rare Disease Advisory Council to apply for and accept grants and other funds from various sources to carry out its responsibilities

[§§ 2-4 — MATERNAL MORTALITY REVIEW PROGRAM AND  
REVIEW COMMITTEES](#)

Allows DPH to use information it obtains for the Maternal Mortality Review Program, and findings of the Maternal Mortality Review Committee, to improve the accuracy of vital statistics data

[§ 5 — INSPECTIONS AND LICENSE RENEWALS](#)

Allows DPH to renew licenses for additional types of facilities without performing an inspection if the facility is federally certified under Medicare or Medicaid (which requires its own inspection)

[§ 6 — DPH DISBURSEMENT OF FUNDS](#)

Specifically allows DPH to enter into contracts or agreements as needed to distribute or use funds received from gifts, grants, or contracts

[§ 7 — BOARD OF EXAMINERS FOR NURSING](#)

Allows the Board of Examiners for Nursing to hold contested case hearings before hearing officers as well as board members

[§ 8 — DISCIPLINARY ACTION AGAINST HEALTH CARE  
INSTITUTIONS](#)

Expands the grounds upon which DPH may take disciplinary action against health care institutions to include substantial failure to comply with the public health statutes generally

[§ 9 — TECHNICAL CHANGE](#)

Corrects an inaccurate statutory reference

## **SUMMARY**

This bill makes various changes in Department of Public Health (DPH)-related statutes and programs, as described in the section-by-section analysis below.

EFFECTIVE DATE: Various, see below.

### **§ 1 — RARE DISEASE ADVISORY COUNCIL**

*Allows the Rare Disease Advisory Council to apply for and accept grants and other funds from various sources to carry out its responsibilities*

The bill allows the Rare Disease Advisory Council to apply for and accept grants, gifts, bequests (i.e. distributions through a will), sponsorships, and in-kind donations of funds from various sources to carry out its responsibilities. These sources include federal and interstate agencies, private firms, individuals, and foundations.

By law, the council must advise and make recommendations to DPH and other state agencies on the needs of residents living with rare diseases and their caregivers. The council is within DPH for administrative purposes only.

EFFECTIVE DATE: Upon passage

### **§§ 2-4 — MATERNAL MORTALITY REVIEW PROGRAM AND REVIEW COMMITTEES**

*Allows DPH to use information it obtains for the Maternal Mortality Review Program, and findings of the Maternal Mortality Review Committee, to improve the accuracy of vital statistics data*

Under existing law, all information DPH obtains for the Maternal Mortality Review Program, including personal information from medical records, must be kept confidential and used solely for specified purposes (e.g., medical or scientific research). The same is true for findings of DPH's Maternal Mortality Review Committee.

The bill allows DPH to use information it obtains for the Maternal Mortality Review Program, and findings of the Maternal Mortality

Review Committee, to improve the accuracy of vital statistics data. In practice, this allows DPH to share this information and findings with its Vital Records Office's Surveillance Analysis and Reporting Unit, which tracks data on causes of death.

By law, DPH's Maternal Mortality Review Program identifies maternal deaths in Connecticut and reviews related medical records and other relevant data. The department's Maternal Mortality Review Committee conducts comprehensive, multidisciplinary reviews of maternal deaths to identify associated factors and make recommendations to reduce these deaths.

EFFECTIVE DATE: July 1, 2025

## **§ 5 — INSPECTIONS AND LICENSE RENEWALS**

*Allows DPH to renew licenses for additional types of facilities without performing an inspection if the facility is federally certified under Medicare or Medicaid (which requires its own inspection)*

Current law allows DPH to waive the required inspection for a hospital or home health care or home health aide agency applying for license renewal if the entity has been federally certified under Medicare or Medicaid within the prior year. (The federal recertification process requires an inspection, which in practice is done by DPH.) The bill instead requires these entities to be federally certified when they apply for license renewal in order to receive the waiver.

The bill also generally expands this provision by allowing DPH to waive the required inspection for other DPH-licensed institutions (such as hospice facilities and outpatient surgical facilities), except for nursing homes, that are federally certified when they apply for license renewal.

By law, most DPH-licensed health care institutions must renew their licenses every two years.

EFFECTIVE DATE: October 1, 2025

**§ 6 — DPH DISBURSEMENT OF FUNDS**

*Specifically allows DPH to enter into contracts or agreements as needed to distribute or use funds received from gifts, grants, or contracts*

The bill specifically allows the DPH commissioner, under any established procedures, to enter into contracts or agreements as may be needed to distribute or use money, services, or property in line with any required conditions of a gift, grant, or contract.

EFFECTIVE DATE: Upon passage

**§ 7 — BOARD OF EXAMINERS FOR NURSING**

*Allows the Board of Examiners for Nursing to hold contested case hearings before hearing officers as well as board members*

The bill specifically allows the state Board of Examiners for Nursing to hold contested case hearings before hearing officers, not just board members.

By law, the board has jurisdiction to hear charges that a nurse failed to conform to the profession's accepted standards. The board may take disciplinary action against a nurse after a hearing under the Uniform Administrative Procedure Act (UAPA) and DPH regulations.

EFFECTIVE DATE: Upon passage

**§ 8 — DISCIPLINARY ACTION AGAINST HEALTH CARE INSTITUTIONS**

*Expands the grounds upon which DPH may take disciplinary action against health care institutions to include substantial failure to comply with the public health statutes generally*

Under existing law, the DPH commissioner, after a hearing held under the UAPA, may impose a range of disciplinary actions against a licensed health care institution that substantially fails to comply with statutory requirements in the health care institutions chapter, the Public Health Code, or licensing regulations. The bill additionally allows the commissioner to take these actions if an institution substantially fails to comply with applicable requirements throughout the public health

statutes generally (Title 19a of the Connecticut General Statutes). Title 19a includes requirements for health care institutions, or a subset of them, on various topics, such as reporting on opioid overdoses (by hospitals) or transferring an electronic copy of medical records within certain timeframes after a patient's request (by most institutions).

As under existing law, these disciplinary actions may include, among other things; (1) revoking or suspending a license; (2) placing a licensee on probationary status; (3) imposing a correction plan; or (4) assessing a civil penalty of up to \$25,000.

EFFECTIVE DATE: Upon passage

## **§ 9 — TECHNICAL CHANGE**

*Corrects an inaccurate statutory reference*

The bill makes a technical change by correcting an inaccurate statutory reference.

EFFECTIVE DATE: Upon passage

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 24    Nay 8    (03/05/2025)