House of Representatives

General Assembly

File No. 628

January Session, 2025

Substitute House Bill No. 7157

House of Representatives, April 9, 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 VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

Section 1. Subsection (b) of section 19a-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(b) The report of examinations conducted by the Chief Medical Examiner, Deputy Chief Medical Examiner, an associate medical examiner or an authorized assistant medical examiner, and of the autopsy and other scientific findings may be made available to the public only through the Office of the Chief Medical Examiner and in accordance with this section, section 1-210 and the regulations of the **[**commission**]** Commission on Medicolegal Investigations. Any person may obtain copies of such records upon such conditions and payment of such fees as may be prescribed by the commission, except that (1) no person with a legitimate interest in the records shall be denied access to

such records, [and] (2) no person may be denied access to records concerning a person in the custody of the state at the time of death, and (3) no immediate family member of a minor child who is the subject of such records shall be charged a fee to obtain copies of such records. As used in this section, a "person in the custody of the state" [is] means a person committed to the custody of [(1)] (A) the Commissioner of Correction for confinement in a correctional institution or facility or a community residence, [(2)] (B) the Commissioner of Children and Families, or [(3)] (C) the Commissioner of Developmental Services.

Sec. 2. Section 19a-197a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(a) As used in this section, "emergency medical services personnel" means (1) any emergency medical responder certified pursuant to sections 20-206*ll* and 20-206mm, (2) any class of emergency medical technician certified pursuant to sections 20-206*ll* and 20-206mm, including, but not limited to, any advanced emergency medical technician, [(2)] and (3) any paramedic licensed pursuant to sections 20-206*ll* and 20-206mm. [, and (3) any emergency medical responder certified pursuant to sections 20-206*ll* and 20-206mm.]

(b) Any emergency medical services personnel who has been trained, in accordance with national standards recognized by the Commissioner of Public Health, in the administration of epinephrine using (1) an automatic prefilled cartridge [injectors] injector, similar automatic injectable equipment, or a prefilled vial and syringe, or (2) any other method of administration approved by the United States Food and Drug Administration, including, but not limited to, a nasal spray, and who functions in accordance with written protocols and the standing orders of a licensed physician serving as an emergency medical services medical director shall administer epinephrine, if available, using such [injectors] injector, equipment, [or] prefilled vial and syringe, nasal spray or other device of administration when the use of epinephrine is deemed necessary by the emergency medical services personnel for the treatment of a patient. All emergency medical services personnel shall

receive such training in accordance with the national standards recognized by the commissioner, except an emergency medical responder, as defined in section 20-206jj, need only be trained to utilize means of administration of epinephrine that is within such responder's scope of practice, as determined in accordance with section 19a-179a.

(c) All licensed or certified ambulances shall be equipped with epinephrine in such injectors, equipment, **[**or**]** prefilled vials and syringes, nasal spray or other device of administration to be administered as described in subsection (b) of this section and in accordance with written protocols and standing orders of a licensed physician serving as an emergency medical services medical director.

Sec. 3. Subsection (a) of section 20-73b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(a) Except as otherwise provided in this section, each physical therapist licensed pursuant to this chapter shall complete a minimum of twenty hours of continuing education during each registration period. For purposes of this section, registration period means the twelve-month period for which a license has been renewed in accordance with section 19a-88 and is current and valid. The continuing education shall be in areas related to the individual's practice, except, (1) on and after January 1, 2022, such continuing education shall include not less than two hours of training or education on **[**(1)**]** (A) screening for post-traumatic stress disorder, risk of suicide, depression and grief, and **[**(2)**]** (B) suicide prevention training, during the first registration period in which continuing education is required and not less than once every six years thereafter, and (2) on and after January 1, 2026, such continuing education shall include not less than two hours of education or training on ethics and jurisprudence. The requirement described in **[**subdivision (2)**]** subparagraph (B) of subdivision (1) of this subsection may be satisfied by the completion of the evidence-based youth suicide prevention training program administered pursuant to section 17a-52a. Qualifying continuing education activities include, but are not limited

to, courses offered or approved by the American Physical Therapy Association or any component of the American Physical Therapy Association, a hospital or other licensed health care institution or a regionally accredited institution of higher education.

Sec. 4. (NEW) (*Effective October 1, 2025*) (a) No health system, as defined in section 19a-508c of the general statutes, or health care provider shall require a patient to provide bank account information, a credit card number, a debit card number or any other form of electronic payment to be kept on file with the health system or health care provider as a prerequisite to seeing the patient for an office visit or providing any health care service to the patient.

(b) A violation of subsection (a) of this section shall be considered an unfair trade practice pursuant to section 42-110b of the general statutes.

(c) Nothing in this section shall be construed to (1) affect a patient's obligation to pay for health care services, or (2) prohibit a health care provider from requesting, collecting or storing bank, credit or debit card or other payment-related information if the patient agrees to provide such information.

Sec. 5. Section 52-146d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

As used in this section and sections **[**52-146d to 52-146i**]** 52-146e to 52-146j, inclusive, as amended by this act:

(1) "Authorized representative" means (A) **[**a person**]** an individual empowered by a person or patient to assert the confidentiality of communications or records **[**which**]** that are privileged under this section and sections **[**52-146c**]** 52-146e to 52-146i, inclusive, as amended by this act, or (B) if a person or patient is deceased, his or her personal representative or next of kin, or (C) if a person or patient is incompetent to assert or waive his or her privileges **[**hereunder**]** under said sections, (i) a guardian or conservator who has been or is appointed to act for the person or patient, or (ii) for the purpose of maintaining confidentiality

until a guardian or conservator is appointed, the person's or patient's nearest relative;

(2) [("Communications and records")] "Communication and record" means [(all)] each oral and written [(communications and records)] communication and the written record of such communication thereof relating to diagnosis or treatment of a person's or patient's mental condition between the person or patient and a psychologist or psychiatric mental health provider, or between a member of the person's or patient's family and a psychologist or psychiatric mental health provider, or between [(any of)] such [(persons)] person, patient, psychologist, psychiatrist or family member and [(a person)] an individual participating under the supervision of a psychologist or psychiatric mental health provider in the accomplishment of the objectives of diagnosis and treatment, wherever made, including [(communications and records which occur)] a communication and record that occurs in or [(are)] is prepared at a mental health facility;

(3) "Consent" means [(consent)] voluntary agreement given in writing by the person or patient or his or her authorized representative;

(4) "Identifiable" and [("identify a patient" refer to communications and records which contain (A) names)] "identify a person or patient" mean information in a communication and record, including (A) the name of the person or patient or other descriptive data from which [(a person)] an individual acquainted with the person or patient might reasonably recognize the person or patient as the person or patient referred to, or (B) [(codes or numbers which are)] a code or number that is in general use outside of the mental health facility [(which)] that prepared the [(communications and records)] communication and record, which code or number would identify the person or patient to such persons who understand such code or number;

(5) "Mental health facility" includes any hospital, clinic, ward, psychologist's office, psychiatric mental health provider's office or other facility, public or private, [(which)] that provides inpatient or outpatient service, in whole or in part, relating to the diagnosis or treatment of a

person's or patient's mental condition;

(6) "Patient" means [a person] an individual who communicates with or is treated by a psychiatric mental health provider in diagnosis or treatment;

(7) "Person" means an individual who consults a psychologist for purposes of diagnosis or treatment;

[(7)] (8) "Psychiatric mental health provider" means a physician specializing in psychiatry and licensed under the provisions of sections 20-9 to 20-12, inclusive, an advanced practice registered nurse licensed under chapter 378 who is board certified as a psychiatric mental health provider by the American Nurses Credentialing Center, [a person] an individual licensed to practice medicine who devotes a substantial portion of his or her time to the practice of psychiatry or [a person] an individual reasonably believed by the patient to be so qualified; and

(9) "Psychologist" means an individual licensed to practice psychology pursuant to chapter 383.

Sec. 6. Section 52-146e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(a) [All communications and records as defined in section 52-146d] Each communication and record shall be confidential and [shall be] subject to the provisions of sections 52-146d to 52-146j, inclusive, as amended by this act. Except as provided in sections 52-146f to 52-146i, inclusive, as amended by this act, no [person may] individual shall disclose or transmit any [communications and records] communication or record thereof, or the substance or any part or [any] resume thereof, [which identify a] that identifies a person or patient to any [person] individual, corporation or governmental agency without the consent of the person or patient or his or her authorized representative.

(b) Any consent given by a person or patient to waive the confidentiality of a communication or record thereof shall specify to [what person] which individual or agency the information [is to] may

be disclosed and to what use it will be put by such individual or agency. Each person and patient shall be informed that his or her refusal to grant consent will not jeopardize his or her right to obtain present or future treatment except where disclosure of the [communications and records] communication and record is necessary for the treatment.

(c) The person or patient or his or her authorized representative may withdraw any consent given under the provisions of this section at any time in a writing addressed to the [person] individual or office in which the original consent was filed. Withdrawal of consent shall not affect [communications or records] a communication or record thereof disclosed prior to notice of the withdrawal.

Sec. 7. Section 52-146f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

Consent of the person or patient shall not be required for the disclosure or transmission of [communications or records] a communication and record of the person or patient in the following situations: [as specifically limited:]

(1) [Communications or records may be disclosed to other persons] A psychologist or psychiatric mental health provider may (A) disclose a communication and record to any other individual engaged in the diagnosis or treatment of the person or patient, [or may be transmitted] and (B) transmit the communication and record to another mental health facility to which the person or patient is admitted for diagnosis or treatment if the psychologist or psychiatric mental health provider [in possession of the communications or records] determines that the disclosure or transmission is needed to accomplish the objectives of diagnosis or treatment of the person or patient. The psychologist or psychiatric mental health provider shall inform the person or patient [shall be informed] that the [communications or records] communication and record will be so disclosed or transmitted. For purposes of this subsection, [persons] an individual in professional training [are to] to become a psychologist or psychiatric mental health provider shall be considered as engaged in the diagnosis or treatment

of the [patients] person or patient.

(2) [Communications or records may be disclosed] A psychologist or psychiatric mental health provider may disclose a communication and record when the psychologist or psychiatric mental health provider determines that there is substantial risk of imminent physical injury by the person or patient to himself, herself or others or when a psychologist or psychiatric mental health provider, in the course of diagnosis or treatment of the person or patient, finds it necessary to disclose the [communications or records] communication and record for the purpose of placing the person or patient in a mental health facility, by certification, commitment or otherwise, provided the provisions of sections 52-146d to 52-146j, inclusive, as amended by this act, shall continue in effect after the person or patient is in the facility.

(3) Except as provided in section 17b-225, a psychologist or psychiatric mental health provider may disclose the name, address and fees for [psychiatric] services provided by a psychologist or psychiatric mental health provider to a person or patient [may be disclosed to individuals or agencies] to any individual or agency involved in the collection of fees for such services. In cases where a dispute arises over the fees or claims or where additional information is needed to substantiate the fee or claim, the disclosure of further information shall be limited to the following: (A) That the [person] individual was in fact a person or patient of the psychologist or psychiatric mental health provider; (B) the diagnosis of the person or patient; (C) the dates and duration of treatment of the person or patient; and (D) a general description of the treatment [, which] provided to the person or patient that shall include evidence that a treatment plan exists and has been carried out and evidence to substantiate the necessity for admission and length of stay in a health care institution or facility. If further information is required, the party seeking the information shall proceed in the same manner provided for hospital patients in section 4-105.

(4) [Communications made to or records] A communication and record made by a psychologist or psychiatric mental health provider in

the course of a psychological or psychiatric examination ordered by a court or made in connection with the application for the appointment of a conservator by the Probate Court for good cause shown may be disclosed at judicial or administrative proceedings in which the person or patient is a party, or in which the question of his or her incompetence because of mental illness is an issue, or in appropriate pretrial proceedings, provided (A) the court finds that the person or patient has been informed before making the **[**communications**]** communication to the psychologist or psychiatric mental health provider that any **[**communications will**]** communication made to the psychologist or psychiatric mental health provider shall not be confidential, and **[**provided the communications**]** (B) the communication and record shall be admissible only on issues involving the person's or patient's mental condition.

(5) **[**Communications or records**]** A communication and record may be disclosed in a civil proceeding in which the person or patient introduces his or her mental condition as an element of his or her claim or defense, or, after the person's or patient's death, when his or her condition is introduced by a party claiming or defending through or as a beneficiary of the person or patient and the court or judge finds that it is more important to the interests of justice that the **[**communications**]** communication and record be disclosed than that the relationship between person and psychologist or patient and psychiatric mental health provider be protected.

(6) **[**Communications or records**]** A communication and record may be disclosed to (A) the Commissioner of Public Health in connection with any inspection, investigation or examination of an institution, as defined in subsection (a) of section 19a-490, authorized under section 19a-498, or (B) the Commissioner of Mental Health and Addiction Services in connection with any inspection, investigation or examination authorized under subsection (f) of section 17a-451.

(7) **[**Communications or records**]** A communication and record may be disclosed to a member of the immediate family or legal

representative of the victim of a homicide committed by the person or patient where such person or patient has, on or after July 1, 1989, been found not guilty of such offense by reason of mental disease or defect pursuant to section 53a-13, provided (A) such family member or legal representative requests the disclosure of such **[**communications or records**]** communication and record not later than six years after such finding, and **[**provided further, such communications**]** (B) such communication and record shall only be available during the pendency of, and for use in, a civil action relating to such person or patient found not guilty pursuant to section 53a-13.

(8) If a provider of behavioral health services that contracts with the Department of Mental Health and Addiction Services requests payment, the name and address of the person or patient, a general description of the types of services provided, and the amount requested shall be disclosed to the department, provided notification that such disclosure will be made **[**is**]** shall be sent, in writing, to the person or patient at the earliest opportunity prior to such disclosure. In cases where a dispute arises over the fees or claims, or where additional information is needed to substantiate the claim, the disclosure of further information shall be limited to additional information necessary to clarify only the following: (A) That the person **[**in fact**]** or patient received the behavioral health services in question, (B) the dates of such services, and (C) a general description of the types of services. Information the department receives pursuant to this subdivision shall be disclosed only to federal or state auditors and only as necessary for the purposes of auditing.

Sec. 8. Section 52-146g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) **[**A person**]** An individual engaged in research may have access to **[**psychiatric communications and records which identify patients**]** a communication and record that identifies a person or patient where needed for such research, if such **[**person's**]** individual's research plan is first submitted to and approved by the director of the mental health facility or **[**his**]** such director's designee.

(b) The [communications and records] communication and record shall not be removed from the mental health facility [which] that prepared them. Coded data or data [which] that does not identify a person or patient may be removed from a mental health facility, provided the key to the code shall remain on the premises of the facility.

(c) The mental health facility and the [person] individual doing the research shall be responsible for the preservation of the anonymity of [the patients] each person or patient identified in such communication and record and shall not disseminate data [which] that identifies a person or patient except as provided by sections 52-146d to 52-146j, inclusive, as amended by this act.

Sec. 9. Section 52-146h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Any facility or individual under contract with the Department of Mental Health and Addiction Services to provide behavioral health services shall transmit [information and records] a communication and record, if requested, to the Commissioner of Mental Health and Addiction Services pursuant to [his] such facility's or individual's obligation under section 17a-451 to maintain the overall responsibility for the care and treatment of [persons] individuals with psychiatric disorders or substance use disorders. The Commissioner of Mental Health and Addiction Services may collect and use the [information and records] communication and record for administration, planning or research, subject to the provisions of section 52-146g, as amended by this act. The Commissioner of Mental Health and Addiction Services may enter into contracts within the state and into interstate compacts for the efficient storage and retrieval of the [information and records] communication and record.

(b) Identifiable data shall be removed from [all information and records] each communication and record before issuance from the individual or facility [which] that prepared [them] such communication and record, and a code, the key to which shall remain in possession of the issuing facility and be otherwise available only to the Commissioner

of Mental Health and Addiction Services for purposes of planning, administration or research, shall be the exclusive means of identifying persons and patients. The key to the code shall not be available to any data banks in which the information is stored or to any other [persons] individuals, corporations or agencies, private or governmental.

Sec. 10. Section 52-146i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

[All written communications or records] Each communication and record disclosed to another [person] individual or agency shall bear the following statement: "The confidentiality of this record is required under chapter 899 of the Connecticut general statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes." A copy of the consent form specifying to whom and for what specific use the communication [or] and record is transmitted or a statement setting forth any other statutory authorization for transmittal and the limitations imposed thereon shall accompany such communication [or] and record. In cases where the disclosure is made orally, the [person] individual disclosing the [information] communication and record shall inform the recipient that such [information] communication and record is governed by the provisions of sections 52-146d to 52-146j, inclusive, as amended by this act.

Sec. 11. Section 52-146j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Any [person] individual aggrieved by a violation of any provision of sections 52-146d to [52-146j] 52-146i, inclusive, as amended by this act, may petition the superior court for the judicial district in which [he] such individual resides, or, in the case of a nonresident of the state, the superior court for the judicial district of Hartford, for appropriate relief, including temporary and permanent injunctions, and the petition shall be privileged with respect to assignment for trial.

(b) Any [person] individual aggrieved by a violation of any provision

of sections 52-146d to [52-146j] 52-146i, inclusive, as amended by this act, may prove a cause of action for civil damages.

Sec. 12. Section 17a-465b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

A relative, guardian or conservator of a person who is receiving inpatient services at a facility of the Department of Mental Health and Addiction Services and is missing from such facility may request the Commissioner of Mental Health and Addiction Services to file a missing person report with the Department of Emergency Services and Public Protection for purposes of receiving assistance in locating such person under subsection (a) of section 29-1f. Notwithstanding the provisions of [sections 52-146c and] section 52-146e, as amended by this act, the Commissioner of Mental Health and Addiction Services may authorize an employee of the department who is certified under the provisions of sections 7-294a to 7-294e, inclusive, to file a missing person report with the Department of Emergency Services and Public Protection under subsection (a) of section 29-1f with respect to such person. Such report shall disclose only the minimal amount of information concerning such person as is necessary for purposes of the assistance provided under subsection (a) of section 29-1f.

Sec. 13. Section 17a-590 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

As one of the conditions of release, the board may require the acquittee to report to any public or private mental health facility for examination. Whenever medical, psychiatric or psychological treatment is recommended, the board may order the acquittee, as a condition of release, to cooperate with and accept treatment from the facility. The facility to which the acquittee has been referred for examination shall perform the examination and submit a written report of its findings to the board. If the facility finds that treatment of the person is appropriate, it shall include its recommendations for treatment in the report to the board. Whenever treatment is provided by the facility, the facility shall furnish reports to the board on a regular basis concerning the status of

the acquittee and the degree to which the acquittee is a danger to himself or others. The board shall furnish copies of all such reports to the acquittee, counsel for the acquittee and the state's attorney. Psychiatric or psychological reports concerning the acquittee that are in the possession of the board shall not be public records, as defined in section 1-200, except that information in such reports relied on by the board or used as evidence concerning the discharge, conditional release, temporary leave or confinement of the acquittee shall not be confidential. The provisions of sections **[**52-146c**]** 52-146d to 52-146j, inclusive, as amended by this act, shall not apply to such reports for the purposes of this section. The facility shall comply with any other conditions of release prescribed by order of the board.

Sec. 14. Subsection (d) of section 17a-596 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(d) Any hearing by the board, including the taking of any testimony at such hearing, shall be open to the public. At any hearing before the board, the acquittee shall have all the rights given a party to a contested case under chapter 54. In addition to the rights enumerated in chapter 54, the acquittee shall have the right to appear at all proceedings before the board, except board deliberations, and to be represented by counsel, to consult with counsel prior to the hearing and, if indigent, to have counsel provided, pursuant to the provisions of chapter 887, without cost. At any hearing before the board, copies of documents and reports considered by the board shall be available for examination by the acquittee, counsel for the acquittee and the state's attorney. Psychiatric or psychological reports concerning the acquittee that are in the possession of the board shall not be public records, as defined in section 1-200, except that information in such reports relied on by the board or used as evidence concerning the discharge, conditional release, temporary leave or confinement of the acquittee shall not be confidential. The provisions of sections **[**52-146c**]** 52-146d to 52-146j, inclusive, as amended by this act, shall not apply to such reports for the purposes of this section.

Sec. 15. Subsection (a) of section 52-146o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Except as provided in sections **[**52-146c**]** 52-146d to 52-146j, inclusive, as amended by this act, sections 52-146p, 52-146q and 52-146s **[**,**]** and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, a physician or surgeon, licensed pursuant to section 20-9, or other licensed health care provider, shall not disclose (1) any communication made to him or her by, or any information obtained by him or her from, a patient or the conservator or guardian of a patient with respect to any actual or supposed physical or mental disease or disorder, or (2) any information obtained by personal examination of a patient, unless the patient or that patient's authorized representative explicitly consents to such disclosure.

Sec. 16. Subsection (a) of section 52-146w of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Except as provided in sections **[**52-146c**]** 52-146d to 52-146k, inclusive, as amended by this act, sections 52-146o, as amended by this act, 52-146p, 52-146q and 52-146s and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, no covered entity, as defined in 45 CFR 160.103, shall disclose (1) any communication made to such covered entity, or any information obtained by such covered entity from, a patient or the conservator, guardian or other authorized legal representative of a patient relating to reproductive health care services, as defined in section 52-571m, that are permitted under the laws of this state, or (2) any information obtained by personal examination of a patient relating to reproductive health care services, as defined in section 52-571m, that are permitted under the laws of this state, unless the patient or that patient's conservator, guardian or other authorized legal representative explicitly consents in writing to such disclosure. A

covered entity shall inform the patient or the patient's conservator, guardian or other authorized legal representative of the patient's right to withhold such written consent.

Sec. 17. Subsection (a) of section 52-146x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Except as provided in sections **[**52-146c**]** 52-146d to 52-146k, inclusive, as amended by this act, sections 52-146o, as amended by this act, 52-146p, 52-146q and 52-146s and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, no covered entity, as defined in 45 CFR 160.103, shall disclose (1) any communication made to such covered entity, or any information obtained by such covered entity from, a patient or the conservator, guardian or other authorized legal representative of a patient relating to reproductive health care services or gender-affirming health care services, as defined in section 52-571n, that are permitted under the laws of this state, or (2) any information obtained by personal examination of a patient relating to reproductive health care services or gender-affirming health care services, as defined in section 52-571n, that are permitted under the laws of this state, unless the patient or that patient's conservator, guardian or other authorized legal representative explicitly consents in writing to such disclosure. A covered entity shall inform the patient or the patient's conservator, guardian or other authorized legal representative of the patient's right to withhold such written consent.

Sec. 18. Subsection (a) of section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction that have no board or commission may take any of the following actions, singly or in combination, based on conduct that

occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

(1) Revoke a practitioner's license or permit;

(2) Suspend a practitioner's license or permit;

(3) Censure a practitioner or permittee;

(4) Issue a letter of reprimand to a practitioner or permittee;

(5) Restrict or otherwise limit practice to those areas prescribed by the board, commission or department;

(6) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:

(A) Report regularly to such board, commission or department upon the matters which are the basis of probation;

(B) Limit practice to those areas prescribed by such board, commission or department; and

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;

(7) Assess a civil penalty of up to **[**ten**]** twenty-five thousand dollars;

(8) In those cases involving persons or entities licensed or certified pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and 20-476, require that restitution be made to an injured property owner; or

(9) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:

(A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws

of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state, except for a practitioner who is a social worker under chapter 383b, an art therapist under chapter 383g, a dietitian-nutritionist under chapter 384b, an embalmer or funeral director under chapter 385, a barber under chapter 386, a hairdresser, cosmetician, esthetician, eyelash technician or nail technician under chapter 387; or

(B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the federal government, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.

Sec. 19. Section 19a-490r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

A health care employer shall maintain records **[**which**]** that detail incidents of workplace violence and include the specific area or department of **[**the**]** such employer's premises where the incident occurred. A health care employer shall report not later than **[**January 1, 2016, and**]** February first annually **[**thereafter,**]** to the Department of Public Health the number of workplace violence incidents occurring on the employer's premises during the preceding calendar year and the specific area or department where such incidents occurred.

Sec. 20. Section 19a-903b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

A hospital, as defined in section 19a-490b, may designate any licensed health care provider and any certified ultrasound**, [**or**]** nuclear medicine, magnetic resonance imaging, radiologic or polysomnographic technologist to perform the following oxygen-related patient care activities in a hospital: (1) Connecting or

disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting or adjusting the mask, tubes and other patient oxygen delivery apparatus; and (4) adjusting the rate or flow of oxygen consistent with a medical order. Such provider or technologist may perform such activities only to the extent permitted by hospital policies and procedures, including bylaws, rules and regulations applicable to the medical staff. A hospital shall document that each person designated to perform oxygen-related patient care activities has been properly trained, either through such person's professional education or through training provided by the hospital. In addition, a hospital shall require that such person satisfy annual competency testing. Nothing in this section shall be construed to prohibit a hospital from designating persons who are authorized to transport a patient with a portable oxygen source. The provisions of this section shall not apply to any type of ventilator, continuous positive airway pressure or bi-level positive airway pressure units or any other noninvasive positive pressure ventilation.

Sec. 21. Subsection (n) of section 19a-89e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(n) **[**Not later than October 1, 2024, and biannually thereafter, a**]** Each hospital shall report biannually to the Department of Public Health, in a form and manner prescribed by the Commissioner of Public Health, whether it has been in compliance, for the previous six months, with at least eighty per cent of the nurse staffing assignments as required by any component outlined in the nurse staffing plan developed pursuant to subsections (d) and (e) of this section. Each hospital shall submit such reports not later than January fifteenth for the most recent six-month period ending on January first, and not later than July fifteenth for the most recent six-month period ending on July first.

Sec. 22. Section 17a-20 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the purposes of this section, "psychiatric clinic" (1) means an

organization licensed by the Department of Children and Families and staffed by psychiatrists, psychologists, social workers and such other professional, paraprofessional and clerical personnel as local circumstances may require, working in collaboration with other social service agencies, to provide mental health services that are designed to **[**(1)**]** (A) effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social disfunctioning, and **[**(2)**]** (B) promote mental health in individuals, groups and institutions, and **[**includes**]** (2) may include a general hospital with such clinic services. The Department of Children and Families shall develop and maintain a program of outpatient psychiatric clinics for children and youths and their families.

(b) For the purposes of this section, "child guidance clinic" means a subset of psychiatric clinics for children designated by the Department of Children and Families pursuant to this section to receive grant funds for the purpose of assisting the department to provide community-based psychiatric services for children, youths and families. In order to meet such mandate, the department shall designate a subset of outpatient psychiatric clinics for children to be known as child guidance clinics. The department shall provide grants to such child guidance clinics in accordance with the provisions of this section. Any town having a population of not less than forty thousand, as most recently determined by the Secretary of the Office of Policy and Management, or any combination of towns with a combined population of not less than forty thousand as similarly determined, or any nonprofit corporation organized or existing for the purpose of establishing or maintaining a psychiatric clinic for children and youths or for children and youths and their families, or any clinic designated by the Department of Children and Families as of January 1, 1995, may apply to the Department of Children and Families for funds to be used to assist in establishing, maintaining or expanding a psychiatric clinic. The applications, and any grant of funds pursuant thereto, shall not be subject to the provisions of section 17a-476, except to the extent required by federal law. The department shall base any grant of funds on the services provided to children and youths under eighteen years of age and on the

effectiveness of the services. No grant shall exceed two-thirds of the ordinary recurring operating expenses of the clinic, nor shall any grant be made to pay for any portion of capital expenditures for the clinic. No clinic in existence as of October 1, 1995, shall be eligible for grants of any funds under this section unless it has obtained a license within six months of the adoption of regulations under subsection (c) of this section. No clinic receiving funds under this section shall refuse services to any resident of this state solely because of his or her place of residence.

(c) The Department of Children and Families shall adopt regulations, in accordance with the provisions of chapter 54, defining the minimum requirements for outpatient psychiatric clinics for children to be eligible for licensure under this section in regard to (1) qualification and number of staff members, (2) clinic operation including but not limited to physical plant, governing body and recordkeeping, (3) effectiveness of services, and (4) populations targeted for priority access. The regulations shall also govern the granting of the funds to assist in establishing, maintaining and expanding psychiatric clinics. The department shall, upon payment of a fee of three hundred dollars, issue to any qualifying clinic a license that shall be in force for twenty-four months from the date of issue and shall be renewable for additional twenty-four-month periods, upon payment of a fee of three hundred dollars for each such period, provided the clinic continues to meet conditions satisfactory to the department. The department shall make available to child guidance clinics forms to be used in making application for available funds. Upon receipt of proper application, the department shall grant the funds, provided the plans for financing, the standards of operation and the effectiveness of services of the clinics are approved by the department in accordance with the provisions of this section. The grants shall be made on an annual basis.

(d) Nothing in this section shall be construed to require a hospital licensed by the Department of Public Health to obtain licensure from the Department of Children and Families to provide inpatient or outpatient mental health services to patients of any age.

Sec. 23. Section 7-62b of the general statutes is amended by adding subsection (g) as follows (*Effective from passage*):

(NEW) (g) Notwithstanding the provisions of subsection (c) of this section, the Commissioner of Public Health shall establish, not later than January 1, 2026, a process by which a person may request a short-form death certificate that excludes the medical certification portion of the certificate for provision to persons or institutions that do not require knowledge of the cause of death of the decedent.

Sec. 24. Section 52-146c of the general statutes is repealed. (*Effective October 1, 2025*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2025*	19a-411(b)
Sec. 2	*July 1, 2025*	19a-197a
Sec. 3	*July 1, 2025*	20-73b(a)
Sec. 4	*October 1, 2025*	New section
Sec. 5	*October 1, 2025*	52-146d
Sec. 6	*July 1, 2025*	52-146e
Sec. 7	*October 1, 2025*	52-146f
Sec. 8	*October 1, 2025*	52-146g
Sec. 9	*October 1, 2025*	52-146h
Sec. 10	*October 1, 2025*	52-146i
Sec. 11	*October 1, 2025*	52-146j
Sec. 12	*October 1, 2025*	17a-465b
Sec. 13	*October 1, 2025*	17a-590
Sec. 14	*October 1, 2025*	17a-596(d)
Sec. 15	*October 1, 2025*	52-146o(a)
Sec. 16	*October 1, 2025*	52-146w(a)
Sec. 17	*October 1, 2025*	52-146x(a)
Sec. 18	*July 1, 2025*	19a-17(a)
Sec. 19	*October 1, 2025*	19a-490r
Sec. 20	*July 1, 2025*	19a-903b
Sec. 21	*October 1, 2025*	19a-89e(n)
Sec. 22	*from passage*	17a-20
Sec. 23	*from passage*	7-62b(g)
Sec. 24	*October 1, 2025*	Repealer section

PH *Joint Favorable Subst.*

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 - Cost	26,000	1,000
Public Health, Dept.	GF - Potential Revenue Gain	See Below	See Below
Office of the Chief Medical Examiner	GF - Revenue Loss	At least 5,750	At least 5,750

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill makes various revisions to the public health statutes, which result in fiscal impacts as described below.

Section 1 prohibits the Chief Medical Examiner's Office from charging immediate family members of a deceased minor for copies of the minor's investigation record. This results in an annual revenue loss to the office of at least $5,750[1] beginning in FY 26, subject to the annual number of minor death investigations and related record requests. The bill does not define the next of kin included in immediate family or a specific age cutoff for a deceased minor, creating uncertainty for the scale of potential fiscal impacts.

Section 2 allows emergency medical services personnel to administer epinephrine using any device approved by the federal Food and Drug Administration, including nasal spray. This results in no fiscal impact

[1] Assumes an estimated 115 investigations of deceased minors annually, with one record requested each at a current cost of $50 per record request.

to the state or municipalities.

Section 3 requires licensed physical therapists to annually complete at least two hours of education or training on ethics and jurisprudence as part of their existing continuing education requirement. This results in no fiscal impact to the state.

Section 4 makes it an unfair trade practice violation for health care providers to require certain forms of patient payment methods to be kept on file, resulting in no fiscal impact to the state. The Department of Consumer Protection enforces unfair trade practice violations and has the resources and expertise to meet the requirements of the bill.

Sections 5 - 17 and Section 24 update patient confidentiality requirements for psychologists and result in no fiscal impact.

Section 18 increases the maximum civil penalty that the Department of Public Health (DPH) may impose against individual health care providers by $15,000 (from $10,000 to $25,000), which may result in a revenue gain to the General Fund beginning in FY 26. The extent of the revenue gain, if any, is dependent on the number of violations and the department's discretion regarding civil penalties.

Section 19 extends the date by which health care employers must annually report to DPH on workplace violence incidents and results in no fiscal impact.

Section 20 authorizes MRI and radiologic technicians to perform certain oxygen-related patient care activities in hospitals, which results in no fiscal impact to the state.

Section 21 changes the biannual reporting dates for a hospital's nurse staffing plan to be given to DPH, which results in no fiscal impact.

Section 22 allows a DPH-licensed hospital to provide inpatient or outpatient mental health services without having to obtain a license from the Department of Children and Families (DCF). A potential workload reduction will result for DCF to the extent that hospitals

operating outpatient psychiatric clinics for children or extended day treatment facilities choose to not renew or pursue DCF-licensure, but no savings are anticipated.[2]

Section 23 requires DPH to establish a process to request a short-form death certificate that does not include the decedent's cause of death, which results in a General Fund cost of $26,000 in FY 26 and $1,000 in FY 27 (and annually thereafter). A one-time cost of $25,000 would be necessary to develop and modify the Electronic Death Registry System. Additionally, an ongoing annual cost of approximately $1,000 is needed to print new short-form death certificates for deaths that occurred prior to implementation of the electronic registry.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

[2] Current DCF licensees include six that are affiliated with hospitals.

OLR Bill Analysis

sHB 7157

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

TABLE OF CONTENTS:

Increases the maximum civil penalty that DPH may impose against individual health care providers from $10,000 to $25,000

§ 19 — DPH WORKPLACE VIOLENCE REPORTS

Extends, from January 1 to February 1, the date by which health care employers must annually report to DPH on workplace violence incidents

§ 20 — OXYGEN-RELATED PATIENT CARE

Authorizes MRI and radiologic technicians to perform certain oxygen-related patient care activities in hospitals just as existing law allows for designated licensed health care providers and certified ultrasound, nuclear medicine, and polysomnographic technologists

Changes the dates by which hospitals must biannually report to DPH on their compliance in the past six months with at least 80% of nurse staffing assignments in their nurse staff plans

Specifies that DPH-licensed hospitals are not required to also obtain DCF licensure to provide inpatient or outpatient mental health services as part of DCF's outpatient psychiatric clinic program

§ 23 — SHORT FORM DEATH CERTIFICATES

Requires DPH, by January 1, 2026, to establish a process for someone to request a short-form death certificate that does not include the decedent's cause of death

SUMMARY

This bill makes various changes to public health related statutes as described in the section-by-section analysis below.

EFFECTIVE DATE: October 1, 2025, unless otherwise noted below.

§ 1 — FEES FOR OCME INVESTIGATION RECORDS

Prohibits OCME from charging immediate family members of a deceased minor for copies of the minor's investigation record

By law, the Office of the Chief Medical Examiner (OCME) must investigate deaths that (1) involve certain conditions, such as violence or suspicious circumstances or (2) are sudden or unexpected and not caused by an easily recognizable disease. The office must keep complete records of these investigations (including autopsy and toxicology

reports and a copy of the death certificate).

The bill prohibits OCME from charging a fee to an immediate family member of a deceased minor for copies of the minor's records.

Generally, existing law limits public access to copies of these records unless the person has a legitimate interest in them, or the decedent was under state custody at the time of death. The Commission on Medicolegal Investigations, which oversees OCME, sets conditions on accessing the records and related fees.

EFFECTIVE DATE: July 1, 2025

§ 2 — EMS ADMINISTRATION OF EPINEPHRINE

Allows EMS personnel to administer epinephrine using any device approved by the federal Food and Drug Administration, including nasal spray

The bill allows emergency medical services (EMS) personnel (paramedics, emergency medical responders, and emergency medical technicians) to administer epinephrine by any device approved by the federal Food and Drug Administration (including nasal spray), instead of only by auto injectors or prefilled vials or syringes as under current law.

Under existing law and the bill, EMS personnel must (1) be trained on administering the medication in line with national standards the Department of Public Health (DPH) commissioner recognizes and (2) administer the medication under the written protocol or standing order of a physician serving as an EMS medical director. Ambulances must be equipped with epinephrine devices.

EFFECTIVE DATE: July 1, 2025

§ 3 — PHYSICAL THERAPIST CONTINUING EDUCATION

Starting January 1, 2026, requires licensed physical therapists to annually complete at least two hours of education or training on ethics and jurisprudence as part of their existing continuing education requirement

Starting January 1, 2026, the bill requires licensed physician therapists to annually complete at least two hours of training or

education on ethics and jurisprudence as part of their existing continuing education requirements.

By law, physical therapists must complete at least 20 hours of continuing education during each registration period (i.e. the 12-month period for which a license has been renewed). This continuing education must include at least two hours of training and education on (1) screening for post-traumatic stress disorder, suicide risk, depression, and grief and (2) suicide prevention training. But this requirement applies only (1) during the first license renewal period for which continuing education is required (i.e. the second license renewal) and (2) at least once every six years after that.

EFFECTIVE DATE: July 1, 2025

§ 4 — REQUIRING PATIENTS TO KEEP PAYMENT METHODS ON FILE

Prohibits health systems and health care providers from requiring patients to provide electronic payment methods on file as a prerequisite to providing them services and makes a violation of this prohibition an unfair trade practice

The bill prohibits health systems and health care providers from requiring patients to provide electronic payment methods (e.g., bank account information, credit cards, or debit cards) to keep on file as a prerequisite to (1) seeing patients for an office visit or (2) providing them services.

It makes a violation of this prohibition an unfair trade practice under the Connecticut Unfair Trade Practices Act (CUTPA).

Under the bill, the prohibition does not (1) affect a patient's obligation to pay for health care services or (2) prevent patients from voluntarily giving health care providers their electronic payment methods or other payment-related information to keep on file.

Background — CUTPA

The law prohibits businesses from engaging in unfair and deceptive acts or practices. CUTPA allows the consumer protection commissioner to issue regulations defining what constitutes an unfair trade practice,

investigate complaints, issue cease and desist orders, order restitution in cases involving less than $10,000, enter into consent agreements, ask the attorney general to seek injunctive relief, and accept voluntary statements of compliance. It also allows individuals to sue. Courts may issue restraining orders; award actual and punitive damages, costs, and reasonable attorney's fees; and impose civil penalties of up to $5,000 for willful violations and $25,000 for violation of a restraining order.

§§ 5-17 & 24 — PSYCHOLOGIST PATIENT CONFIDENTIALITY PROTECTIONS

Updates patient confidentiality requirements for psychologists by repealing current statutory provisions and instead subjecting them to existing requirements for psychiatric behavioral health providers; makes related minor, conforming, and technical changes to several related statutes

The bill updates statutory requirements for psychologists on confidentiality of patient communications and records to align with those of other behavioral health providers. It does so by repealing current law's requirements for psychologists and instead subjecting them to similar patient confidentiality requirements that already apply to psychiatrists and advanced practice registered nurses certified as behavioral health providers ("psychiatric behavioral health providers").

The bill also makes related minor, conforming, and technical changes, including updating statutory definitions to reflect the addition of psychologists and those they diagnose and treat (hereafter "patients") to these provisions (e.g., adding a psychologist's office to the definition of "mental health facility").

Disclosure of Patient Communications and Records

Under current law and the bill, a psychologist is generally prohibited from disclosing communications and related records concerning a patient's diagnosis and treatment without the consent of the patient or his or her authorized representative. The patient or representative may withdraw their consent in writing at any time.

However, as is already the case for psychiatric behavioral health providers, the bill permits disclosure without consent in the following situations:

1. to other people and mental health facilities (e.g., a hospital, clinic, or psychologist's office) engaged in diagnosing or treating the patient, if the disclosure is necessary for diagnosis or treatment and the patient is informed of the disclosure;

2. when the psychologist determines that there is a substantial risk of imminent physical injury by the patient, or disclosure is necessary to place the patient in a mental health facility;

3. to individuals and agencies that collect fees for services the psychologist provides (e.g., billing service) or contract with the psychologist (e.g., the Department of Mental Health and Addiction Services (DMHAS)), except that the disclosure must be limited to only information needed to process or substantiate the fee or claim (e.g., patient contact information, the fees, and the dates and duration of the services);

4. the disclosure is related to a psychological examination ordered by a court or made as part of a probate court conservatorship proceeding, if (a) the patient is a party to the proceeding; (b) his or her competence is questioned because of mental illness; or (c) in appropriate pretrial proceedings, so long as the patient is informed that the patient's communication is not confidential and disclosure is limited to issues involving the patient's mental condition;

5. the disclosure is in connection with a civil proceeding in which the patient introduces his or her mental condition as part of his or her claim or defense (or their beneficiary does) and the court determines it is in the interest of justice;

6. to (a) DPH in connection with a health care facility's inspection or investigation and (b) DMHAS for an inquiry, records examination, or investigation of a serious injury or unexpected death of certain people receiving services at a DMHAS-operated or -funded facility or program; and

7. to immediate family members or legal representatives of a victim of a homicide committed by a patient found not guilty due to mental disease or defect, if they request the communication or record within six years of the verdict and it is used only for a related civil action.

Likewise, the bill grants access to psychologists' patient communications and records for the following purposes:

1. to researchers, if the researcher's plan is approved by the mental health facility's director or designee, the information is not removed from the facility (except for certain de-identified data), and patient-identifiable information is generally not disclosed and

2. to DMHAS, for patients under the department's care, for administrative, research, or planning purposes, so long as the data is de-identified and a patient's identity can only be accessed by the DMHAS commissioner.

Labeling Confidential Records

The bill extends to psychologists the current requirement for psychiatric behavioral health providers that any patient communications and records they disclose include a statement specifying (1) that the information is confidential and cannot be further disclosed without written consent required by law, (2) who and for what purpose consent was given for the disclosure, including any applicable laws authorizing it. (If the disclosure is made orally, the psychologist must inform the recipient of the above information.)

EFFECTIVE DATE: October 1, 2025, except the provision on patients' consent to disclosure is effective July 1, 2025 (§ 6).

§ 18 — DPH CIVIL PENALTIES

Increases the maximum civil penalty that DPH may impose against individual health care providers from $10,000 to $25,000

The bill increases, from $10,000 to $25,000, the maximum civil penalty

that DPH or its licensing boards or commissions may impose, under existing procedures, against individual health care providers. (PA 24-68 lowered this maximum penalty from $25,000 to $10,000.)

EFFECTIVE DATE: July 1, 2025

§ 19 — DPH WORKPLACE VIOLENCE REPORTS

Extends, from January 1 to February 1, the date by which health care employers must annually report to DPH on workplace violence incidents

The bill extends, from January 1 to February 1, the date by which health care employers must annually report to DPH workplace violence incidents. Existing law requires certain health care employers to report to the department on the number of workplace violence incidents that occurred in the prior year on the employer's premises and the specific area or department where they occurred.

The reporting requirement applies to DPH licensed institutions (e.g., hospitals or nursing homes) with at least 50 full-or part-time employees. It also includes (1) mental health and substance use disorder treatment facilities, (2) Department of Developmental Services-licensed residential facilities for people with intellectual disability, and (3) community health centers.

§ 20 — OXYGEN-RELATED PATIENT CARE

Authorizes MRI and radiologic technicians to perform certain oxygen-related patient care activities in hospitals just as existing law allows for designated licensed health care providers and certified ultrasound, nuclear medicine, and polysomnographic technologists

The act authorizes magnetic resonance imaging (MRI) and radiologic technicians to perform the following oxygen-related patient care activities in hospitals: (1) connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting, or adjusting the mask, tubes, and other patient oxygen delivery apparatus; and (4) adjusting the oxygen rate or flow consistent with a medical order. Existing law already allows designated licensed health care providers and certified ultrasound, nuclear medicine, and polysomnographic technologists to do this.

As under existing law, this authorization does not apply to any type

of (1) ventilator, (2) continuous positive airway pressure or bi-level positive airway pressure unit, or (3) other noninvasive positive pressure ventilation.

Under existing law and the bill, MRI and radiologic technicians may only perform these activities only to the extent allowed by hospitals policies and procedures, including applicable bylaws, rules, and regulations. The hospital must document that each technologist is property trained, either through (1) his or her professional education or (2) training provided by the hospital. It must also require each technologist to complete annual competency testing.

EFFECTIVE DATE: July 1, 2025

§ 21 — HOSPITAL NURSE STAFFING PLAN COMPLIANCE REPORTS

Changes the dates by which hospitals must biannually report to DPH on their compliance in the past six months with at least 80% of nurse staffing assignments in their nurse staff plans

Existing law requires each hospital to report biannually to DPH whether it has complied in the past six months with at least 80% of nurse staffing assignments in its nurse staffing plan.

The bill requires hospitals to report by each (1) January 15 for the most recent six-month period ending January 1 and (2) July 15 for the most recent six-month period ending July 1. Current law requires hospitals to report by each October 1 and April 1.

§ 22 — DCF OUTPATIENT PSYCHIATRIC CLINICS

Specifies that DPH-licensed hospitals are not required to also obtain DCF licensure to provide inpatient or outpatient mental health services as part of DCF's outpatient psychiatric clinic program

Existing law requires the Department of Children and Families (DCF) to administer an outpatient psychiatric clinic program that provides behavioral health services to children and adolescents under age 18 with psychiatric conditions, and their families. Under the program, DCF licenses community-based psychiatric clinics and designates a subset of them as child guidance clinics that receive DCF grants to help maintain

or expand them.

The bill specifies that DPH-licensed hospitals are not required to also obtain DCF licensure to participate in the program and (1) provide inpatient or outpatient mental health services to patients of any age and (2) receive any related DCF grants.

EFFECTIVE DATE: Upon passage

§ 23 — SHORT FORM DEATH CERTIFICATES

Requires DPH, by January 1, 2026, to establish a process for someone to request a short-form death certificate that does not include the decedent's cause of death

The bill requires the DPH commissioner, by January 1, 2026, to establish a process for someone to request a short-form death certificate that excludes the medical certification part of the death certificate that identifies the decedent's cause of death. Under current law, the state only offers long-form death certificates that must include information on the cause of death (CGS § 7-62b).

Under the bill, requestors may give the short-form death certificate to people or institutions (e.g., banks and financial institutions, mortgage lenders, and the motor vehicles department) that do not need to know the decedent's cause of death.

Existing law generally allows anyone ages 18 or older to purchase a certified copy of a death record (CGS § 7-51a).

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 32 Nay 0 (03/21/2025)