



House of Representatives

General Assembly

File No. 629

January Session, 2025

Substitute House Bill No. 7158

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 SAFETY PLANS AND DISCHARGE PLANS FOR MINOR PATIENTS.

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

- 1 Section 1. (NEW) (*Effective July 1, 2025*) (a) As used in this section:
- 2 (1) "Health care provider" means any person, corporation, limited
3 liability company, facility or institution operated, owned or licensed by
4 this state to provide health care or professional medical services;
- 5 (2) "Legally authorized representative" means a minor patient's
6 parent, guardian appointed by the Probate Court or a health care
7 representative appointed in accordance with sections 19a-576 and 19a-
8 577 of the general statutes; and
- 9 (3) "Safety plan" means a written document created collaboratively
10 between a health care provider and a patient outlining coping strategies,
11 activities and support networks the patient can access to prevent or
12 manage a potential mental health crisis.

13 (b) Each health care provider that prepares a safety plan for a minor
14 patient shall (1) review such safety plan with the minor patient, and (2)
15 securely transmit such safety plan to the minor patient's school's school
16 nurse or nurse practitioner appointed pursuant to section 10-212 of the
17 general statutes in a form and manner that complies with the Health
18 Insurance Portability and Accountability Act of 1996, P.L. 104-191, as
19 amended from time to time, and 45 CFR 160.101 to 45 CFR 164.534,
20 inclusive, as amended from time to time, provided (A) the health care
21 provider obtains written consent from the minor patient's parent or
22 legally authorized representative, or, if the minor patient is sixteen years
23 of age or older, the written consent of such minor patient, and (B) such
24 school nurse or nurse practitioner has provided contact information to
25 such health care provider for the purpose of receiving minor safety
26 plans pursuant to section 2 of this act.

27 (c) Each health care provider that provides inpatient behavioral
28 health care treatment to a minor patient for a period longer than
29 fourteen consecutive days shall develop a discharge plan for such minor
30 patient as soon as such minor patient begins to show improvement, as
31 determined by such health care provider. Such discharge plan shall be
32 developed in consultation with (1) the minor patient, (2) the minor
33 patient's parent or legally authorized representative, and (3) provided
34 the health care provider obtains written consent from the minor
35 patient's parent or legally authorized representative, or, if the minor
36 patient is sixteen years of age or older, the written consent of such minor
37 patient, (A) a representative of the minor patient's school, including, but
38 not limited to, a school nurse or nurse practitioner appointed pursuant
39 to section 10-212 of the general statutes, school counselor, school social
40 worker or school administrator, and (B) any health care provider to
41 whom the minor patient will be referred upon discharge.

42 Sec. 2. (NEW) (*Effective from passage*) The Commissioner of Education,
43 in conjunction with the Commissioner of Public Health, shall develop a
44 list of hospitals and other health care providers in the state that provide
45 inpatient behavioral health care services. The Department of Education
46 shall make such list available to school nurses and nurse practitioners

47 appointed pursuant to section 10-212 of the general statutes. Not later
48 than August 1, 2025, such school nurses and nurse practitioners shall
49 provide school contact information, including, but not limited to, a
50 telephone number, electronic mail address and mailing address, to each
51 hospital and health care provider on such list for the purpose of
52 receiving secure transmissions of safety plans pursuant to the
53 provisions of section 1 of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2025</i>	New section
Sec. 2	<i>from passage</i>	New 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 \$
Education, Dept.	GF - Cost	31,900	31,900
State Comptroller - Fringe Benefits ¹	GF - Cost	13,000	13,000
Children & Families, Dept.	GF - Cost	Minimal	Minimal

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 26 \$	FY 27 \$
Local and Regional School Districts	Potential Cost	See Below	See Below

Explanation

The bill results in an annual cost to the General Fund of \$44,900 starting in FY 26, primarily to the State Department of Education (SDE) and a minimal, cost to the Department of Children and Families (DCF). The bill requires SDE to develop and share a list of inpatient behavioral health care providers in the state and provide school contact information to each provider for minor safety plans. The Department of Children and Families will need to facilitate receipt and tracking of school nurse contact information.

SDE will require one part-time Administrative Assistant (with an annual salary of \$31,900 and corresponding fringe benefits of \$13,000) to implement the bill's requirements on an ongoing basis.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

It is anticipated that DCF will experience minimal overtime costs in FY 26 associated with increased clerical work needed to facilitate the receipt and tracking of school nurse contact information. It is assumed that these costs would be one-time, reflecting the bill's reporting requirement of August 1, 2025. To the extent these activities are required in future years, the same costs would continue. DCF operates the Albert J. Solnit Children's Center, a psychiatric inpatient facility for children ages 13 to 17 years.

The Out Years

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

OLR Bill Analysis**sHB 7158*****AN ACT CONCERNING SAFETY PLANS AND DISCHARGE PLANS FOR MINOR PATIENTS.*****SUMMARY**

This bill requires a health care provider that prepares a safety plan for a minor patient to (1) review it with the minor and (2) securely send it to the minor's school nurse or nurse practitioner. But under the bill, the provider may only send the safety plan to the school under the following conditions:

1. the provider gets written consent from the minor's parent or legally authorized representative (or the minor if they are at least age 16),
2. the provider sends the information in a way that complies with the federal Health Insurance Portability and Accountability Act (HIPAA), and
3. the school nurse or nurse practitioner gave the provider their contact information to receive these safety plans.

Additionally, the bill requires health care providers that give inpatient behavioral health care treatment to a minor patient for more than 14 consecutive days to develop a discharge plan for the minor as soon as they determine the minor is showing improvement. Providers must do this in consultation with the following people:

1. the minor and the minor's parent or legally authorized representative;
2. a representative of the minor's school (e.g., school nurse, counselor, or social worker), if the minor's parent or legally

authorized representative (or the minor if they are at least age 16) consents to it; and

3. any health care provider the minor will be referred to when discharged if the same consent described above is given.

Lastly, the bill requires the State Department of Education (SDE) commissioner, in conjunction with the public health commissioner, to develop a list of hospitals and other health care providers in Connecticut that provide inpatient behavioral health services. SDE must make the list available to school nurses and nurse practitioners. By August 1, 2025, these nurses must give their school contact information to each hospital and health care provider on the list to securely receive safety plans.

Under the bill, a “safety plan” is a written document health care providers and patients create collaboratively, outlining coping strategies, activities, and support networks the patient can access to manage a potential mental health crisis.

EFFECTIVE DATE: July 1, 2025, except that the provision on SDE’s list of inpatient behavioral providers takes effect upon passage.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 23 Nay 7 (03/27/2025)