



House of Representatives

File No. 938

General Assembly

January Session, 2025

(Reprint of File No. 629)

Substitute House Bill No. 7158
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 19, 2025

**AN ACT CONCERNING THE SECURE TRANSMISSION OF MINOR
PATIENT SAFETY PLANS TO SCHOOLS BY HEALTH CARE
PROVIDERS.**

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

- 1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section:
- 2 (1) "Designated employee" means a school nurse or nurse practitioner
3 appointed pursuant to section 10-212 of the general statutes, school
4 nurse supervisor, school counselor, school social worker or school
5 psychologist who a local or regional school board of education
6 designates to access minor patient safety plans transmitted by health
7 care providers to a school district or school's secure messaging system
8 account pursuant to the provisions of this section;
- 9 (2) "Health care provider" means any person, corporation, limited
10 liability company, facility or institution operated, owned or licensed by
11 this state to provide health care or professional medical services;

12 (3) "Legally authorized representative" means a minor patient's
13 parent, guardian appointed by the Probate Court or a personal
14 representative, as described in 45 CFR 164.502(g);

15 (4) "Safety plan" means a written document created collaboratively
16 between a health care provider and a patient outlining coping strategies,
17 activities and support networks the patient can access to prevent or
18 manage a potential mental health crisis;

19 (5) "School nurse supervisor" means a school nurse or nurse
20 practitioner appointed pursuant to section 10-212 of the general statutes
21 designated by the local or regional board of education as the supervisor,
22 or, if no designation has been made by the board, the lead or
23 coordinating school nurse or nurse practitioner; and

24 (6) "Secure messaging system" means a platform capable of sending
25 and receiving secure messages and may include a platform that
26 complies with the Direct Project specifications published by the federal
27 Office of the National Coordinator for Health Information Technology.

28 (b) On and after April 1, 2026, each health care provider that prepares
29 a safety plan for a minor patient that received inpatient behavioral
30 health care treatment for a period not less than twelve consecutive days
31 shall (1) review such safety plan with the minor patient if the health care
32 provider believes such a review is medically appropriate, and (2)
33 inquire as to whether the minor patient or minor patient's parent or
34 legally authorized representative consents to sharing such safety plan
35 with the minor patient's school. If the minor patient or minor patient's
36 parent or legally authorized representative consents to sharing such
37 safety plan with the minor patient's school, the health care provider
38 shall obtain written consent from (A) the minor patient's parent or
39 legally authorized representative, or (B) if the minor patient is sixteen
40 years of age or older, such minor patient, and transmit such safety plan
41 to the minor patient's school district or school (i) using a secure
42 messaging system, or (ii) in a form and manner that complies with the
43 Health Insurance Portability and Accountability Act of 1996, P.L. 104-

44 191, as amended from time to time, and 45 CFR 160.101 to 45 CFR
45 164.534, inclusive, as amended from time to time.

46 (c) Nothing in this section shall be construed to (1) create a standard
47 of medical care with respect to any minor patient, (2) require a health
48 care provider to create a safety plan, (3) require a health care provider
49 to release information to a parent or legally authorized representative if,
50 pursuant to state or federal law, a minor patient may withhold such
51 information from such minor patient's parent or legally authorized
52 representative, including, but not limited to, information regarding
53 pregnancy, abortion, contraceptives, human immunodeficiency virus or
54 other sexually transmitted disease testing or treatment, mental health
55 treatment or any other area of care that a health care provider has
56 promised a minor patient that the health care provider will keep
57 confidential, or (4) require a health care provider to transmit a safety
58 plan or provide any other information to any person in violation of the
59 provisions of the Health Insurance Portability and Accountability Act of
60 1996, P.L. 104-191, as amended from time to time.

61 Sec. 2. (NEW) (*Effective from passage*) (a) On or before January 1, 2026,
62 each local or regional board of education shall ensure that each school
63 district or school, as determined by the board, (1) signs up for an
64 organizational account on a secure messaging system, as defined in
65 section 1 of this act, and (2) provides access to one or more designated
66 employees, as defined in section 1 of this act, one of whom shall be a
67 school nurse supervisor, as defined in section 1 of this act, to such
68 organizational account for the purpose of accessing minor patient safety
69 plans, as defined in section 1 of this act, transmitted by health care
70 providers, pursuant to the provisions of section 1 of this act. A
71 designated employee shall retain minor patient safety plans in a
72 confidential file separate from any cumulative academic or health
73 record, provided information contained in a minor patient safety plan
74 may be used to provide appropriate interventions pursuant to an
75 individualized education program or a plan pursuant to Section 504 of
76 the Rehabilitation Act of 1973.

77 (b) On or before April 1, 2026, each local or regional board of
78 education shall submit each school district or school's secure messaging
79 system address to the Commissioner of Education in a form and manner
80 prescribed by the commissioner. On and after April 1, 2026, if a school
81 district or school's secure messaging system address changes, each local
82 or regional board of education shall, in a form and manner prescribed
83 by the commissioner, submit such new address to the commissioner as
84 soon as practicable but not later than thirty days after acquiring such
85 new address. The commissioner shall compile and maintain a list of each
86 school district or school's secure messaging system address and make
87 such list available to health care providers in the state for the purpose of
88 transmitting minor patient safety plans pursuant to the provisions of
89 section 1 of this act.

90 Sec. 3. (NEW) (*Effective July 1, 2026*) For the school year commencing
91 July 1, 2026, and each school year thereafter, each local and regional
92 board of education shall annually provide professional development for
93 all new designated employees, as defined in section 1 of this act. The
94 Department of Education shall provide professional development
95 training materials for use by each local and regional board of education.
96 As part of such professional development, each new designated
97 employee shall receive and complete training and instruction for using
98 a secure messaging system for the purpose of accessing minor patient
99 safety plans, as defined in section 1 of this act, transmitted by health care
100 providers pursuant to the provisions of section 1 of this act.

101 Sec. 4. Subsection (b) of section 17b-59d of the general statutes is
102 repealed and the following is substituted in lieu thereof (*Effective from*
103 *passage*):

104 (b) It shall be the goal of the State-wide Health Information Exchange
105 to: (1) Allow real-time, secure access to patient health information and
106 complete medical records across all health care provider settings; (2)
107 provide patients with secure electronic access to their health
108 information in accordance with 45 CFR 171; (3) allow voluntary
109 participation by patients to access their health information at no cost; (4)

110 support care coordination through real-time alerts and timely access to
 111 clinical information; (5) reduce costs associated with preventable
 112 readmissions, duplicative testing and medical errors; (6) promote the
 113 highest level of interoperability; (7) meet all state and federal privacy
 114 and security requirements; (8) support public health reporting, quality
 115 improvement, academic research and health care delivery and payment
 116 reform through data aggregation and analytics; (9) support population
 117 health analytics; (10) be standards-based; [and] (11) provide for broad
 118 local governance that (A) includes stakeholders, including, but not
 119 limited to, representatives of the Department of Social Services,
 120 hospitals, physicians, behavioral health care providers, long-term care
 121 providers, health insurers, employers, patients and academic or medical
 122 research institutions, and (B) is committed to the successful
 123 development and implementation of the State-wide Health Information
 124 Exchange; and (12) to provide, within available appropriations, (A) a
 125 secure messaging system organizational account to each school district
 126 or school, as determined by each local and regional board of education,
 127 for the purposes of receiving minor patient safety plans pursuant to the
 128 provisions of section 1 of this act, and (B) access to such organizational
 129 account for designated employees, as defined in section 1 of this act, at
 130 no cost to such school district, school and designated employee.

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

Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2026</i>	New section
Sec. 4	<i>from passage</i>	17b-59d(b)

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 - Potential Cost	None	Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill sets standards for local and regional boards of education (BOEs) and the State Department of Education (SDE) regarding the transmission of minor safety plans. The bill results in the fiscal impacts described by section below.

Sections 1 – 2 require BOEs to: (1) have a secure messaging system to access minor safety plans and provide access to the secure messaging system to at least one designated employee by January 1, 2026; and (2) submit all secure messaging system addresses to SDE by April 1, 2026, which will maintain a list of the addresses. This has no fiscal impact to BOEs or SDE; it is anticipated they can meet the requirements with existing resources.

Section 3 requires, beginning in FY 27: (1) BOEs to provide annual training for all newly designated employees; and (2) SDE to create materials for such trainings. There is a potential minimal cost to SDE associated with producing and providing training materials.

Section 4 requires the Office of Health Strategy (OHS) to provide a

secure messaging platform for schools and school districts to receive safety plans from providers through the state's Health Information Exchange (Connie). As Connie already has direct messaging capability, there is no fiscal impact to OHS to develop such a platform.

House "A" eliminates the original bill and its associated fiscal impact, and results in the impact described above.

The Out Years

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

OLR Bill Analysis**sHB 7158 (as amended by House "A")******AN ACT CONCERNING SAFETY PLANS AND DISCHARGE PLANS FOR MINOR PATIENTS.*****SUMMARY**

Starting April 1, 2026, this bill requires a health care provider that prepares a safety plan for a minor patient who received at least 12 consecutive days of inpatient behavioral health care treatment to (1) review it with the minor, if medically appropriate, and (2) ask whether the minor or the minor's parent or legally authorized representative consents to sharing the safety plan with the minor's school.

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 to the minor's school or school district using a secure messaging system or in a way that complies with the federal Health Insurance Portability and Accountability Act (HIPAA);
3. school districts and schools sign up for an organizational account on a secure messaging system and give at least one designated employee (e.g., school nurse, social worker, or psychologist) access to the account;
4. local or regional education boards give the State Department of Education (SDE) commissioner each school's or school district's

secure messaging system address;

5. local or regional education boards annually provide professional development to new designated employees; and
6. the statewide health information exchange (“Connie”), within available appropriations, gives each school or school district a secure messaging system organizational account that designated employees may access to receive these 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.

*House Amendment “A” replaces the original bill (File 629) and eliminates provisions requiring (1) 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, (2) SDE to create a list of the state’s behavioral health providers and make it available to school nurses and nurse practitioners, and (3) these nurses to give their school contact information to health care providers on the list. It also adds provisions (1) expanding the types of school employees that may access safety plans, (2) requiring professional development for new designated school employees, (3) requiring Connie to give designated employees access to a secure messaging system organizational account, and (4) requiring education boards to give SDE secure messaging system addresses.

EFFECTIVE DATE: Upon passage, except that the provision on professional development for new designated employees takes effect July 1, 2026.

SCHOOL SAFETY PLANS

Provider Requirements

Starting April 1, 2026, the bill requires a health care provider that prepares a safety plan for a minor patient who received at least 12

consecutive days of inpatient behavioral health care treatment to (1) review it with the minor, if medically appropriate, and (2) ask whether the minor or the minor's parent or legally authorized representative consents to sharing the safety plan with the minor's school.

Under the bill, the provider may only send the safety plan to the school if he or she (1) gets written consent from the minor's parent or legally authorized representative (or the minor if they are at least age 16) and (2) sends the information to the minor's school or school district using a secure messaging system or in a way that complies with HIPAA.

The bill specifies that its provisions do not create a standard of medical care for minors or require a health care provider to do the following:

1. create a safety plan;
2. release information to a parent or legally authorized representative if (a) state or federal law allows a minor to withhold the information (e.g., pregnancy, abortion, contraception, HIV, or mental health treatment) or (b) the provider promised to keep it confidential; or
3. transmit a safety plan or provide any other information to someone in violation of HIPAA.

Secure Messaging Systems

The bill requires local and regional education boards, by January 1, 2026, to ensure each school district or school (1) signs up for an organizational account on a secure messaging system (e.g., one that complies with the federal Office of the National Coordinator for Health Information Technology's Direct Project specifications, see BACKGROUND) and (2) gives at least one designated employee (see below) access to the organizational account to access these safety plans.

Correspondingly, the bill requires the statewide health information exchange, within available appropriations, to give (1) a secure

messaging system organizational account to each school district or school to receive these safety plans and (2) designated employees access to the accounts (at no cost to schools, school districts, or their designated employees).

Designated Employees

Under the bill, a “designated employee” is a school nurse or nurse practitioner, school nurse supervisor, school counselor, school social worker, or school psychologist who the local or regional education board designates to access the safety plans.

The bill requires at least one designated employee to be a school nurse supervisor. Designated employees must keep the safety plans in a confidential file separate from any cumulative academic or health record, so long as safety plan information may be used for appropriate interventions under a minor’s individualized education program (IEP) or 504 plan (see BACKGROUND).

Professional Development

Starting with the 2026-2027 school year, the bill requires each local or regional education board to annually provide professional development to new designated employees. SDE must give the school boards related training materials to use. As part of this professional development, designated employees must complete training and instruction on using a secure messaging system to access minor safety plans.

SDE List of Secure Messaging System Addresses

By April 1, 2026, the bill requires each local or regional education board to give the SDE commissioner each school district’s or school’s secure messaging system address. After this date, the education boards must also give the commissioner any address changes within 30 days after receiving them.

The bill requires the SDE commissioner to create and maintain a list of these secure messaging system addresses and make the list available to the state’s health care providers to transmit the safety plans.

BACKGROUND***Direct Project Standards***

The Direct Project is part of the Nationwide Health Information Network and specifies technical standards and services for health care providers to securely send authenticated, encrypted health information directly to trusted recipients online.

IEP and 504 Plans

An IEP is a written statement detailing the student's academic achievement level, goals for future achievement, and specialized educational services needed to reach the goals. Federal law requires school boards to develop IEPs for students eligible to receive special education and related services (Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.). Section 504 of the federal Rehabilitation Act of 1973 protects students with mental or physical disabilities from discrimination in public schools (29 U.S.C. § 794). Students who receive school accommodations under this law have them memorialized in a written plan, commonly known as a "504 plan."

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 23 Nay 7 (03/27/2025)