



# House of Representatives

General Assembly

**File No. 475**

January Session, 2025

Substitute House Bill No. 7200

*House of Representatives, April 2, 2025*

The Committee on Public Safety and Security reported through REP. BOYD of the 50th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT CONCERNING BLEEDING CONTROL TRAINING AND KITS.***

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

1      Section 1. (NEW) (*Effective July 1, 2025*) (a) The Department of  
2      Emergency Services and Public Protection shall administer a bleeding  
3      control training program in each district department of health formed  
4      pursuant to section 19a-241 of the general statutes. The training  
5      program, utilizing a training model developed by the Committee on  
6      Trauma of the American College of Surgeons, shall provide certification  
7      in bleeding control training to enable participants to provide bleeding  
8      control training to other individuals upon completion of the training  
9      program. Such training program shall be offered not later than July 1,  
10     2026, and at least once every three years thereafter.

11     (b) The director of health for each district department of health shall  
12     determine the eligibility criteria for participation in the bleeding control  
13     training program. Participants shall be members of the following groups  
14     within such district: (1) Employees of such health department, (2)  
15     employees of youth service bureaus, (3) school employees, as defined in

16 section 10-221o of the general statutes, (4) employees and volunteers of  
17 youth-serving organizations, (5) employees and volunteers of operators  
18 of youth athletic activities, as defined in section 21a-432 of the general  
19 statutes, (6) employees of municipal social service agencies, (7) members  
20 of paid municipal or volunteer fire departments, (8) members of local  
21 police departments, (9) any other municipal employees, and (10)  
22 members of local and regional boards of education. The training  
23 program may be included as part of an in-service training program for  
24 school employees provided pursuant to section 10-220a of the general  
25 statutes.

26 (c) Any individual who has received certification in bleeding control  
27 training through the training program administered pursuant to  
28 subsection (a) of this section may, during the period in which such  
29 certification is valid, provide bleeding control training to any member  
30 of a group described in subdivisions (1) to (10), inclusive, of subsection  
31 (b) of this section and to members of the public.

32 (d) Not less than one employee of each district department of health  
33 shall receive certification in bleeding control training through the  
34 training program administered pursuant to subsection (a) of this  
35 section.

36 (e) The Department of Emergency Services and Public Protection may  
37 contract with a nongovernmental entity that provides bleeding control  
38 training to carry out the provisions of this section.

39 Sec. 2. (NEW) (*Effective July 1, 2025*) (a) As used in this section, "basic  
40 training", "review training" and "probationary candidate" have the same  
41 meanings as provided in section 7-294a of the general statutes.

42 (b) A police officer or probationary candidate who has received  
43 certification in bleeding control training through the training program  
44 administered pursuant to subsection (a) of section 1 of this act shall be  
45 given credit for such training toward the basic or review training  
46 required by subsection (a) of section 7-294d of the general statutes.

47       Sec. 3. Section 7-323l of the general statutes, as amended by section 3  
48 of public act 24-136, is repealed and the following is substituted in lieu  
49 thereof (*Effective July 1, 2025*):

50       (a) The commission shall:

51       (1) Recommend minimum standards of education and physical  
52 condition for candidates for any firefighter position;

53       (2) Establish standards for fire service training and education  
54 programs, and develop and conduct an examination program to certify  
55 those fire service personnel who satisfactorily demonstrate their ability  
56 to meet the requirements of the fire service training and education  
57 program standards;

58       (3) Establish an optional fire service training and education program  
59 in the handling of incidents, such as wandering, that involve juveniles  
60 and adults with autism spectrum disorder, cognitive impairment or  
61 nonverbal learning disorder, provided the curriculum for such  
62 techniques is made available at no cost from (A) institutions of higher  
63 education, health care professionals or advocacy organizations that are  
64 concerned with juveniles and adults with autism spectrum disorder,  
65 cognitive impairment or nonverbal learning disorder, or (B)  
66 collaborations of such institutions, professionals or organizations;

67       (4) Conduct fire fighting training and education programs designed  
68 to assist firefighters in developing and maintaining their skills and  
69 keeping abreast of technological advances in fire suppression, fire  
70 protection, fire prevention and related fields;

71       (5) Recommend standards for promotion to the various ranks of fire  
72 departments;

73       (6) Be authorized, with the approval of the Commissioner of  
74 Emergency Services and Public Protection, to apply for, receive and  
75 distribute any state, federal or private funds or contributions available  
76 for training and education of fire fighting personnel;

77 (7) Recommend that the Commissioner of Emergency Services and  
78 Public Protection approve or reject the establishment of, or, when  
79 appropriate, suspend or revoke the approval of, regional fire schools in  
80 accordance with section 7-323u;

81 (8) Advise the Division of Fire Services Administration within the  
82 Department of Emergency Services and Public Protection on the  
83 management of the Statewide Fire Service Disaster Response Plan;

84 (9) Implement the recommendations of the study of the fire service  
85 authorized pursuant to subdivision (36) of subsection (b) of section 41  
86 of public act 23-204; and

87 (10) Submit to the Governor, the joint standing committee of the  
88 General Assembly having cognizance of matters relating to public safety  
89 and security, in accordance with the provisions of section 11-4a, and the  
90 Commissioner of Emergency Services and Public Protection an annual  
91 report (A) relating to the activities, recommendations and  
92 accomplishments of the commission, and (B) making recommendations  
93 on the funding necessary for the operation of, the maintenance of and  
94 capital improvements to the state fire school and regional fire schools.

95 (b) A firefighter who has received certification in bleeding control  
96 training through the training program administered pursuant to  
97 subsection (a) of section 1 of this act shall be given credit for such  
98 training toward meeting the requirements of the fire service training  
99 and education program standards established pursuant to subdivision  
100 (2) of subsection (a) of this section.

101 [(b)] (c) The commission may recommend, and the Commissioner of  
102 Emergency Services and Public Protection may adopt, regulations in  
103 accordance with the provisions of chapter 54 as necessary to implement  
104 the provisions of this section.

105 Sec. 4. (NEW) (Effective July 1, 2025) (a) As used in this section,  
106 "bleeding control kit" means a set of materials used to provide first aid  
107 to a person suffering from a serious bleed, which includes, but need not

108 be limited to, tourniquets, chest seals, compression bandages, bleeding  
 109 control bandages, emergency blankets, latex-free gloves, markers,  
 110 scissors and instructional documents developed by the American  
 111 College of Surgeons, the United States Department of Homeland  
 112 Security or a similar organization or agency that detail methods to  
 113 prevent blood loss following a traumatic event.

114 (b) On and after July 1, 2026, the Commissioner of Administrative  
 115 Services shall ensure that not less than one bleeding control kit is  
 116 installed on each floor level of each building owned by the state or any  
 117 political subdivision thereof. Each such bleeding control kit shall be  
 118 centrally located, clearly visible and easily accessible.

119 Sec. 5. (NEW) (*Effective from passage*) (a) As used in this section,  
 120 "bleeding control kit" has the same meaning as provided in section 4 of  
 121 this act.

122 (b) The State Building Inspector and the Codes and Standards  
 123 Committee shall jointly, with the approval of the Commissioner of  
 124 Administrative Services and in accordance with the provisions of  
 125 section 29-252b of the general statutes, include in the amendments to the  
 126 State Building Code next adopted after the effective date of this section  
 127 a requirement that each new construction or substantial renovation of a  
 128 public building, as defined in section 1-1 of the general statutes, or place  
 129 of public accommodation, resort or amusement, as defined in section  
 130 46a-63 of the general statutes, install on each floor level not less than one  
 131 bleeding control kit. Each such bleeding control kit shall be centrally  
 132 located, clearly visible and easily accessible.

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>July 1, 2025</i>	New section
Sec. 3	<i>July 1, 2025</i>	7-323l
Sec. 4	<i>July 1, 2025</i>	New section
Sec. 5	<i>from passage</i>	New section

***Statement of Legislative Commissioners:***

In Section 5(b), "shall, jointly, with the approval of the Commissioner of Administrative Services, in accordance" was changed to "shall jointly, with the approval of the Commissioner of Administrative Services and in accordance" for clarity and consistency with other provisions of the general statutes.

**PS**            *Joint Favorable Subst. -LCO*

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

## **OFA Fiscal Note**

### **State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 26 \$</b>	<b>FY 27 \$</b>
Department of Administrative Services	GF - Cost	15,000,000	1,122,500
Department of Emergency Services and Public Protection	GF - Cost	195,000	195,000
State Comptroller - Fringe Benefits <sup>1</sup>	GF - Cost	289,041	289,041

Note: GF=General Fund

### **Municipal Impact:**

<b>Municipalities</b>	<b>Effect</b>	<b>FY 26 \$</b>	<b>FY 27 \$</b>
All Municipalities	Potential Cost	See Below	None

### **Explanation**

The bill makes various requirements regarding bleeding control training and equipment, resulting in the impacts described below.

**Section 1** requires the Department of Emergency Services and Public Protection (DESPP) to administer a bleeding control training program in each of the State's 65 health districts, resulting in a cost of \$195,000 in FY 26 and FY 27 to DESPP and \$65,136 in FY 26 and FY 27 to the State Comptroller – Fringe Benefits.

To implement the training program, DESPP will need to hire one

<sup>1</sup>The 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.

Field Program Consultant and one Training Officer, each with an annual salary of about \$80,000. There are also annual costs for vehicle leasing of \$10,000 and training equipment of \$25,000.<sup>2</sup>

**Section 4** requires the Department of Administrative Services (DAS) to ensure each floor owned by the state or political subdivision has a “bleeding control kit” installed which results in a total cost to the state of \$15,223,905 in FY 26 and \$1,346,405 in FY 27. The initial one-time startup costs of installing a kit for each floor across every state and municipal owned building is \$13,877,500. DAS will require additional staff and resources to ensure the kits are properly installed and maintained totaling \$1,346,405 per year beginning in FY 26 (\$550,000 in salary, \$572,000 in other expenses, and \$223,905 in fringe benefits).

This section also results in a potential cost to municipalities in FY 26 for bleeding control kits to the extent they are not provided by DAS or already installed in municipal public buildings.

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

The annualized ongoing fiscal impact identified above would continue into the future subject to ongoing needs and inflation. Once the bleeding control training program is fully established, there may no longer be a need for the Field Program Consultant.

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<sup>2</sup> Stop the Bleed Training Kits are estimated to be about \$1,175 per kit and the bill requires at least one person per health district to be trained every three years.



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**OLR Bill Analysis****HB 7200*****AN ACT CONCERNING BLEEDING CONTROL TRAINING AND KITS.*****SUMMARY**

This bill requires the Department of Emergency Services and Public Protection (DESPP) to administer a bleeding control training program in each district health department. The program must provide certification in bleeding control training and be offered at least once every three years, starting by July 1, 2026. To do so, the department may contract with a nongovernmental entity that provides this training.

The bill grants police officers, police probationary candidates, and firefighters who receive certification through the bleeding control training program credit for the training towards basic or review police training requirements and fire service training and education program standards, respectively.

Additionally, the bill requires the Department of Administrative Services (DAS) commissioner, by July 1, 2026, to ensure that at least one bleeding control kit is installed on each floor of every building the state or its political subdivisions own. Similarly, it requires the next amendments to the State Building Code to include a requirement that at least one bleeding control kit is installed on each floor of newly constructed or substantially renovated public buildings and other specified public locations.

EFFECTIVE DATE: July 1, 2025, except the State Building Code provision is effective upon passage.

**BLEEDING CONTROL TRAINING PROGRAM**

The bill requires DESPP to administer a bleeding control training program in each district health department. The program must (1) use a

training model developed by the American College of Surgeons' (ACS) Committee on Trauma and (2) provide certification in bleeding control training that allows participants to provide bleeding control training to other people after completing the training program.

Under the bill, each district health director must determine the program's eligibility criteria. Participants must be members of the following groups within the district:

1. employees of the district health department, youth service bureaus, municipal social service agencies, and schools, and any other municipal employees;
2. employees and volunteers of youth-serving organizations and youth athletic activities operated by businesses, nonprofits, or a municipality; and
3. members of local police departments, local and regional school boards, and paid municipal or volunteer fire departments.

The bill requires at least one health district employee to receive certification in bleeding control through the training program.

It also allows school employees (e.g., teachers, administrators, paraeducators, nurses, and social workers) to participate in the bleeding control training program as part of an in-service training program already required by law.

Under the bill, anyone who completes the program and has a valid certification may provide bleeding control training to anyone listed in the groups above as well as the public.

## **BLEEDING CONTROL KIT LOCATIONS**

### ***State Buildings***

The bill requires the DAS commissioner, by July 1, 2026, to ensure that at least one bleeding control kit is installed on each floor level of every building the state or its political subdivisions own. The kit must be centrally located, clearly visible, and easily accessible.

Under the bill, a “bleeding control kit” is a set of materials used to give first aid to a person suffering from a serious bleed, including tourniquets, chest seals, compression bandages, bleeding control bandages, emergency blankets, latex-free gloves, markers, and scissors. It also includes instructional documents developed by ACS, the U.S. Department of Homeland Security, or a similar organization or agency that describes methods to prevent blood loss following a traumatic event.

### ***Public Buildings***

The bill requires the state building inspector and the Codes and Standards Committee to jointly, with the DAS commissioner’s approval, include in the State Building Code’s next adopted amendments (after the bill passes) a requirement that at least one bleeding control kit is installed on each floor of a newly constructed or substantially renovated (1) public building, (2) place of public accommodation, and (3) resort or amusement. The kit must be centrally located, clearly visible, and easily accessible.

### **COMMITTEE ACTION**

Public Safety and Security Committee

Joint Favorable

Yea    29    Nay    0    (03/18/2025)