

Public Health Committee

JOINT FAVORABLE REPORT

Bill No.: HB-7158

AN ACT CONCERNING SAFETY PLANS AND DISCHARGE PLANS FOR

Title: MINOR PATIENTS.

Vote Date: 3/27/2025

Vote Action: Joint Favorable Substitute

PH Date: 3/10/2025

File No.:

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

The intent of this bill is to develop information sharing between school staff and healthcare providers regarding a safety plan developed following the discharge of a student from an inpatient hospital stay. The document would be created collaboratively between health care providers and patients and would outline coping strategies, activities, and support networks a patient can access to manage a potential mental health crisis should one occur while the student is in school. The health care provider who prepares a safety plan must review the plan with the minor and securely send the safety plan to the minor's school nurse or nurse practitioner. The plan can only be sent to the school if the provider obtains written consent from the minor's parent or legally authorized representative. The information is sent in a manner that is HIPAA-compliant.

The bill also requires that health care providers who give inpatient behavioral health care treatment to a minor patient for more than 14 consecutive days develop a discharge plan for the minor as soon as they determine the minor is showing improvement. The discharge plan will be made in consultation with the minor and the minor's parent or legally authorized representative, the minor's school, and if the minor's parent or legally authorized representative consents, any health care provider the minor will be referred to when discharged.

The State Department of Education (SDE) commissioner in conjunction with the Department of Health (DPH) commissioner is required to develop a list of hospitals and other health care providers in Connecticut that provide inpatient behavioral health services. The SDE must make the list available to school nurses and nurse practitioners. The bill requires that by

August 1, 2025, school nurses must provide their contact information to each hospital and health care provider on the list for purposes of receiving safety plans.

The substitute language requires SDE and DPH to do the following:

- Create a list of inpatient behavioral health providers and school nurses and nurse practitioners and provide their contact information to those on the list,
- Require providers to get a minor's consent, if age 16 or older, to share safety and discharge plans with their school,
- Require providers to transmit safety plans to schools in compliance with HIPAA,
- Require providers to get written consent before sharing a discharge plan with a minor's school and specify that the discharge plan requirement applies only to inpatient behavioral health providers that provided a minor treatment for more than 14 days.
- The bill also eliminates the requirement that providers develop the discharge plans within one week after discharging a minor.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed.

NATURE AND SOURCES OF SUPPORT:

Seth Korn, Co-Chair, Connecticut School Counselor Association (CSCA):

Mr. Korn believes that the bill addresses a challenge that schools, and specifically school counselors, often deal with when children are being discharged from inpatient facilities. He added that the lack of communication at times leads to children facing significant challenges as the result of not having a coordinated plan. He shared that a school only gets notified sometimes. He pointed out that a student with a high-risk mental health issue could be discharged from a facility a day before school and show up at the school with no communication between the provider and school staff. He believes that this bill will increase communication and would better enable schools and personnel like counselors to ensure that any necessary safety measures can be taken or communicated with relevant staff.

Sarah Evans Zalewski, PhD, Former School Counselor:

Ms. Evans believes that the bill addresses the need for better communication regarding student safety between mental health providers and schools. As a former school counselor, she would have benefitted from the knowledge of her student's safety plans, and this would have enabled her to be more proactive in ensuring that those students got the support they needed. She also pointed out that some students on her caseload could have had safety plans that she was unaware of.

Amy Conklin, Parent:

Ms. shared a personal story regarding her high school-aged daughter who was transported from school to the hospital, and she was asked by the healthcare provider to draft a safety plan to facilitate her daughter's discharge. She added that she was not given any guidance on what a safety plan should include, nor did she receive any support from the healthcare provider in developing one. She is unsure if the plan she created was sufficient and whether the safety plan she drafted was ever sent to the school. She shared that she created the plan

under significant stress and believes that the bill will ensure that safety plans are properly communicated and that structured discharge plans are in place.

NATURE AND SOURCES OF OPPOSITION:

The Connecticut Hospital Association (CHA):

CHA opposes the bill as written and believes that the mandates of the bill are unworkable and would result in unintended consequences. CHA believes that the goal of the bill is to bridge the gap between medical care and school oversight and intervention for certain vulnerable patients. CHA highlighted the issues that the bill would create by requiring a clinical care plan one week in advance of discharge, which is unachievable in most cases due to the rapidly changing care picture coupled with the impact of deciding the next setting of care following resolution of the crisis. Another issue is that the bill does not provide the necessary communication corridor between providers and schools for success as well as placing the sole burden on the clinical team to make premature determinations about next steps for good care. CHA believes that a competent safety plan would be better developed in the next setting of care. They believe that the bill would delay discharge planning as staff would have to coordinate meetings or input with school personnel. CHA points out that a different set of rules applies to privacy and consent for educational and student records than applies to medical care and medical records. They believe that the bill does not consider that there are various parts of Connecticut medical consent and privacy laws that give control to the minor child for decision-making, and corresponding privacy controls for care records and many times to the exclusion of that person's parent. The bill does not consider these scenarios. CHA pointed out that Connecticut law does not permit a person under 18 to appoint a healthcare representative.

Allison Wilson, Senior Director, Center for Care Coordination, Connecticut Children's:

Ms. Wilson states that nothing in current law prohibits parents or guardians from sharing discharge or safety plans with a child's school or any other entity at the family's discretion. She believes that requiring providers to share safety plans with each patient's school has logistical and privacy challenges as some schools may not have an appropriate designee to receive a safety plan. She believes that the bill will lead to HIPAA violations. She mentions that Section 1 of the bill focuses on patients with behavioral health concerns, while Section 2 encompasses all patients who have been admitted for inpatient treatment. She would like further clarification about the intent for Section 2 to see if it focuses on children with behavioral health concerns or whether it is truly meant of all inpatient admissions. She shared that some patients are admitted for very short stays, so requiring discharge plans be completed one week prior to discharge cannot possibly be implemented in many instances. In addition, the requirement that all discharge plans be created in consultation with a child's school is well-intentioned but would be burdensome and she questioned whether all school systems have the capacity to engage in discharge planning for patients. She stated that there could be many reasons why a child may be admitted for an inpatient stay and some families may not want a school system to be engaged.

Reported by: Piotr Kolakowski

Date: 3/31/25

