



General Assembly

January Session, 2025

Raised Bill No. 7157

LCO No. 5596



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

1 Section 1. Subsection (b) of section 19a-411 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July 1,*
3 *2025*):

4 (b) The report of examinations conducted by the Chief Medical
5 Examiner, Deputy Chief Medical Examiner, an associate medical
6 examiner or an authorized assistant medical examiner, and of the
7 autopsy and other scientific findings may be made available to the
8 public only through the Office of the Chief Medical Examiner and in
9 accordance with this section, section 1-210 and the regulations of the
10 [commission] Commission on Medicolegal Investigations. Any person
11 may obtain copies of such records upon such conditions and payment
12 of such fees as may be prescribed by the commission, except that (1) no
13 person with a legitimate interest in the records shall be denied access to
14 such records, [and] (2) no person may be denied access to records
15 concerning a person in the custody of the state at the time of death, and

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

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 Section 19a-197a of the general statutes is repealed and the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

25 (a) As used in this section, "emergency medical services personnel"
26 means (1) any emergency medical responder certified pursuant to
27 sections 20-206ll and 20-206mm, (2) any class of emergency medical
28 technician certified pursuant to sections 20-206ll and 20-206mm,
29 including, but not limited to, any advanced emergency medical
30 technician, [(2)] and (3) any paramedic licensed pursuant to sections 20-
31 206ll and 20-206mm. [, and (3) any emergency medical responder
32 certified pursuant to sections 20-206ll and 20-206mm.]

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

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

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

58 Sec. 3. Subsection (a) of section 20-73b of the general statutes is
59 repealed and the following is substituted in lieu thereof (*Effective July 1,*
60 *2025*):

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

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

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

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

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

95 As used in this section and sections [52-146d to 52-146i] 52-146e to 52-
96 146j, inclusive, as amended by this act:

97 (1) "Authorized representative" means (A) [a person] an individual
98 empowered by a person or patient to assert the confidentiality of
99 communications or records [which] that are privileged under this
100 section and sections [52-146c] 52-146e to 52-146i, inclusive, as amended
101 by this act, or (B) if a person or patient is deceased, his or her personal
102 representative or next of kin, or (C) if a person or patient is incompetent
103 to assert or waive his or her privileges [hereunder] under said sections,
104 (i) a guardian or conservator who has been or is appointed to act for the
105 person or patient, or (ii) for the purpose of maintaining confidentiality
106 until a guardian or conservator is appointed, the person's or patient's
107 nearest relative;

108 (2) ["Communications and records"] "Communication and record"
109 means [all] each oral and written [communications and records]

110 communication and the written record of such communication thereof
111 relating to diagnosis or treatment of a person's or patient's mental
112 condition between the person or patient and a psychologist or
113 psychiatric mental health provider, or between a member of the person's
114 or patient's family and a psychologist or psychiatric mental health
115 provider, or between [any of] such [persons] person, patient,
116 psychologist, psychiatrist or family member and [a person] an
117 individual participating under the supervision of a psychologist or
118 psychiatric mental health provider in the accomplishment of the
119 objectives of diagnosis and treatment, wherever made, including
120 [communications and records which occur] a communication and
121 record that occurs in or [are] is prepared at a mental health facility;

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

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

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

140 (6) "Patient" means [a person] an individual who communicates with

141 or is treated by a psychiatric mental health provider in diagnosis or
142 treatment;

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

145 ~~[(7)]~~ (8) "Psychiatric mental health provider" means a physician
146 specializing in psychiatry and licensed under the provisions of sections
147 20-9 to 20-12, inclusive, an advanced practice registered nurse licensed
148 under chapter 378 who is board certified as a psychiatric mental health
149 provider by the American Nurses Credentialing Center, [a person] an
150 individual licensed to practice medicine who devotes a substantial
151 portion of his or her time to the practice of psychiatry or [a person] an
152 individual reasonably believed by the patient to be so qualified; and

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

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

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

167 (b) Any consent given by a person or patient to waive the
168 confidentiality of a communication or record thereof shall specify to
169 [what person] which individual or agency the information [is to] may
170 be disclosed and to what use it will be put by such individual or agency.

171 Each person and patient shall be informed that his or her refusal to grant
172 consent will not jeopardize his or her right to obtain present or future
173 treatment except where disclosure of the [communications and records]
174 communication and record is necessary for the treatment.

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

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

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

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

202 provider shall be considered as engaged in the diagnosis or treatment
203 of the ~~[patients]~~ person or patient.

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

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

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

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

260 (6) [Communications or records] A communication and record may
261 be disclosed to (A) the Commissioner of Public Health in connection
262 with any inspection, investigation or examination of an institution, as
263 defined in subsection (a) of section 19a-490, authorized under section
264 19a-498, or (B) the Commissioner of Mental Health and Addiction
265 Services in connection with any inspection, investigation or examination
266 authorized under subsection (f) of section 17a-451.

267 (7) [Communications or records] A communication and record may
 268 be disclosed to a member of the immediate family or legal
 269 representative of the victim of a homicide committed by the person or
 270 patient where such person or patient has, on or after July 1, 1989, been
 271 found not guilty of such offense by reason of mental disease or defect
 272 pursuant to section 53a-13, provided (A) such family member or legal
 273 representative requests the disclosure of such [communications or
 274 records] communication and record not later than six years after such
 275 finding, and [provided further, such communications] (B) such
 276 communication and record shall only be available during the pendency
 277 of, and for use in, a civil action relating to such person or patient found
 278 not guilty pursuant to section 53a-13.

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

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

296 (a) [A person] An individual engaged in research may have access to
 297 [psychiatric communications and records which identify patients] a
 298 communication and record that identifies a person or patient where

299 needed for such research, if such [person's] individual's research plan is
300 first submitted to and approved by the director of the mental health
301 facility or [his] such director's designee.

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

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

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

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

330 (b) Identifiable data shall be removed from [all information and
331 records] each communication and record before issuance from the
332 individual or facility [which] that prepared [them] such communication
333 and record, and a code, the key to which shall remain in possession of
334 the issuing facility and be otherwise available only to the Commissioner
335 of Mental Health and Addiction Services for purposes of planning,
336 administration or research, shall be the exclusive means of identifying
337 persons and patients. The key to the code shall not be available to any
338 data banks in which the information is stored or to any other [persons]
339 individuals, corporations or agencies, private or governmental.

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

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

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

359 (a) Any [person] individual aggrieved by a violation of any provision
360 of sections 52-146d to [52-146j] 52-146i, inclusive, as amended by this act,

361 may petition the superior court for the judicial district in which [he] such
362 individual resides, or, in the case of a nonresident of the state, the
363 superior court for the judicial district of Hartford, for appropriate relief,
364 including temporary and permanent injunctions, and the petition shall
365 be privileged with respect to assignment for trial.

366 (b) Any [person] individual aggrieved by a violation of any provision
367 of sections 52-146d to [52-146j] 52-146i, inclusive, as amended by this act,
368 may prove a cause of action for civil damages.

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

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

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

389 As one of the conditions of release, the board may require the
390 acquittee to report to any public or private mental health facility for
391 examination. Whenever medical, psychiatric or psychological treatment

392 is recommended, the board may order the acquittee, as a condition of
 393 release, to cooperate with and accept treatment from the facility. The
 394 facility to which the acquittee has been referred for examination shall
 395 perform the examination and submit a written report of its findings to
 396 the board. If the facility finds that treatment of the person is appropriate,
 397 it shall include its recommendations for treatment in the report to the
 398 board. Whenever treatment is provided by the facility, the facility shall
 399 furnish reports to the board on a regular basis concerning the status of
 400 the acquittee and the degree to which the acquittee is a danger to himself
 401 or others. The board shall furnish copies of all such reports to the
 402 acquittee, counsel for the acquittee and the state's attorney. Psychiatric
 403 or psychological reports concerning the acquittee that are in the
 404 possession of the board shall not be public records, as defined in section
 405 1-200, except that information in such reports relied on by the board or
 406 used as evidence concerning the discharge, conditional release,
 407 temporary leave or confinement of the acquittee shall not be
 408 confidential. The provisions of sections [52-146c] 52-146d to 52-146j,
 409 inclusive, as amended by this act, shall not apply to such reports for the
 410 purposes of this section. The facility shall comply with any other
 411 conditions of release prescribed by order of the board.

412 Sec. 14. Subsection (d) of section 17a-596 of the general statutes is
 413 repealed and the following is substituted in lieu thereof (*Effective October*
 414 *1, 2025*):

415 (d) Any hearing by the board, including the taking of any testimony
 416 at such hearing, shall be open to the public. At any hearing before the
 417 board, the acquittee shall have all the rights given a party to a contested
 418 case under chapter 54. In addition to the rights enumerated in chapter
 419 54, the acquittee shall have the right to appear at all proceedings before
 420 the board, except board deliberations, and to be represented by counsel,
 421 to consult with counsel prior to the hearing and, if indigent, to have
 422 counsel provided, pursuant to the provisions of chapter 887, without
 423 cost. At any hearing before the board, copies of documents and reports
 424 considered by the board shall be available for examination by the

425 acquittee, counsel for the acquittee and the state's attorney. Psychiatric
426 or psychological reports concerning the acquittee that are in the
427 possession of the board shall not be public records, as defined in section
428 1-200, except that information in such reports relied on by the board or
429 used as evidence concerning the discharge, conditional release,
430 temporary leave or confinement of the acquittee shall not be
431 confidential. The provisions of sections [52-146c] 52-146d to 52-146j,
432 inclusive, as amended by this act, shall not apply to such reports for the
433 purposes of this section.

434 Sec. 15. Subsection (a) of section 52-146o of the general statutes is
435 repealed and the following is substituted in lieu thereof (*Effective October*
436 *1, 2025*):

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

449 Sec. 16. Subsection (a) of section 52-146w of the general statutes is
450 repealed and the following is substituted in lieu thereof (*Effective October*
451 *1, 2025*):

452 (a) Except as provided in sections [52-146c] 52-146d to 52-146k,
453 inclusive, as amended by this act, sections 52-146o, as amended by this
454 act, 52-146p, 52-146q and 52-146s and subsection (b) of this section, in
455 any civil action or any proceeding preliminary thereto or in any probate,

456 legislative or administrative proceeding, no covered entity, as defined
457 in 45 CFR 160.103, shall disclose (1) any communication made to such
458 covered entity, or any information obtained by such covered entity
459 from, a patient or the conservator, guardian or other authorized legal
460 representative of a patient relating to reproductive health care services,
461 as defined in section 52-571m, that are permitted under the laws of this
462 state, or (2) any information obtained by personal examination of a
463 patient relating to reproductive health care services, as defined in
464 section 52-571m, that are permitted under the laws of this state, unless
465 the patient or that patient's conservator, guardian or other authorized
466 legal representative explicitly consents in writing to such disclosure. A
467 covered entity shall inform the patient or the patient's conservator,
468 guardian or other authorized legal representative of the patient's right
469 to withhold such written consent.

470 Sec. 17. Subsection (a) of section 52-146x of the general statutes is
471 repealed and the following is substituted in lieu thereof (*Effective October*
472 *1, 2025*):

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

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

492 Sec. 18. Subsection (a) of section 19a-17 of the general statutes is
493 repealed and the following is substituted in lieu thereof (*Effective July 1,*
494 *2025*):

495 (a) Each board or commission established under chapters 369 to 376,
496 inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the
497 Department of Public Health with respect to professions under its
498 jurisdiction that have no board or commission may take any of the
499 following actions, singly or in combination, based on conduct that
500 occurred prior or subsequent to the issuance of a permit or a license
501 upon finding the existence of good cause:

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

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

504 (3) Censure a practitioner or permittee;

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

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

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

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

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

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

516 the probation;

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

518 (8) In those cases involving persons or entities licensed or certified
519 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and
520 20-476, require that restitution be made to an injured property owner;
521 or

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

525 (A) Found guilty or convicted as a result of an act which constitutes
526 a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws
527 of another jurisdiction and which, if committed within this state, would
528 have constituted a felony under the laws of this state, except for a
529 practitioner who is a social worker under chapter 383b, an art therapist
530 under chapter 383g, a dietitian-nutritionist under chapter 384b, an
531 embalmer or funeral director under chapter 385, a barber under chapter
532 386, a hairdresser, cosmetician, esthetician, eyelash technician or nail
533 technician under chapter 387; or

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

542 Sec. 19. Section 52-146c of the general statutes is repealed. (*Effective*
543 *October 1, 2025*)

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

Section 1	<i>July 1, 2025</i>	19a-411(b)
Sec. 2	<i>July 1, 2025</i>	19a-197a
Sec. 3	<i>July 1, 2025</i>	20-73b(a)
Sec. 4	<i>October 1, 2025</i>	New section
Sec. 5	<i>October 1, 2025</i>	52-146d
Sec. 6	<i>July 1, 2025</i>	52-146e
Sec. 7	<i>October 1, 2025</i>	52-146f
Sec. 8	<i>October 1, 2025</i>	52-146g
Sec. 9	<i>October 1, 2025</i>	52-146h
Sec. 10	<i>October 1, 2025</i>	52-146i
Sec. 11	<i>October 1, 2025</i>	52-146j
Sec. 12	<i>October 1, 2025</i>	17a-465b
Sec. 13	<i>October 1, 2025</i>	17a-590
Sec. 14	<i>October 1, 2025</i>	17a-596(d)
Sec. 15	<i>October 1, 2025</i>	52-146o(a)
Sec. 16	<i>October 1, 2025</i>	52-146w(a)
Sec. 17	<i>October 1, 2025</i>	52-146x(a)
Sec. 18	<i>July 1, 2025</i>	19a-17(a)
Sec. 19	<i>October 1, 2025</i>	Repealer section

Statement of Purpose:

To make various revisions to the public health statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]