



General Assembly

Substitute Bill No. 7157

January Session, 2025



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2 repealed and the following is substituted in lieu thereof (*Effective July 1,*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 Section 19a-197a of the general statutes is repealed and the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 (c) Nothing in this section shall be construed to (1) affect a patient's
94 obligation to pay for health care services, or (2) prohibit a health care
95 provider from requesting, collecting or storing bank, credit or debit card
96 or other payment-related information if the patient agrees to provide
97 such information.

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 Section 52-146d of the general statutes is repealed and the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

100 As used in this section and sections [52-146d to 52-146i] 52-146e to 52-
101 146j, inclusive, as amended by this act:

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

113 (2) ["Communications and records"] "Communication and record"
114 means [all] each oral and written [communications and records]
115 communication and the written record of such communication thereof

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

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

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

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

145 (6) "Patient" means [a person] an individual who communicates with
146 or is treated by a psychiatric mental health provider in diagnosis or
147 treatment;

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

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

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

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

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

172 (b) Any consent given by a person or patient to waive the
173 confidentiality of a communication or record thereof shall specify to
174 [what person] which individual or agency the information [is to] may
175 be disclosed and to what use it will be put by such individual or agency.
176 Each person and patient shall be informed that his or her refusal to grant
177 consent will not jeopardize his or her right to obtain present or future
178 treatment except where disclosure of the [communications and records]
179 communication and record is necessary for the treatment.

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

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

188 Consent of the person or patient shall not be required for the
189 disclosure or transmission of [communications or records] a
190 communication and record of the person or patient in the following
191 situations: [as specifically limited:]

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

209 (2) [Communications or records may be disclosed] A psychologist or
210 psychiatric mental health provider may disclose a communication and
211 record when the psychologist or psychiatric mental health provider

212 determines that there is substantial risk of imminent physical injury by
213 the person or patient to himself, herself or others or when a psychologist
214 or psychiatric mental health provider, in the course of diagnosis or
215 treatment of the person or patient, finds it necessary to disclose the
216 [communications or records] communication and record for the
217 purpose of placing the person or patient in a mental health facility, by
218 certification, commitment or otherwise, provided the provisions of
219 sections 52-146d to 52-146j, inclusive, as amended by this act, shall
220 continue in effect after the person or patient is in the facility.

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

239 (4) [Communications made to or records] A communication and
240 record made by a psychologist or psychiatric mental health provider in
241 the course of a psychological or psychiatric examination ordered by a
242 court or made in connection with the application for the appointment of
243 a conservator by the Probate Court for good cause shown may be
244 disclosed at judicial or administrative proceedings in which the person
245 or patient is a party, or in which the question of his or her incompetence

246 because of mental illness is an issue, or in appropriate pretrial
247 proceedings, provided (A) the court finds that the person or patient has
248 been informed before making the [communications] communication to
249 the psychologist or psychiatric mental health provider that any
250 [communications will] communication made to the psychologist or
251 psychiatric mental health provider shall not be confidential, and
252 [provided the communications] (B) the communication and record shall
253 be admissible only on issues involving the person's or patient's mental
254 condition.

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

265 (6) [Communications or records] A communication and record may
266 be disclosed to (A) the Commissioner of Public Health in connection
267 with any inspection, investigation or examination of an institution, as
268 defined in subsection (a) of section 19a-490, authorized under section
269 19a-498, or (B) the Commissioner of Mental Health and Addiction
270 Services in connection with any inspection, investigation or examination
271 authorized under subsection (f) of section 17a-451.

272 (7) [Communications or records] A communication and record may
273 be disclosed to a member of the immediate family or legal
274 representative of the victim of a homicide committed by the person or
275 patient where such person or patient has, on or after July 1, 1989, been
276 found not guilty of such offense by reason of mental disease or defect
277 pursuant to section 53a-13, provided (A) such family member or legal
278 representative requests the disclosure of such [communications or

279 records] communication and record not later than six years after such
280 finding, and [provided further, such communications] (B) such
281 communication and record shall only be available during the pendency
282 of, and for use in, a civil action relating to such person or patient found
283 not guilty pursuant to section 53a-13.

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

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

301 (a) [A person] An individual engaged in research may have access to
302 [psychiatric communications and records which identify patients] a
303 communication and record that identifies a person or patient where
304 needed for such research, if such [person's] individual's research plan is
305 first submitted to and approved by the director of the mental health
306 facility or [his] such director's designee.

307 (b) The [communications and records] communication and record
308 shall not be removed from the mental health facility [which] that
309 prepared them. Coded data or data [which] that does not identify a
310 person or patient may be removed from a mental health facility,

311 provided the key to the code shall remain on the premises of the facility.

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

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

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

335 (b) Identifiable data shall be removed from [all information and
336 records] each communication and record before issuance from the
337 individual or facility [which] that prepared [them] such communication
338 and record, and a code, the key to which shall remain in possession of
339 the issuing facility and be otherwise available only to the Commissioner
340 of Mental Health and Addiction Services for purposes of planning,
341 administration or research, shall be the exclusive means of identifying
342 persons and patients. The key to the code shall not be available to any

343 data banks in which the information is stored or to any other [persons]
344 individuals, corporations or agencies, private or governmental.

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

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

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

364 (a) Any [person] individual aggrieved by a violation of any provision
365 of sections 52-146d to [52-146j] 52-146i, inclusive, as amended by this act,
366 may petition the superior court for the judicial district in which [he] such
367 individual resides, or, in the case of a nonresident of the state, the
368 superior court for the judicial district of Hartford, for appropriate relief,
369 including temporary and permanent injunctions, and the petition shall
370 be privileged with respect to assignment for trial.

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

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

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

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

394 As one of the conditions of release, the board may require the
395 acquittee to report to any public or private mental health facility for
396 examination. Whenever medical, psychiatric or psychological treatment
397 is recommended, the board may order the acquittee, as a condition of
398 release, to cooperate with and accept treatment from the facility. The
399 facility to which the acquittee has been referred for examination shall
400 perform the examination and submit a written report of its findings to
401 the board. If the facility finds that treatment of the person is appropriate,
402 it shall include its recommendations for treatment in the report to the
403 board. Whenever treatment is provided by the facility, the facility shall
404 furnish reports to the board on a regular basis concerning the status of
405 the acquittee and the degree to which the acquittee is a danger to himself
406 or others. The board shall furnish copies of all such reports to the

407 acquittee, counsel for the acquittee and the state's attorney. Psychiatric
408 or psychological reports concerning the acquittee that are in the
409 possession of the board shall not be public records, as defined in section
410 1-200, except that information in such reports relied on by the board or
411 used as evidence concerning the discharge, conditional release,
412 temporary leave or confinement of the acquittee shall not be
413 confidential. The provisions of sections [52-146c] 52-146d to 52-146j,
414 inclusive, as amended by this act, shall not apply to such reports for the
415 purposes of this section. The facility shall comply with any other
416 conditions of release prescribed by order of the board.

417 Sec. 14. Subsection (d) of section 17a-596 of the general statutes is
418 repealed and the following is substituted in lieu thereof (*Effective October*
419 *1, 2025*):

420 (d) Any hearing by the board, including the taking of any testimony
421 at such hearing, shall be open to the public. At any hearing before the
422 board, the acquittee shall have all the rights given a party to a contested
423 case under chapter 54. In addition to the rights enumerated in chapter
424 54, the acquittee shall have the right to appear at all proceedings before
425 the board, except board deliberations, and to be represented by counsel,
426 to consult with counsel prior to the hearing and, if indigent, to have
427 counsel provided, pursuant to the provisions of chapter 887, without
428 cost. At any hearing before the board, copies of documents and reports
429 considered by the board shall be available for examination by the
430 acquittee, counsel for the acquittee and the state's attorney. Psychiatric
431 or psychological reports concerning the acquittee that are in the
432 possession of the board shall not be public records, as defined in section
433 1-200, except that information in such reports relied on by the board or
434 used as evidence concerning the discharge, conditional release,
435 temporary leave or confinement of the acquittee shall not be
436 confidential. The provisions of sections [52-146c] 52-146d to 52-146j,
437 inclusive, as amended by this act, shall not apply to such reports for the
438 purposes of this section.

439 Sec. 15. Subsection (a) of section 52-146o of the general statutes is

440 repealed and the following is substituted in lieu thereof (*Effective October*
441 *1, 2025*):

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

454 Sec. 16. Subsection (a) of section 52-146w of the general statutes is
455 repealed and the following is substituted in lieu thereof (*Effective October*
456 *1, 2025*):

457 (a) Except as provided in sections [52-146c] 52-146d to 52-146k,
458 inclusive, as amended by this act, sections 52-146o, as amended by this
459 act, 52-146p, 52-146q and 52-146s and subsection (b) of this section, in
460 any civil action or any proceeding preliminary thereto or in any probate,
461 legislative or administrative proceeding, no covered entity, as defined
462 in 45 CFR 160.103, shall disclose (1) any communication made to such
463 covered entity, or any information obtained by such covered entity
464 from, a patient or the conservator, guardian or other authorized legal
465 representative of a patient relating to reproductive health care services,
466 as defined in section 52-571m, that are permitted under the laws of this
467 state, or (2) any information obtained by personal examination of a
468 patient relating to reproductive health care services, as defined in
469 section 52-571m, that are permitted under the laws of this state, unless
470 the patient or that patient's conservator, guardian or other authorized
471 legal representative explicitly consents in writing to such disclosure. A
472 covered entity shall inform the patient or the patient's conservator,

473 guardian or other authorized legal representative of the patient's right
474 to withhold such written consent.

475 Sec. 17. Subsection (a) of section 52-146x of the general statutes is
476 repealed and the following is substituted in lieu thereof (*Effective October*
477 *1, 2025*):

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

497 Sec. 18. Subsection (a) of section 19a-17 of the general statutes is
498 repealed and the following is substituted in lieu thereof (*Effective July 1,*
499 *2025*):

500 (a) Each board or commission established under chapters 369 to 376,
501 inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the
502 Department of Public Health with respect to professions under its
503 jurisdiction that have no board or commission may take any of the
504 following actions, singly or in combination, based on conduct that

505 occurred prior or subsequent to the issuance of a permit or a license
506 upon finding the existence of good cause:

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

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

509 (3) Censure a practitioner or permittee;

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

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

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

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

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

519 (C) Continue or renew professional education until a satisfactory
520 degree of skill has been attained in those areas which are the basis for
521 the probation;

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

523 (8) In those cases involving persons or entities licensed or certified
524 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and
525 20-476, require that restitution be made to an injured property owner;
526 or

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

530 (A) Found guilty or convicted as a result of an act which constitutes

531 a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws
532 of another jurisdiction and which, if committed within this state, would
533 have constituted a felony under the laws of this state, except for a
534 practitioner who is a social worker under chapter 383b, an art therapist
535 under chapter 383g, a dietitian-nutritionist under chapter 384b, an
536 embalmer or funeral director under chapter 385, a barber under chapter
537 386, a hairdresser, cosmetician, esthetician, eyelash technician or nail
538 technician under chapter 387; or

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

547 Sec. 19. Section 19a-490r of the general statutes is repealed and the
548 following is substituted in lieu thereof (*Effective October 1, 2025*):

549 A health care employer shall maintain records [which] that detail
550 incidents of workplace violence and include the specific area or
551 department of [the] such employer's premises where the incident
552 occurred. A health care employer shall report not later than [January 1,
553 2016, and] February first annually [thereafter,] to the Department of
554 Public Health the number of workplace violence incidents occurring on
555 the employer's premises during the preceding calendar year and the
556 specific area or department where such incidents occurred.

557 Sec. 20. Section 19a-903b of the general statutes is repealed and the
558 following is substituted in lieu thereof (*Effective July 1, 2025*):

559 A hospital, as defined in section 19a-490b, may designate any
560 licensed health care provider and any certified ultrasound, [or] nuclear
561 medicine, magnetic resonance imaging, radiologic or
562 polysomnographic technologist to perform the following oxygen-

563 related patient care activities in a hospital: (1) Connecting or
564 disconnecting oxygen supply; (2) transporting a portable oxygen source;
565 (3) connecting, disconnecting or adjusting the mask, tubes and other
566 patient oxygen delivery apparatus; and (4) adjusting the rate or flow of
567 oxygen consistent with a medical order. Such provider or technologist
568 may perform such activities only to the extent permitted by hospital
569 policies and procedures, including bylaws, rules and regulations
570 applicable to the medical staff. A hospital shall document that each
571 person designated to perform oxygen-related patient care activities has
572 been properly trained, either through such person's professional
573 education or through training provided by the hospital. In addition, a
574 hospital shall require that such person satisfy annual competency
575 testing. Nothing in this section shall be construed to prohibit a hospital
576 from designating persons who are authorized to transport a patient with
577 a portable oxygen source. The provisions of this section shall not apply
578 to any type of ventilator, continuous positive airway pressure or bi-level
579 positive airway pressure units or any other noninvasive positive
580 pressure ventilation.

581 Sec. 21. Subsection (n) of section 19a-89e of the general statutes is
582 repealed and the following is substituted in lieu thereof (*Effective October*
583 *1, 2025*):

584 (n) [Not later than October 1, 2024, and biannually thereafter, a] Each
585 hospital shall report biannually to the Department of Public Health, in
586 a form and manner prescribed by the Commissioner of Public Health,
587 whether it has been in compliance, for the previous six months, with at
588 least eighty per cent of the nurse staffing assignments as required by any
589 component outlined in the nurse staffing plan developed pursuant to
590 subsections (d) and (e) of this section. Each hospital shall submit such
591 reports not later than January fifteenth for the most recent six-month
592 period ending on January first, and not later than July fifteenth for the
593 most recent six-month period ending on July first.

594 Sec. 22. Section 17a-20 of the general statutes is repealed and the
595 following is substituted in lieu thereof (*Effective from passage*):

596 (a) For the purposes of this section, "psychiatric clinic" (1) means an
597 organization licensed by the Department of Children and Families and
598 staffed by psychiatrists, psychologists, social workers and such other
599 professional, paraprofessional and clerical personnel as local
600 circumstances may require, working in collaboration with other social
601 service agencies, to provide mental health services that are designed to
602 [(1)] (A) effectively decrease the prevalence and incidence of mental
603 illness, emotional disturbance and social disfunctioning, and [(2)] (B)
604 promote mental health in individuals, groups and institutions, and
605 [includes] (2) may include a general hospital with such clinic services.
606 The Department of Children and Families shall develop and maintain a
607 program of outpatient psychiatric clinics for children and youths and
608 their families.

609 (b) For the purposes of this section, "child guidance clinic" means a
610 subset of psychiatric clinics for children designated by the Department
611 of Children and Families pursuant to this section to receive grant funds
612 for the purpose of assisting the department to provide community-
613 based psychiatric services for children, youths and families. In order to
614 meet such mandate, the department shall designate a subset of
615 outpatient psychiatric clinics for children to be known as child guidance
616 clinics. The department shall provide grants to such child guidance
617 clinics in accordance with the provisions of this section. Any town
618 having a population of not less than forty thousand, as most recently
619 determined by the Secretary of the Office of Policy and Management, or
620 any combination of towns with a combined population of not less than
621 forty thousand as similarly determined, or any nonprofit corporation
622 organized or existing for the purpose of establishing or maintaining a
623 psychiatric clinic for children and youths or for children and youths and
624 their families, or any clinic designated by the Department of Children
625 and Families as of January 1, 1995, may apply to the Department of
626 Children and Families for funds to be used to assist in establishing,
627 maintaining or expanding a psychiatric clinic. The applications, and any
628 grant of funds pursuant thereto, shall not be subject to the provisions of
629 section 17a-476, except to the extent required by federal law. The

630 department shall base any grant of funds on the services provided to
631 children and youths under eighteen years of age and on the
632 effectiveness of the services. No grant shall exceed two-thirds of the
633 ordinary recurring operating expenses of the clinic, nor shall any grant
634 be made to pay for any portion of capital expenditures for the clinic. No
635 clinic in existence as of October 1, 1995, shall be eligible for grants of any
636 funds under this section unless it has obtained a license within six
637 months of the adoption of regulations under subsection (c) of this
638 section. No clinic receiving funds under this section shall refuse services
639 to any resident of this state solely because of his or her place of
640 residence.

641 (c) The Department of Children and Families shall adopt regulations,
642 in accordance with the provisions of chapter 54, defining the minimum
643 requirements for outpatient psychiatric clinics for children to be eligible
644 for licensure under this section in regard to (1) qualification and number
645 of staff members, (2) clinic operation including but not limited to
646 physical plant, governing body and recordkeeping, (3) effectiveness of
647 services, and (4) populations targeted for priority access. The
648 regulations shall also govern the granting of the funds to assist in
649 establishing, maintaining and expanding psychiatric clinics. The
650 department shall, upon payment of a fee of three hundred dollars, issue
651 to any qualifying clinic a license that shall be in force for twenty-four
652 months from the date of issue and shall be renewable for additional
653 twenty-four-month periods, upon payment of a fee of three hundred
654 dollars for each such period, provided the clinic continues to meet
655 conditions satisfactory to the department. The department shall make
656 available to child guidance clinics forms to be used in making
657 application for available funds. Upon receipt of proper application, the
658 department shall grant the funds, provided the plans for financing, the
659 standards of operation and the effectiveness of services of the clinics are
660 approved by the department in accordance with the provisions of this
661 section. The grants shall be made on an annual basis.

662 (d) Nothing in this section shall be construed to require a hospital
663 licensed by the Department of Public Health to obtain licensure from the

664 Department of Children and Families to provide inpatient or outpatient
665 mental health services to patients of any age.

666 Sec. 23. Section 7-62b of the general statutes is amended by adding
667 subsection (g) as follows (*Effective from passage*):

668 (NEW) (g) Notwithstanding the provisions of subsection (c) of this
669 section, the Commissioner of Public Health shall establish, not later than
670 January 1, 2026, a process by which a person may request a short-form
671 death certificate that excludes the medical certification portion of the
672 certificate for provision to persons or institutions that do not require
673 knowledge of the cause of death of the decedent.

674 Sec. 24. Section 52-146c of the general statutes is repealed. (*Effective*
675 *October 1, 2025*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2025	19a-411(b)
Sec. 2	July 1, 2025	19a-197a
Sec. 3	July 1, 2025	20-73b(a)
Sec. 4	October 1, 2025	New section
Sec. 5	October 1, 2025	52-146d
Sec. 6	July 1, 2025	52-146e
Sec. 7	October 1, 2025	52-146f
Sec. 8	October 1, 2025	52-146g
Sec. 9	October 1, 2025	52-146h
Sec. 10	October 1, 2025	52-146i
Sec. 11	October 1, 2025	52-146j
Sec. 12	October 1, 2025	17a-465b
Sec. 13	October 1, 2025	17a-590
Sec. 14	October 1, 2025	17a-596(d)
Sec. 15	October 1, 2025	52-146o(a)
Sec. 16	October 1, 2025	52-146w(a)
Sec. 17	October 1, 2025	52-146x(a)
Sec. 18	July 1, 2025	19a-17(a)
Sec. 19	October 1, 2025	19a-490r
Sec. 20	July 1, 2025	19a-903b

Sec. 21	<i>October 1, 2025</i>	19a-89e(n)
Sec. 22	<i>from passage</i>	17a-20
Sec. 23	<i>from passage</i>	7-62b(g)
Sec. 24	<i>October 1, 2025</i>	Repealer section

PH *Joint Favorable Subst.*