



General Assembly

## ***Substitute Bill No. 7***

*January Session, 2025*



### ***AN ACT CONCERNING PROTECTIONS FOR ACCESS TO HEALTH CARE AND THE EQUITABLE DELIVERY OF HEALTH CARE SERVICES IN THE STATE.***

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

1       Section 1. Section 19a-38 of the general statutes is repealed and the  
2       following is substituted in lieu thereof (*Effective from passage*):

3       A water company, as defined in section 25-32a, shall add a measured  
4       amount of fluoride to the water supply of any water system that it owns  
5       and operates and that serves twenty thousand or more persons so as to  
6       maintain an average monthly fluoride content that is not more or less  
7       than [0.15 of a milligram per liter different than the United States  
8       Department of Health and Human Services' most recent  
9       recommendation for optimal fluoride levels in drinking water to  
10      prevent tooth decay] 0.7 of a milligram of fluoride per liter of water  
11      provided such average monthly fluoride content shall not deviate  
12      greater or less than 0.15 of a milligram per liter.

13      Sec. 2. (NEW) (*Effective from passage*) (a) The Commissioner of Public  
14      Health may establish an advisory committee to advise the commissioner  
15      on matters relating to recommendations by the Centers for Disease  
16      Control and Prevention and the federal Food and Drug Administration  
17      using evidence-based data from peer-reviewed literature and studies.

18 (b) The advisory committee may include, but need not be limited to,  
19 the following members:

20 (1) The dean of a school of public health at an independent institution  
21 of higher education in the state;

22 (2) The dean of a school of public health at a public institution of  
23 higher education in the state;

24 (3) A physician specializing in primary care who (A) has not less than  
25 ten years of clinical practice experience, and (B) is a professor at a  
26 medical school in the state;

27 (4) An infectious disease specialist who (A) has not less than ten years  
28 of clinical practice experience, and (B) is a professor at an institution of  
29 higher education in the state;

30 (5) A pediatrician who (A) has not less than ten years of clinical  
31 practice experience and expertise in children's health and vaccinations,  
32 and (B) is a professor at an institution of higher education in the state;  
33 and

34 (6) Any other individuals determined to be a beneficial member of  
35 the advisory committee by the Commissioner of Public Health.

36 (c) The advisory committee shall serve in a nonbinding advisory  
37 capacity, providing guidance solely at the discretion of the  
38 Commissioner of Public Health.

39 Sec. 3. (NEW) (*Effective July 1, 2025*) (a) As used in this section:

40 (1) "Emergency medical condition" has the same meaning as  
41 provided in section 4 of this act;

42 (2) "Emergency medical services" has the same meaning as provided  
43 in section 4 of this act;

44 (3) "Gender-affirming health care services" has the same meaning as  
45 provided in section 52-571n of the general statutes;

46       (4) "Health care entity" means an entity that supervises, controls,  
47 grants privileges to, directs the practice of or, directly or indirectly,  
48 restricts the practice of a health care provider;

49       (5) "Health care provider" means a person who (A) provides health  
50 care services, (B) is licensed, certified or registered pursuant to title 20  
51 of the general statutes, and (C) is employed by or acting on behalf of a  
52 health care entity;

53       (6) "Medically accurate and appropriate information and counseling"  
54 means information and counseling that is (A) supported by the weight  
55 of current scientific evidence, (B) derived from research using accepted  
56 scientific methods, (C) consistent with generally recognized scientific  
57 theory, (D) published in peer-reviewed journals, as appropriate, and (E)  
58 recognized as accurate, complete, objective and in accordance with the  
59 accepted standard of care by professional organizations and agencies  
60 with expertise in the relevant field;

61       (7) "Medical hazard" has the same meaning as provided in section 4  
62 of this act; and

63       (8) "Reproductive health care services" has the same meaning as  
64 provided in section 52-571n of the general statutes.

65       (b) (1) No health care entity shall limit the ability of a health care  
66 provider who is acting in good faith, within the health care provider's  
67 scope of practice, education, training and experience, including the  
68 health care provider's specialty area of practice and board certification,  
69 and within the accepted standard of care, from providing the following  
70 with regard to reproductive health care services and gender-affirming  
71 health care services:

72       (A) Comprehensive, medically accurate and appropriate information  
73 and counseling that (i) conforms to the accepted standard of care  
74 provided to an individual patient, and (ii) concerns such patient's health  
75 status, including, but not limited to, diagnosis, prognosis,  
76 recommended treatment, treatment alternatives and potential risks to

77 the patient's health or life; or

78 (B) Comprehensive, medically accurate and appropriate information  
79 and counseling about available and relevant services and resources in  
80 the community and methods to access such services and resources to  
81 obtain health care of the patient's choosing.

82 (2) Nothing in subdivision (1) of this subsection shall be construed to  
83 prohibit a health care entity that employs a health care provider from  
84 performing relevant peer review of the health care provider or requiring  
85 such health care provider to:

86 (A) Comply with preferred provider network or utilization review  
87 requirements of any program or entity authorized by state or federal  
88 law to provide insurance coverage for health care services to an enrollee;  
89 and

90 (B) Meet established health care quality and patient safety guidelines  
91 or rules.

92 (3) No health care entity shall discharge or discipline a health care  
93 provider solely for providing information or counseling as described in  
94 subdivision (1) of this subsection.

95 (c) (1) If a health care provider is acting in good faith, within the scope  
96 of the health care provider's practice, education, training and experience  
97 and within the accepted standard of care, a hospital with an emergency  
98 department shall not prohibit the health care provider from providing  
99 any emergency medical services, including reproductive health care  
100 services, (A) if the failure to provide such services would violate the  
101 accepted standard of care, or (B) if the patient is suffering from an  
102 emergency medical condition.

103 (2) Nothing in subdivision (1) of this subsection shall be construed to  
104 prohibit a health care entity from limiting a health care provider's  
105 practice for purposes of:

106 (A) Complying with preferred provider network or utilization review

107 requirements of any program or entity authorized by state or federal  
108 law to provide insurance coverage for health care services to an enrollee;  
109 or

110 (B) Ensuring quality of care and patient safety, including, but not  
111 limited to, when quality of care or patient safety issues are identified  
112 pursuant to peer review.

113 (3) A health care entity shall not discharge or discipline a health care  
114 provider for providing any emergency medical services, including, but  
115 not limited to, reproductive health care services, (A) if the failure to  
116 provide such services would violate the accepted standard of care, or  
117 (B) if the patient is suffering from an emergency medical condition.

118 (4) A health care entity shall not discharge or discipline a health care  
119 provider acting within the scope of such provider's practice, education,  
120 training and experience and within the accepted standard of care who  
121 refuses to transfer a patient when the health care provider determines,  
122 within reasonable medical probability, that the transfer or delay caused  
123 by the transfer will create a medical hazard to the patient.

124 Sec. 4. (NEW) (*Effective July 1, 2025*) As used in this section and  
125 sections 5 to 12, inclusive, of this act:

126 (1) "Emergency medical services" means (A) medical screening,  
127 examination and evaluation by a physician or any other licensed health  
128 care provider acting independently or, as required by applicable law,  
129 under the supervision of a physician, to determine if an emergency  
130 medical condition or active labor exists and, if so, the care, treatment  
131 and surgery that is (i) necessary to relieve or eliminate the emergency  
132 medical condition, and (ii) within the scope of the facility's license where  
133 the physician or provider is practicing, provided such care, treatment or  
134 surgery is within the scope of practice of such physician or provider,  
135 and (B) if it is determined that the emergency medical condition that  
136 exists is a pregnancy complication, all reproductive health care services  
137 related to the pregnancy complication, including, but not limited to,  
138 miscarriage management and the treatment of an ectopic pregnancy,

139 that are (i) necessary to relieve or eliminate the emergency medical  
140 condition, and (ii) within the scope of the facility's license where the  
141 physician or health care provider is providing such services, provided  
142 such services are within the scope of practice of such physician or  
143 provider.

144 (2) "Emergency medical condition" means a medical condition  
145 manifesting itself by acute or severe symptoms, including, but not  
146 limited to, severe pain, where the absence of immediate medical  
147 attention could reasonably be expected to result in any of the following:

148 (A) Placement of the patient's life or health in serious jeopardy;

149 (B) Serious impairment to bodily functions; or

150 (C) Serious dysfunction of any bodily organ or part.

151 (3) "Active labor" means a labor at a time at which either of the  
152 following is true:

153 (A) There is inadequate time to safely transfer the patient to another  
154 hospital prior to delivery; or

155 (B) A transfer may pose a threat to the health and safety of the patient  
156 or the fetus.

157 (4) "Hospital" has the same meaning as provided in section 19a-490  
158 of the general statutes.

159 (5) "Medical hazard" means a material deterioration in, or jeopardy  
160 to, a patient's medical condition or expected chances for recovery.

161 (6) "Qualified personnel" means a physician or other licensed health  
162 care provider acting within the scope of such person's licensure who has  
163 the necessary licensure, training, education and experience to provide  
164 the emergency medical services necessary to stabilize a patient.

165 (7) "Consultation" means the rendering of an opinion or advice,  
166 prescribing treatment or the rendering of a decision regarding

167 hospitalization or transfer by telephone or other means of  
168 communication, when determined to be medically necessary, jointly by  
169 the (A) treating physician or other qualified personnel acting within the  
170 scope of such personnel's licensure either independently or, when  
171 required by law, under the supervision of a physician, and (B)  
172 consulting physician, including, but not limited to, a review of the  
173 patient's medical record and examination and treatment of the patient  
174 in person, by telephone or through telehealth by a consulting physician  
175 or other qualified personnel acting within the scope of such personnel's  
176 licensure either independently or, when required by law, under the  
177 supervision of a consulting physician, which physician or qualified  
178 personnel is qualified to give an opinion or render the necessary  
179 treatment to stabilize the patient.

180 (8) "Stabilized" means the patient's medical condition is such that,  
181 within reasonable medical probability in the opinion of the treating  
182 physician or any other qualified personnel acting within the scope of  
183 such personnel's licensure either independently or, when required by  
184 law, under the supervision of a treating physician, no medical hazard is  
185 likely to result from, or occur during, the transfer or discharge of the  
186 patient as provided in section 6 or 7 of this act or any other relevant  
187 provision of the general statutes.

188 Sec. 5. (NEW) (*Effective July 1, 2025*) (a) Each hospital licensed  
189 pursuant to chapter 368v of the general statutes that maintains and  
190 operates (1) an emergency department to provide emergency medical  
191 services to the public, or (2) a freestanding emergency department, as  
192 defined in section 19a-493d of the general statutes, shall provide  
193 emergency medical services to any person requesting such services, or  
194 for whom such services are requested by an individual with authority  
195 to act on behalf of the person, who has a medical condition that places  
196 the person in danger of loss of life or serious injury or illness when the  
197 hospital has appropriate facilities and qualified personnel available to  
198 provide such services.

199 (b) No hospital or hospital employee and no physician or other

200 licensed health care provider affiliated with a hospital shall be liable  
201 under this section in any action arising out of a refusal of the hospital,  
202 hospital employee, physician or other licensed health care provider to  
203 render emergency medical services to a person if the refusal is based on  
204 the hospital's, hospital employee's, physician's or provider's  
205 determination, while exercising reasonable care, that (1) such person is  
206 not experiencing an emergency medical condition, or (2) the hospital  
207 does not have the appropriate facilities or qualified personnel available  
208 to render such services to such person.

209 (c) A hospital shall render emergency medical services to a person  
210 without first questioning such person or any other individual regarding  
211 such person's ability to pay for such services. A hospital may follow  
212 reasonable registration processes for persons for whom an examination  
213 is required under this section, including, but not limited to, inquiring as  
214 to whether the person has health insurance and, if so, details regarding  
215 such health insurance, provided such inquiry does not delay an  
216 evaluation of such person or the provision of emergency medical  
217 services to such person. Such reasonable registration processes may not  
218 unduly discourage persons from remaining at the hospital for further  
219 evaluation.

220 Sec. 6. (NEW) (*Effective July 1, 2025*) (a) A hospital shall not transfer  
221 any person needing emergency medical services to another hospital for  
222 any nonmedical reason, including, but not limited to, the person's  
223 inability to pay for any emergency medical services, unless each of the  
224 following conditions are met:

225 (1) A physician has examined and evaluated the person prior to  
226 transfer, including, if necessary, by engaging in a consultation. A  
227 request for consultation shall be made by the treating physician or by  
228 other qualified personnel acting within the scope of such personnel's  
229 licensure either independently or, when required by law, under the  
230 supervision of a treating physician, provided the request by such  
231 qualified personnel is made with the contemporaneous approval of the  
232 treating physician.



233       (2) The person has been provided with emergency medical services,  
234 including, but not limited to, an abortion, if an abortion was medically  
235 necessary to stabilize the patient, and it can be determined by the  
236 hospital, within reasonable medical probability, that such person's  
237 emergency medical condition has been stabilized and the transfer or  
238 delay caused by the transfer will not create a medical hazard to such  
239 person.

240       (3) A physician at the transferring hospital has notified the receiving  
241 hospital and obtained consent to the transfer of the person from a  
242 physician at the receiving hospital and confirmation by the receiving  
243 hospital that the person meets the receiving hospital's admissions  
244 criteria relating to appropriate bed, personnel and equipment necessary  
245 to treat the person.

246       (4) The transferring hospital has provided for appropriate personnel  
247 and equipment that a reasonable and prudent physician in the same or  
248 similar locality exercising ordinary care would use to affect the transfer.

249       (5) All of the person's pertinent medical records and copies of all of  
250 the appropriate diagnostic test results that are reasonably available have  
251 been compiled for transfer with the person. Transfer of medical records  
252 may be accomplished by a transfer of physical records or by confirming  
253 that the receiving hospital has access to the patient's electronic medical  
254 records from the transferring hospital.

255       (6) The records transferred with the person shall include a transfer  
256 summary signed by the transferring physician that contains relevant  
257 transfer information available to the transferring hospital at the time of  
258 transfer. The form of the transfer summary shall, at a minimum, contain  
259 (A) the person's name, address, sex, race, age, insurance status,  
260 presenting symptoms and medical condition, (B) the name and business  
261 address of the transferring physician or emergency department  
262 personnel authorizing the transfer, (C) the declaration of the signor that  
263 the signor is assured, within reasonable medical probability, that the  
264 transfer creates no medical hazard to the patient, (D) the time and date

265 of the transfer, (E) the reason for the transfer, (F) the time and date the  
266 person was first presented at the transferring hospital, and (G) the name  
267 of the physician at the receiving hospital consenting to the transfer and  
268 the time and date of the consent. Neither the transferring physician nor  
269 the transferring hospital shall be required to duplicate, in the transfer  
270 summary, information contained in medical records transferred with  
271 the person.

272 (7) The hospital shall ask the patient if the patient has a preferred  
273 contact person to be notified about the transfer and, prior to the transfer,  
274 the hospital shall make a reasonable attempt to contact such person and  
275 alert them about the proposed transfer. If the patient is not able to  
276 respond, the hospital shall make a reasonable effort to ascertain the  
277 identity of the preferred contact person or the next of kin and alert such  
278 person about the transfer. The hospital shall document in the patient's  
279 medical record any attempt to contact a preferred contact person or next  
280 of kin.

281 (b) Nothing in this section shall be construed to prohibit the transfer  
282 or discharge of a patient when the patient or the patient's authorized  
283 representative, including a parent or guardian of the patient, requests a  
284 transfer or discharge and gives informed consent to the transfer or  
285 discharge against medical advice.

286 (c) The Department of Public Health shall adopt regulations, in  
287 accordance with the provisions of chapter 54 of the general statutes, to  
288 implement the provisions of this section.

289 Sec. 7. (NEW) (*Effective July 1, 2025*) (a) A receiving hospital shall  
290 accept the transfer of a person from a transferring hospital to the extent  
291 required pursuant to section 6 of this act or any contract obligation the  
292 receiving hospital has to care for the person.

293 (b) The receiving hospital shall provide personnel and equipment  
294 reasonably required by the applicable standard of practice and the  
295 regulations adopted pursuant to section 6 of this act to care for the  
296 transferred patient.

297 (c) Any hospital that has suffered a financial loss as a direct result of  
298 a hospital's improper transfer of a person or refusal to accept a person  
299 for whom the hospital has a legal obligation to provide care may, in a  
300 civil action against the participating hospital, obtain damages for such  
301 financial loss and such equitable relief as is appropriate.

302 (d) Nothing in this section shall be construed to require a hospital to  
303 receive a person from a transferring hospital and make arrangements  
304 for the care of a person for whom the hospital does not have a legal  
305 obligation to provide care.

306 Sec. 8. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of Public  
307 Health shall require as a condition of licensure of a hospital, pursuant  
308 to section 19a-491 of the general statutes, that each hospital adopt, in  
309 collaboration with the medical staff of the hospital, policies and transfer  
310 protocols consistent with sections 3 to 12, inclusive, of this act and the  
311 regulations adopted pursuant to section 6 of this act.

312 (b) The commissioner shall require as a condition of licensure of a  
313 hospital, pursuant to section 19a-491 of the general statutes, that each  
314 hospital communicate, both orally and in writing, to each person who  
315 presents to the hospital's emergency department, or such person's  
316 authorized representative, if any such representative is present and the  
317 person is unable to understand verbal or written communication, of the  
318 reasons for the transfer or refusal to provide emergency medical services  
319 and of the person's right to receive such services to stabilize an  
320 emergency medical condition prior to transfer to another hospital or  
321 health care facility or discharge without regard to ability to pay.  
322 Nothing in this subsection shall be construed to require notification of  
323 the reasons for the transfer in advance of the transfer when (1) a person  
324 is unaccompanied, (2) the hospital has made a reasonable effort to locate  
325 an authorized representative of the person, and (3) due to the person's  
326 physical or mental condition, notification is not possible. Each hospital  
327 shall prominently post a sign in its emergency department informing  
328 the public of their rights under sections 3 to 12, inclusive, of this act.  
329 Both the written communication and sign required under this

330 subsection shall include the contact information for the Department of  
331 Public Health and identify the department as the state agency to contact  
332 if a person wishes to complain about the hospital's conduct.

333 (c) Not later than thirty days after the adoption of regulations  
334 pursuant to section 6 of this act, each hospital shall submit its policies  
335 and protocols adopted pursuant to subsection (a) of this section to the  
336 Department of Public Health. Each hospital shall submit any revisions  
337 to such policies or protocols to the department not later than thirty days  
338 prior to the effective date of such revisions.

339 Sec. 9. (NEW) (*Effective July 1, 2025*) (a) Each hospital shall maintain  
340 records of each transfer of a person made or received, including the  
341 transfer summary described in subdivision (6) of subsection (a) of  
342 section 6 of this act, for a period of not less than three years following  
343 the date of the transfer.

344 (b) Each hospital making or receiving transfers of persons shall file  
345 with the Department of Public Health annual reports, in a form and  
346 manner prescribed by the Commissioner of Public Health, that shall  
347 describe the aggregate number of transfers made and received, the  
348 insurance status of each person transferred and the reasons for such  
349 transfers.

350 (c) Each receiving hospital, physician and licensed emergency room  
351 health care personnel at the receiving hospital, and each licensed  
352 emergency medical services personnel, as defined in section 19a-175 of  
353 the general statutes, effectuating the transfer of a person who knows of  
354 an apparent violation of any provision of sections 4 to 11, inclusive, of  
355 this act or the regulations adopted pursuant to section 6 of this act, shall,  
356 and each transferring hospital and each physician and other provider  
357 involved in the transfer at such hospital may, report such violation to  
358 the Department of Public Health, in a form and manner prescribed by  
359 the Commissioner of Public Health, not later than fourteen days after  
360 the occurrence of such violation. When two or more persons required to  
361 report a violation have joint knowledge of an apparent violation, a

362 single report may be made by a member of the hospital personnel  
363 selected by mutual agreement in accordance with hospital protocols.  
364 Any person required to report a violation who disagrees with a  
365 proposed joint report shall report individually.

366 (d) No hospital, state agency or person shall retaliate against,  
367 penalize, institute a civil action against or recover monetary relief from,  
368 or otherwise cause any injury to, any physician, other hospital personnel  
369 or emergency medical services personnel for reporting in good faith an  
370 apparent violation of any provision of sections 4 to 11, inclusive, of this  
371 act or the regulations adopted pursuant to section 6 of this act to the  
372 Department of Public Health, the hospital, a member of the hospital's  
373 medical staff or any other interested party or government agency.

374 Sec. 10. (NEW) (*Effective July 1, 2025*) (a) Except as otherwise provided  
375 in sections 4 to 11, inclusive, of this act, the Commissioner of Public  
376 Health shall investigate each alleged violation of said sections and the  
377 regulations adopted pursuant to section 6 of this act unless the  
378 commissioner concludes that the allegation does not include facts  
379 requiring further investigation or is otherwise unmeritorious.

380 (b) The Commissioner of Public Health may take any action  
381 authorized by sections 19a-494 and 19a-494a of the general statutes  
382 against a hospital or authorized by section 19a-17 of the general statutes  
383 against a licensed health care provider for a violation of any provision  
384 of sections 4 to 11, inclusive, of this act.

385 Sec. 11. (NEW) (*Effective July 1, 2025*) (a) A hospital shall not base the  
386 provision of emergency medical services to a person, in whole or in part,  
387 upon, or discriminate against a person based upon, the person's  
388 ethnicity, citizenship, age, preexisting medical condition, insurance  
389 status, economic status, ability to pay for medical services, sex, race,  
390 color, religion, disability, genetic information, marital status, sexual  
391 orientation, gender identity or expression, primary language or  
392 immigration status, except to the extent that a circumstance such as age,  
393 sex, pregnancy, medical condition related to childbirth, preexisting

394 medical condition or physical or mental disability is medically  
395 significant to the provision of appropriate medical care to the patient.  
396 Each hospital shall adopt a policy to implement the provisions of this  
397 section.

398 (b) Unless otherwise permitted by contract, each hospital shall  
399 prohibit each physician who serves on an on-call basis in the hospital's  
400 emergency department from refusing to respond to a call on the basis of  
401 the person's ethnicity, citizenship, age, preexisting medical condition,  
402 insurance status, economic status, ability to pay for medical services,  
403 sex, race, color, religion, disability, current medical condition, genetic  
404 information, marital status, sexual orientation, primary language or  
405 immigration status, except to the extent that a circumstance such as age,  
406 sex, preexisting medical condition or physical or mental disability is  
407 medically significant to the provision of appropriate medical care to the  
408 patient. If a contract that was in existence on or before July 1, 2025,  
409 between a physician and hospital for the provision of emergency  
410 department coverage prevents a hospital from imposing the prohibition  
411 required under this subsection, the contract shall be revised to include  
412 such prohibition as soon as it is legally permissible to make such a  
413 revision. Nothing in this section shall be construed to require any  
414 physician to serve on an on-call basis for a hospital.

415 Sec. 12. (NEW) (*Effective July 1, 2025*) (a) Any individual harmed by a  
416 violation of any provision of sections 3 to 11, inclusive, of this act may  
417 bring, not later than one hundred eighty days after the occurrence of  
418 such violation, a civil action against a hospital or other health care entity  
419 for such violation.

420 (b) Any hospital or other health care entity found to have violated  
421 any provision of sections 3 to 11, inclusive, of this act shall be liable for  
422 compensatory damages, with costs and such reasonable attorney's fees  
423 as may be allowed by the court. In the case of a health care provider who  
424 has been subjected to retaliation or other disciplinary action in violation  
425 of any provision of sections 3 to 11, inclusive, of this act, the hospital or  
426 other health care entity shall also be liable for the full amount of gross

427 loss of wages in addition to any compensatory damages for which the  
428 hospital or health care entity is liable under this subsection.

429 (c) The court may also provide injunctive relief to prevent further  
430 violations of any provision of sections 3 to 11, inclusive, of this act.

431 (d) If the court determines that an action for damages was brought  
432 under this section without substantial justification, the court may award  
433 costs and reasonable attorney's fees to the hospital or other health care  
434 entity.

435 (e) Nothing in this section shall preclude any other causes of action  
436 authorized by law or prevent the state or any professional licensing  
437 board from taking any action authorized by the general statutes against  
438 the hospital, health care entity or an individual health care provider.

439 Sec. 13. (NEW) (*Effective July 1, 2025*) (a) As used in this section:

440 (1) "Collateral costs" means any out-of-pocket costs, other than the  
441 cost of the procedure itself, necessary to receive reproductive health care  
442 services or gender-affirming health care services in the state, including,  
443 but not limited to, costs for travel, lodging and meals;

444 (2) "Gender-affirming health care services" has the same meaning as  
445 provided in section 52-571n of the general statutes;

446 (3) "Health care provider" means any person licensed under the  
447 provisions of federal or state law to provide health care services;

448 (4) "Nonprofit organization" means an organization that is exempt  
449 from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code  
450 of 1986, or any subsequent corresponding internal revenue code of the  
451 United States, as amended from time to time;

452 (5) "Patient-identifiable data" means any information that identifies,  
453 or may reasonably be used as a basis to identify, an individual patient;

454 (6) "Qualified person" means a person who is a resident of a state that

455 has enacted laws that limit such person's access to reproductive health  
456 care services or gender-affirming health care services; and

457 (7) "Reproductive health care services" means all medical, surgical,  
458 counseling or referral services relating to the human reproductive  
459 system, including, but not limited to, services relating to fertility,  
460 pregnancy, contraception and abortion.

461 (b) There is established an account to be known as the "safe harbor  
462 account", which shall be a separate, nonlapsing account of the State  
463 Treasurer. The account shall contain any funds received from any  
464 private contributions, gifts, grants, donations, bequests or devises to the  
465 account. Moneys in the account shall be expended by the board of  
466 trustees, established pursuant to subsection (c) of this section, for the  
467 purposes of providing grants to (1) health care providers who provide  
468 reproductive health care services or gender-affirming health care  
469 services, (2) nonprofit organizations whose mission includes providing  
470 funding for reproductive health care services or the collateral costs  
471 incurred by qualified persons to receive such services in the state, or (3)  
472 nonprofit organizations that serve LGBTQ+ youth or families in the  
473 state for the purpose of reimbursing or paying for collateral costs  
474 incurred by qualified persons to receive reproductive health care  
475 services or gender-affirming health care services.

476 (c) The safe harbor account shall be administered by a board of  
477 trustees consisting of the following members:

478 (1) The Treasurer, or the Treasurer's designee, who shall serve as  
479 chairperson of the board of trustees;

480 (2) The Commissioner of Mental Health and Addiction Services, or  
481 the commissioner's designee;

482 (3) The Commissioner of Social Services, or the commissioner's  
483 designee;

484 (4) The Commissioner of Public Health, or the commissioner's



485 designee; and

486 (5) Five members appointed by the Treasurer, (A) one of whom shall  
487 be a provider of reproductive health care services in the state, (B) one of  
488 whom shall have experience working with members of the LGBTQ+  
489 community, and (C) one of whom shall have experience working with  
490 providers of reproductive health care services. When making such  
491 appointments, the Treasurer shall use the Treasurer's best efforts to  
492 ensure that the board of trustees reflects the racial, gender and  
493 geographic diversity of the state.

494 (d) Not later than September 1, 2025, the board of trustees shall adopt  
495 policies and procedures concerning the awarding of grants pursuant to  
496 the provisions of this section. Such policies and procedures shall  
497 include, but need not be limited to, (1) grant application procedures, (2)  
498 eligibility criteria for applicants, (3) eligibility criteria for collateral costs,  
499 (4) consideration of need, including, but not limited to, financial need,  
500 of the applicant, and (5) procedures to coordinate with any national  
501 network created to perform similar functions to those of the safe harbor  
502 account, including, but not limited to, procedures for the acceptance of  
503 funding transferred to the safe harbor account for a particular use. Such  
504 policies and procedures shall not require the collection or retention of  
505 patient-identifiable data in order to receive a grant. Such policies and  
506 procedures may be updated as deemed necessary by the board of  
507 trustees. In the event that the board of trustees determines that the  
508 policies and procedures adopted pursuant to the provisions of this  
509 subsection are inadequate with respect to (A) determining the eligibility  
510 of a certain health care provider or nonprofit organization for a grant,  
511 or (B) whether a certain health care service received by a qualified  
512 person or collateral cost incurred by a qualified person is eligible to be  
513 reimbursed or paid by a health care provider or nonprofit organization  
514 using grant moneys received pursuant to this section, the board of  
515 trustees may make a fact-based determination as to such eligibility.

516 Sec. 14. (NEW) (*Effective from passage*) It is hereby declared that opioid  
517 use disorder constitutes a public health crisis in this state and will

518 continue to constitute a public health crisis until each goal reported by  
519 the Connecticut Alcohol and Drug Policy Council pursuant to  
520 subsection (f) of section 17a-667a of the general statutes, as amended by  
521 this act, is attained.

522       Sec. 15. Section 17a-667a of the general statutes is amended by adding  
523 subsection (f) as follows (*Effective from passage*):

524       (NEW) (f) The Connecticut Alcohol and Drug Policy Council shall  
525 convene a working group to establish one or more goals for the state to  
526 achieve in its efforts to combat the prevalence of opioid use disorder in  
527 the state. Not later than January 1, 2026, the council shall report, in  
528 accordance with the provisions of section 11-4a, to the joint standing  
529 committee of the General Assembly having cognizance of matters  
530 relating to public health regarding each goal established by the working  
531 group.

532       Sec. 16. (*Effective from passage*) (a) As used in this section:

533       (1) "Priority school district" has the same meaning as described in  
534 section 10-266p of the general statutes; and

535       (2) "Geofence" means any technology that uses global positioning  
536 coordinates, cell tower connectivity, cellular data, radio frequency  
537 identification, wireless fidelity technology data or any other form of  
538 location detection, or any combination of such coordinates, connectivity,  
539 data, identification or other form of location detection, to establish a  
540 virtual boundary.

541       (b) Not later than January 1, 2026, the Department of Education, in  
542 consultation with the Department of Children and Families, shall  
543 establish a mental and behavioral health awareness and treatment pilot  
544 program in priority school districts. The program shall enable not less  
545 than one hundred thousand students in such districts to utilize an  
546 electronic mental and behavioral health awareness and treatment tool  
547 through an Internet web site, online service or mobile application, which  
548 tool shall be selected by the Commissioner of Education and provide

549 each of the following:

550 (1) Mental and behavioral health education resources to promote  
551 awareness and understanding of mental and behavioral health issues;

552 (2) Peer-to-peer support services, including, but not limited to, a  
553 moderated online peer chat room, where comments submitted by  
554 students for posting in the chat room are prescreened and filtered  
555 through by a moderator prior to posting, to encourage social connection  
556 and mutual support among students; and

557 (3) Private online sessions with mental or behavioral health care  
558 providers licensed in the state who (A) have demonstrated experience  
559 delivering mental or behavioral health care services to school districts  
560 serving both rural and urban student populations, and (B) shall be  
561 selected or approved by the Commissioner of Education, provided such  
562 sessions comply with the provisions of section 19a-906 of the general  
563 statutes concerning telehealth and the provisions of section 19a-14c of  
564 the general statutes concerning the provision of outpatient mental  
565 health treatment to minors.

566 (c) (1) During its first year of operation, the pilot program shall have  
567 the following objectives: (A) To build partnerships between priority  
568 school districts and community organizations providing mental and  
569 behavioral health care services; and (B) to launch a digital marketing  
570 campaign using tools, including, but not limited to, a geofence, to raise  
571 awareness and engagement among students concerning mental and  
572 behavioral health issues affecting students.

573 (2) Not later than January 1, 2026, the Commissioner of Education  
574 shall report, in accordance with the provisions of section 11-4a of the  
575 general statutes, regarding the program's success in achieving such  
576 objectives to the joint standing committees of the General Assembly  
577 having cognizance of matters relating to public health and education.

578 (d) (1) During its second year of operation, the pilot program shall  
579 have the following objectives: (A) To refer students to mental and

580 behavioral health care providers, as needed; and (B) to enhance  
581 students' engagement with mental and behavioral health tools,  
582 including, but not limited to, coping strategies and clinician support.

583 (2) Not later than January 1, 2027, the Commissioner of Education  
584 shall report, in accordance with the provisions of section 11-4a of the  
585 general statutes, regarding the program's success in achieving such  
586 objectives to the joint standing committees of the General Assembly  
587 having cognizance of matters relating to public health and education.

588 Sec. 17. (*Effective from passage*) The sum of three million six hundred  
589 thousand dollars is appropriated to the Department of Education from  
590 the General Fund, for the fiscal year ending June 30, 2026, for the  
591 administration of the mental and behavioral health awareness and  
592 treatment pilot program established pursuant to section 16 of this act.

593 Sec. 18. (NEW) (*Effective from passage*) There is established an account  
594 to be known as the "public health urgent communication account",  
595 which shall be a separate, nonlapsing account. The account shall contain  
596 any moneys required by law to be deposited in the account. Moneys in  
597 the account shall be expended by the Department of Public Health for  
598 the purposes of providing timely, effective communication to members  
599 of the general public, health care providers and other relevant  
600 stakeholders during a public health emergency, as described in section  
601 19a-131a of the general statutes.

602 Sec. 19. (*Effective from passage*) The sum of five million dollars is  
603 appropriated to the Department of Public Health from the General  
604 Fund, for the fiscal year ending June 30, 2026, for deposit into the "public  
605 health urgent communication account" established pursuant to section  
606 18 of this act.

607 Sec. 20. (NEW) (*Effective from passage*) There is established an account  
608 to be known as the "emergency public health financial safeguard  
609 account", which shall be a separate, nonlapsing account. The account  
610 shall contain any moneys required by law to be deposited in the account.  
611 Moneys in the account shall be expended by the Department of Public

612 Health for the purposes of addressing unexpected shortfalls in public  
613 health funding and ensuring the Department of Public Health's ability  
614 to respond to the health care needs of state residents and provide a  
615 continuity of essential public health services.

616       Sec. 21. (*Effective from passage*) The sum of thirty million dollars is  
617 appropriated to the Department of Public Health from the General  
618 Fund, for the fiscal year ending June 30, 2026, for deposit into the  
619 "emergency public health financial safeguard account" established  
620 pursuant to section 20 of this act.

621       Sec. 22. (NEW) (*Effective October 1, 2025*) As used in this section and  
622 sections 23 to 25, inclusive, of this act:

623       (1) "Commissioner" means the Commissioner of Public Health;

624       (2) "Department" means the Department of Public Health;

625       (3) "Health care administrator" means a person employed by a  
626 hospital who is a:

627       (A) Nonclinical hospital manager with direct supervisory authority  
628 over clinical health care providers who is responsible for one or more of  
629 the following activities:

630       (i) Hiring, scheduling, evaluating and providing direct supervision  
631 of clinical health care providers;

632       (ii) Monitoring hospital activities for compliance with state or federal  
633 regulatory requirements; or

634       (iii) Developing fiscal reports for clinical units of the hospital or the  
635 hospital as a whole; or

636       (B) Nonclinical hospital director, officer or executive who has direct  
637 or indirect supervisory authority over only nonclinical hospital  
638 managers described in subparagraph (A) of this subdivision, for one or  
639 more of the following activities:

- 640 (i) Hiring and supervising such nonclinical hospital managers;
- 641 (ii) Providing oversight of operations for the hospital or any of its  
642 departments;
- 643 (iii) Developing policies and procedures establishing the standards of  
644 patient care;
- 645 (iv) Providing oversight of budgetary and financial decisions related  
646 to operations and the delivery of patient care for the hospital or any of  
647 its departments; and
- 648 (v) Ensuring that hospital policies comply with state and federal  
649 regulatory requirements; and

650 (4) "Hospital" means an institution licensed as a hospital pursuant to  
651 chapter 368v of the general statutes.

652 Sec. 23. (NEW) (*Effective October 1, 2025*) (a) No person shall practice  
653 as a health care administrator unless such person is licensed pursuant  
654 to section 24 of this act.

655 (b) No person may use the title "health care administrator" or make  
656 use of any title, words, letters or abbreviations indicating or implying  
657 that such person is licensed to practice as a health care administrator  
658 pursuant to section 24 of this act.

659 Sec. 24. (NEW) (*Effective October 1, 2025*) (a) Except as provided in  
660 subsection (b) of this section, the commissioner shall grant a license to  
661 practice as a health care administrator to an applicant who presents  
662 evidence satisfactory to the commissioner that such applicant has: (1) A  
663 baccalaureate or graduate degree in health care administration, public  
664 health or a related field from a regionally accredited institution of higher  
665 education, or from an institution of higher education outside of the  
666 United States that is legally chartered to grant postsecondary degrees in  
667 the country in which such institution is located; (2) passed an  
668 examination prescribed by the department designed to test the  
669 applicant's knowledge of health care laws, patient safety protocols and

670 health-related ethical guidelines; and (3) submitted a completed  
671 application in a form and manner prescribed by the department. The fee  
672 for an initial license under this section shall be two hundred dollars.

673 (b) The department may grant licensure without examination, subject  
674 to payment of fees with respect to the initial application, to any  
675 applicant who is currently licensed or certified as a health care  
676 administrator in another state, territory or commonwealth of the United  
677 States, provided such state, territory or commonwealth maintains  
678 licensure or certification standards that, in the opinion of the  
679 department, are equivalent to or higher than the standards of this state.  
680 No license shall be issued under this section to any applicant against  
681 whom professional disciplinary action is pending or who is the subject  
682 of an unresolved complaint.

683 (c) A license issued to a health care administrator under this section  
684 may be renewed annually in accordance with the provisions of section  
685 19a-88 of the general statutes, as amended by this act. The fee for such  
686 renewal shall be one hundred five dollars. Each licensed health care  
687 administrator applying for license renewal shall furnish evidence  
688 satisfactory to the commissioner of having participated in continuing  
689 education programs prescribed by the department. The commissioner  
690 shall adopt regulations, in accordance with chapter 54 of the general  
691 statutes, to (1) define basic requirements for continuing education  
692 programs, (2) delineate qualifying programs, (3) establish a system of  
693 control and reporting, and (4) provide for waiver of the continuing  
694 education requirement for good cause.

695 Sec. 25. (NEW) (*Effective October 1, 2025*) (a) The department shall  
696 have jurisdiction to hear all charges of unacceptable conduct brought  
697 against a person licensed as a health care administrator. The  
698 commissioner shall provide written notice of such hearing to such  
699 person not later than thirty days prior to such hearing. After holding  
700 such hearing, the department may take any of the actions set forth in  
701 section 19a-17 of the general statutes, if it finds that any grounds for  
702 action by the department enumerated in subsection (b) of this section

703 exist. Any person aggrieved by the finding of the department may  
704 appeal such finding in accordance with the provisions of section 4-183  
705 of the general statutes, and such appeal shall have precedence over  
706 nonprivileged cases in respect to order of trial.

707 (b) The department may take action under section 19a-17 of the  
708 general statutes for any of the following reasons: (1) A fiscal or  
709 operational decision that results in injury to a patient or creates an  
710 unreasonable risk that a patient may be harmed; (2) a violation by a  
711 licensed health care provider of a state or federal statute or  
712 administrative rule regulating a profession when the health care  
713 administrator was responsible for the oversight of the licensed health  
714 care provider; (3) aiding or abetting a licensed health care provider to  
715 practice the provider's health care profession after a patient complaint  
716 or adverse event has been reported to the hospital employing the  
717 licensed health care administrator, the department or the appropriate  
718 disciplining authority, while the complaint or adverse event is being  
719 investigated, and if harm, disability or death of a patient occurred after  
720 the complaint or report of the adverse event; (4) failure to adequately  
721 supervise licensed clinical staff and nonclinical staff to the extent that a  
722 patient's health or safety is at risk; (5) any administrative, operational or  
723 fiscal decision that impedes a clinical licensed health care provider from  
724 adhering to standards of practice or leads to patient harm, disability or  
725 death; or (6) a fiscal or operational decision resulting in the inability of  
726 licensed clinical health care providers to practice with reasonable skill  
727 and safety, regardless of the occurrence of patient harm, disability or  
728 death. The commissioner may order a license holder to submit to a  
729 reasonable physical or mental examination if such license holder's  
730 physical or mental capacity to practice safely is being investigated. The  
731 commissioner may petition the superior court for the judicial district of  
732 Hartford to enforce such order or any action taken pursuant to section  
733 19a-17 of the general statutes.

734 Sec. 26. Subdivision (1) of subsection (e) of section 19a-88 of the  
735 general statutes is repealed and the following is substituted in lieu  
736 thereof (*Effective October 1, 2025*):



737 (e) (1) Each person holding a license or certificate issued under  
738 section 24 of this act, section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-  
739 195cc or 20-206ll and chapters 370 to 373, inclusive, 375, 378 to 381a,  
740 inclusive, 383 to 383c, inclusive, 383g, 384, 384a, 384b, 385, 393a, 395, 399  
741 or 400a and section 20-206n or 20-206o shall, annually, or, in the case of  
742 a person holding a license as a marital and family therapist associate  
743 under section 20-195c on or before twenty-four months after the date of  
744 initial licensure, during the month of such person's birth, apply for  
745 renewal of such license or certificate to the Department of Public Health,  
746 giving such person's name in full, such person's residence and business  
747 address and such other information as the department requests.

748 Sec. 27. (NEW) (*Effective July 1, 2025*) (a) As used in this section:

749 (1) "Advanced practice registered nurse" means an individual  
750 licensed as an advanced practice registered nurse pursuant to chapter  
751 378 of the general statutes;

752 (2) "Physician" means an individual licensed as a physician pursuant  
753 to chapter 370 of the general statutes;

754 (3) "Physician assistant" means an individual licensed as a physician  
755 assistant pursuant to chapter 370 of the general statutes; and

756 (4) "Sudden unexpected death in epilepsy" means the death of a  
757 person with epilepsy that is not caused by injury, drowning or other  
758 known causes unrelated to epilepsy.

759 (b) On and after October 1, 2025, each physician, advanced practice  
760 registered nurse and physician assistant who regularly treats patients  
761 with epilepsy shall provide each such patient with information  
762 concerning the risk of sudden unexpected death in epilepsy and  
763 methods to mitigate such risk.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>from passage</i>	19a-38
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Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2025</i>	New section
Sec. 4	<i>July 1, 2025</i>	New section
Sec. 5	<i>July 1, 2025</i>	New section
Sec. 6	<i>July 1, 2025</i>	New section
Sec. 7	<i>July 1, 2025</i>	New section
Sec. 8	<i>July 1, 2025</i>	New section
Sec. 9	<i>July 1, 2025</i>	New section
Sec. 10	<i>July 1, 2025</i>	New section
Sec. 11	<i>July 1, 2025</i>	New section
Sec. 12	<i>July 1, 2025</i>	New section
Sec. 13	<i>July 1, 2025</i>	New section
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	17a-667a(f)
Sec. 16	<i>from passage</i>	New section
Sec. 17	<i>from passage</i>	New section
Sec. 18	<i>from passage</i>	New section
Sec. 19	<i>from passage</i>	New section
Sec. 20	<i>from passage</i>	New section
Sec. 21	<i>from passage</i>	New section
Sec. 22	<i>October 1, 2025</i>	New section
Sec. 23	<i>October 1, 2025</i>	New section
Sec. 24	<i>October 1, 2025</i>	New section
Sec. 25	<i>October 1, 2025</i>	New section
Sec. 26	<i>October 1, 2025</i>	19a-88(e)(1)
Sec. 27	<i>July 1, 2025</i>	New section

**Statement of Legislative Commissioners:**

In Sec. 13(a)(1), "or gender-affirming health care services" was inserted after "reproductive health care services" for consistency with the provisions of subsection (b) of said section.

**PH**            *Joint Favorable Subst.*