



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 Section 19a-38 of the general statutes is repealed and the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*):

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

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

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

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

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

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

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

PH *Joint Favorable Subst.*

JUD *Joint Favorable*

APP *Joint Favorable*