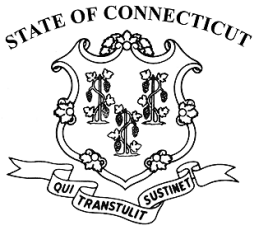

Substitute House Bill No. 7157

Public Act No. 25-97

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

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 Subsection (b) of section 19a-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(b) The report of examinations conducted by the Chief Medical Examiner, Deputy Chief Medical Examiner, an associate medical examiner or an authorized assistant medical examiner, and of the autopsy and other scientific findings may be made available to the public only through the Office of the Chief Medical Examiner and in accordance with this section, section 1-210 and the regulations of the **[**commission**]** Commission on Medicolegal Investigations. Any person may obtain copies of such records upon such conditions and payment of such fees as may be prescribed by the commission, except that (1) no person with a legitimate interest in the records shall be denied access to such records, **[**and**]** (2) no person may be denied access to records concerning a person in the custody of the state at the time of death, and (3) no parent or sibling eighteen years of age or older of a child under eighteen years of age who is the subject of such records shall be charged a fee to obtain copies of such records. As used in this section, a "person

in the custody of the state" **[**is**]** means a person committed to the custody of **[**(1)**]** (A) the Commissioner of Correction for confinement in a correctional institution or facility or a community residence, **[**(2)**]** (B) the Commissioner of Children and Families, or **[**(3)**]** (C) the Commissioner of Developmental Services.

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 Section 19a-197a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

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

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

responder, as defined in section 20-206jj, need only be trained to utilize means of administration of epinephrine that is within such responder's scope of practice, as determined in accordance with section 19a-179a.

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

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

(a) Except as otherwise provided in this section, each physical therapist licensed pursuant to this chapter shall complete a minimum of twenty hours of continuing education during each registration period. For purposes of this section, registration period means the twelve-month period for which a license has been renewed in accordance with section 19a-88 and is current and valid. The continuing education shall be in areas related to the individual's practice, except, (1) on and after January 1, 2022, such continuing education shall include not less than two hours of training or education on **[**(1)**]** (A) screening for post-traumatic stress disorder, risk of suicide, depression and grief, and **[**(2)**]** (B) suicide prevention, **[**training,**]** during the first registration period in which continuing education is required and not less than once every six years thereafter, and (2) on and after January 1, 2026, such continuing education shall include not less than two hours of training or education on ethics and jurisprudence during the first registration period in which continuing education is required and not less than once every two years thereafter. The requirement described in **[**subdivision (2)**]** subparagraph (B) of subdivision (1) of this subsection may be satisfied by the completion of the evidence-based youth suicide prevention training

program administered pursuant to section 17a-52a. Qualifying continuing education activities include, but are not limited to, courses offered or approved by the American Physical Therapy Association or any component of the American Physical Therapy Association, a hospital or other licensed health care institution or a regionally accredited institution of higher education.

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

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

(c) Nothing in this section shall be construed to (1) affect a patient's obligation to pay for health care services, or (2) prohibit a health care provider from requesting, collecting or storing bank, credit or debit card or other payment-related information if the patient agrees to provide such information.

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

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

(1) "Authorized representative" means (A) **[**a person**]** an individual empowered by a person or patient to assert the confidentiality of communications or records **[**which**]** that are privileged under this section and sections **[**52-146c**]** 52-146e to 52-146i, inclusive, as amended by this act, or (B) if a person or patient is deceased, his or her personal

representative or next of kin, or (C) if a person or patient is incompetent to assert or waive his or her privileges **[**hereunder**]** under said sections, (i) a guardian or conservator who has been or is appointed to act for the person or patient, or (ii) for the purpose of maintaining confidentiality until a guardian or conservator is appointed, the person's or patient's nearest relative;

(2) **[**"Communications and records"**]** "Communication and record" means **[**all**]** each oral and written **[**communications and records**]** communication and the written record of such communication thereof relating to diagnosis or treatment of a person's or patient's mental condition between the person or patient and a psychologist or psychiatric mental health provider, or between a member of the person's or patient's family and a psychologist or psychiatric mental health provider, or between **[**any of**]** such **[**persons**]** person, patient, psychologist, psychiatrist or family member and **[**a person**]** an individual participating under the supervision of a psychologist or psychiatric mental health provider in the accomplishment of the objectives of diagnosis and treatment, wherever made, including **[**communications and records which occur**]** a communication and record that occurs in or **[**are**]** is prepared at a mental health facility;

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

(4) "Identifiable" and **[**"identify a patient" refer to communications and records which contain (A) names**]** "identify a person or patient" mean information in a communication and record, including (A) the name of the person or patient or other descriptive data from which **[**a person**]** an individual acquainted with the person or patient might reasonably recognize the person or patient as the person or patient referred to, or (B) **[**codes or numbers which are**]** a code or number that is in general use outside of the mental health facility **[**which**]** that prepared the **[**communications and records**]** communication and record,

which code or number would identify the person or patient to such persons who understand such code or number;

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

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

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

[(7)**]** (8) "Psychiatric mental health provider" means a physician specializing in psychiatry and licensed under the provisions of sections 20-9 to 20-12, inclusive, an advanced practice registered nurse licensed under chapter 378 who is board certified as a psychiatric mental health provider by a certifying body, including, but not limited to, the American Nurses Credentialing Center **[**, a person**]** or the American Academy of Nurse Practitioners, an individual licensed to practice medicine who devotes a substantial portion of his or her time to the practice of psychiatry or **[**a person**]** an individual reasonably believed by the patient to be so qualified; and

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

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

(a) **[**All communications and records as defined in section 52-146d**]** Each communication and record shall be confidential and **[**shall be**]**

subject to the provisions of sections 52-146d to 52-146j, inclusive, as amended by this act. Except as provided in sections 52-146f to 52-146i, inclusive, as amended by this act, no **[**person may**]** individual shall disclose or transmit any **[**communications and records**]** communication or record thereof, or the substance or any part or **[**any**]** resume thereof, **[**which identify a**]** that identifies a person or patient to any **[**person**]** individual, corporation or governmental agency without the consent of the person or patient or his or her authorized representative.

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

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

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

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

(1) **[**Communications or records may be disclosed to other persons**]**

A psychologist or psychiatric mental health provider may (A) disclose a communication and record to any other individual engaged in the diagnosis or treatment of the person or patient, **[**or may be transmitted**]** and (B) transmit the communication and record to another mental health facility to which the person or patient is admitted for diagnosis or treatment if the psychologist or psychiatric mental health provider **[**in possession of the communications or records**]** determines that the disclosure or transmission is needed to accomplish the objectives of diagnosis or treatment of the person or patient. The psychologist or psychiatric mental health provider shall inform the person or patient **[**shall be informed**]** that the **[**communications or records**]** communication and record will be so disclosed or transmitted. For purposes of this subsection, **[**persons**]** an individual in professional training **[**are to**]** to become a psychologist or psychiatric mental health provider shall be considered as engaged in the diagnosis or treatment of the **[**patients**]** person or patient.

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

(3) Except as provided in section 17b-225, a psychologist or psychiatric mental health provider may disclose the name, address and fees for **[**psychiatric**]** services provided by a psychologist or psychiatric

mental health provider to a person or patient [may be disclosed to individuals or agencies] to any individual or agency involved in the collection of fees for such services. In cases where a dispute arises over the fees or claims or where additional information is needed to substantiate the fee or claim, the disclosure of further information shall be limited to the following: (A) That the [person] individual was in fact a person or patient of the psychologist or psychiatric mental health provider; (B) the diagnosis of the person or patient; (C) the dates and duration of treatment of the person or patient; and (D) a general description of the treatment [, which] provided to the person or patient that shall include evidence that a treatment plan exists and has been carried out and evidence to substantiate the necessity for admission and length of stay in a health care institution or facility. If further information is required, the party seeking the information shall proceed in the same manner provided for hospital patients in section 4-105.

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

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

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

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

(8) If a provider of behavioral health services that contracts with the Department of Mental Health and Addiction Services requests payment,

the name and address of the person or patient, a general description of the types of services provided, and the amount requested shall be disclosed to the department, provided notification that such disclosure will be made **[**is**]** shall be sent, in writing, to the person or patient at the earliest opportunity prior to such disclosure. In cases where a dispute arises over the fees or claims, or where additional information is needed to substantiate the claim, the disclosure of further information shall be limited to additional information necessary to clarify only the following: (A) That the person **[**in fact**]** or patient received the behavioral health services in question, (B) the dates of such services, and (C) a general description of the types of services. Information the department receives pursuant to this subdivision shall be disclosed only to federal or state auditors and only as necessary for the purposes of auditing.

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

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

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

(c) The mental health facility and the **[**person**]** individual doing the research shall be responsible for the preservation of the anonymity of **[**the patients**]** each person or patient identified in such communication and record and shall not disseminate data **[**which**]** that identifies a

person or patient except as provided by sections 52-146d to 52-146j, inclusive, as amended by this act.

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

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

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

Sec. 10. Section 52-146i of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective October 1, 2025*):

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

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

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

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

Sec. 12. Section 17a-465b of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective October 1, 2025*):

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

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

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

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

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

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

inclusive, as amended by this act, shall not apply to such reports for the purposes of this section.

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

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

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

(a) Except as provided in sections **[**52-146c**]** 52-146d to 52-146k, inclusive, as amended by this act, sections 52-146o, as amended by this act, 52-146p, 52-146q and 52-146s and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, no covered entity, as defined in 45 CFR 160.103, shall disclose (1) any communication made to such covered entity, or any information obtained by such covered entity from, a patient or the conservator, guardian or other authorized legal representative of a patient relating to reproductive health care services, as defined in section 52-571m, that are permitted under the laws of this

state, or (2) any information obtained by personal examination of a patient relating to reproductive health care services, as defined in section 52-571m, that are permitted under the laws of this state, unless the patient or that patient's conservator, guardian or other authorized legal representative explicitly consents in writing to such disclosure. A covered entity shall inform the patient or the patient's conservator, guardian or other authorized legal representative of the patient's right to withhold such written consent.

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

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

Sec. 18. Subsection (a) of section 19a-17 of the general statutes is

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

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

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

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

(3) Censure a practitioner or permittee;

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

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

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

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

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

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

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

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

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

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

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

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

A health care employer shall maintain records **[**which**]** that detail incidents of workplace violence and include the specific area or department of **[**the**]** such employer's premises where the incident

occurred. A health care employer shall report not later than **[**January 1, 2016, and**]** February first annually **[**thereafter,**]** to the Department of Public Health the number of workplace violence incidents occurring on the employer's premises during the preceding calendar year and the specific area or department where such incidents occurred.

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

A hospital, as defined in section 19a-490b, may designate any licensed health care provider and any certified ultrasound**,** **[**or**]** nuclear medicine, magnetic resonance imaging, radiologic or polysomnographic technologist to perform the following oxygen-related patient care activities in a hospital: (1) Connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting or adjusting the mask, tubes and other patient oxygen delivery apparatus; and (4) adjusting the rate or flow of oxygen consistent with a medical order. Such provider or technologist may perform such activities only to the extent permitted by hospital policies and procedures, including bylaws, rules and regulations applicable to the medical staff. A hospital shall document that each person designated to perform oxygen-related patient care activities has been properly trained, either through such person's professional education or through training provided by the hospital. In addition, a hospital shall require that such person satisfy annual competency testing. Nothing in this section shall be construed to prohibit a hospital from designating persons who are authorized to transport a patient with a portable oxygen source. The provisions of this section shall not apply to any type of ventilator, continuous positive airway pressure or bi-level positive airway pressure units or any other noninvasive positive pressure ventilation.

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

1, 2025):

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

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

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

(b) For the purposes of this section, "child guidance clinic" means a subset of psychiatric clinics for children designated by the Department of Children and Families pursuant to this section to receive grant funds for the purpose of assisting the department to provide community-

based psychiatric services for children, youths and families. In order to meet such mandate, the department shall designate a subset of outpatient psychiatric clinics for children to be known as child guidance clinics. The department shall provide grants to such child guidance clinics in accordance with the provisions of this section. Any town having a population of not less than forty thousand, as most recently determined by the Secretary of the Office of Policy and Management, or any combination of towns with a combined population of not less than forty thousand as similarly determined, or any nonprofit corporation organized or existing for the purpose of establishing or maintaining a psychiatric clinic for children and youths or for children and youths and their families, or any clinic designated by the Department of Children and Families as of January 1, 1995, may apply to the Department of Children and Families for funds to be used to assist in establishing, maintaining or expanding a psychiatric clinic. The applications, and any grant of funds pursuant thereto, shall not be subject to the provisions of section 17a-476, except to the extent required by federal law. The department shall base any grant of funds on the services provided to children and youths under eighteen years of age and on the effectiveness of the services. No grant shall exceed two-thirds of the ordinary recurring operating expenses of the clinic, nor shall any grant be made to pay for any portion of capital expenditures for the clinic. No clinic in existence as of October 1, 1995, shall be eligible for grants of any funds under this section unless it has obtained a license within six months of the adoption of regulations under subsection (c) of this section. No clinic receiving funds under this section shall refuse services to any resident of this state solely because of his or her place of residence.

(c) The Department of Children and Families shall adopt regulations, in accordance with the provisions of chapter 54, defining the minimum requirements for outpatient psychiatric clinics for children to be eligible for licensure under this section in regard to (1) qualification and number

of staff members, (2) clinic operation including but not limited to physical plant, governing body and recordkeeping, (3) effectiveness of services, and (4) populations targeted for priority access. The regulations shall also govern the granting of the funds to assist in establishing, maintaining and expanding psychiatric clinics. The department shall, upon payment of a fee of three hundred dollars, issue to any qualifying clinic a license that shall be in force for twenty-four months from the date of issue and shall be renewable for additional twenty-four-month periods, upon payment of a fee of three hundred dollars for each such period, provided the clinic continues to meet conditions satisfactory to the department. The department shall make available to child guidance clinics forms to be used in making application for available funds. Upon receipt of proper application, the department shall grant the funds, provided the plans for financing, the standards of operation and the effectiveness of services of the clinics are approved by the department in accordance with the provisions of this section. The grants shall be made on an annual basis.

(d) Nothing in this section shall be construed to require a hospital licensed by the Department of Public Health to obtain licensure from the Department of Children and Families to provide inpatient or outpatient mental health services to patients of any age.

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

(NEW) (g) Notwithstanding the provisions of subsection (c) of this section, the Commissioner of Public Health shall establish, not later than January 1, 2026, a process by which a person may request a short-form death certificate, for deaths occurring on or after January 1, 2021, that excludes the medical certification portion of the certificate for provision to persons or institutions that do not require knowledge of the cause of death of the decedent.

Sec. 24. Subsection (f) of section 17a-210 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(f) Any person with intellectual disability, or the legal representative of such person, may object to (1) a proposed approval by the department of a program for such person that includes the use of behavior-modifying medications or aversive procedures, or (2) a proposed determination of the department that community placement is inappropriate for such person placed under the direction of the commissioner. The department shall provide written notice of any such proposed approval or determination to the person, or to the legal representative of such person, not less than ten days prior to making such approval or determination. In the event of an objection to such proposed approval or determination, the commissioner shall conduct a hearing in accordance with the provisions of chapter 54, provided no such hearing shall be required if the commissioner withdraws such proposed approval or determination.

Sec. 25. Subsection (f) of section 17a-227 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(f) Any person, firm or corporation who operates any facility contrary to the provisions of this section shall be fined not more than one thousand dollars or imprisoned not more than six months, or both. Any person, firm or corporation who operates any facility contrary to the regulations adopted pursuant to subsection (b) of this section shall be fined not more than one thousand dollars.

Sec. 26. Subsection (b) of section 17b-59a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(b) The Commissioner of Social Services, in consultation with the Commissioner of Health Strategy, shall (1) develop, throughout the Departments of Developmental Services, Public Health, Correction, Children and Families, Veterans Affairs and Mental Health and Addiction Services, uniform management information, uniform statistical information, uniform terminology for similar facilities **[**,**]** and uniform electronic health information technology standards, (2) plan for increased participation of the private sector in the delivery of human services, and (3) provide direction and coordination to federally funded programs in the human services agencies and recommend uniform system improvements and reallocation of physical resources and designation of a single responsibility across human services agencies lines to facilitate shared services and eliminate duplication.

Sec. 27. Subdivision (2) of subsection (e) of section 17b-342 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(2) To the extent permitted by federal law, the commissioner shall seek any federal waiver or amend the Medicaid state plan as necessary to attempt to secure federal reimbursement for the costs of providing coverage to persons determined to be presumptively eligible for Medicaid coverage. The provisions of this subsection and any other provision of this section relating to the establishment of a presumptive Medicaid eligibility system, including, but not limited to, such provisions located in subsections (c), (g) and (m) <u>of this section</u>, shall not be effective until the commissioner secures such federal reimbursement through a federal waiver or Medicaid state plan amendment.

Sec. 28. Subdivision (3) of subsection (i) of section 17b-342 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(3) Any person who resides in affordable housing under the assisted

living demonstration project established pursuant to section 17b-347e, and whose income is at or below two hundred per cent of the federal poverty level, shall not be required to contribute to the cost of care. Any person who resides in affordable housing under the assisted living demonstration project established pursuant to section 17b-347e, and whose income exceeds two hundred per cent of the federal poverty level, shall contribute to the applied income amount determined in accordance with the methodology established by the Department of Social Services for recipients of medical assistance. Any person whose income exceeds two hundred per cent of the federal poverty level and who does not contribute to the cost of care in accordance with this subdivision shall be ineligible to receive services under this subsection. Notwithstanding any provision of sections 17b-60 and 17b-61, the department shall not be required to provide an administrative hearing to a person found ineligible for services under this subsection because of a failure to contribute to the cost of care.

Sec. 29. Subsection (g) of section 17b-352 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(g) The Commissioner of Social Services shall not approve any requests for beds in residential facilities for persons with intellectual disability which are licensed pursuant to section 17a-227, as amended by this act, and are certified to participate in the Title XIX Medicaid **[**Program**]** program as intermediate care facilities for individuals with intellectual disabilities, except those beds necessary to implement the residential placement goals of the Department of Developmental Services which are within available appropriations.

Sec. 30. Subdivision (1) of subsection (e) of section 17b-354 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(e) (1) A continuing care facility, as described in section 17b-520, (A) shall arrange for a medical assessment to be conducted by an independent physician or an access agency approved by the Office of Policy and Management and the Department of Social Services as meeting the requirements for such agency as defined by regulations adopted pursuant to subsection (m) of section 17b-342, prior to the admission of any resident to the nursing facility and shall document such assessment in the resident's medical file, and (B) may transfer or discharge a resident who has intentionally transferred assets in a sum which will render the resident unable to pay the cost of nursing facility care in accordance with the contract between the resident and the facility.

Sec. 31. Subsection (d) of section 19a-37 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(d) Prior to the sale, exchange, purchase, transfer or rental of real property on which a private or semipublic well is located, the owner shall provide the buyer or tenant notice that educational material concerning private well testing is available on the Department of Public Health Internet web site. If the prospective buyer or tenant has hired a real estate licensee to facilitate the property transaction, such real estate licensee, or, if the prospective buyer or tenant has not hired a real estate licensee, the owner, landlord or closing attorney shall provide to the buyer or tenant an electronic or hard copy of educational material prepared by the Department of Public Health that recommends testing for the contaminants listed in subsection (c) of this section and any other recommendation concerning well testing that the Department of Public Health deems necessary. Failure to provide such notice or educational material shall not invalidate any sale, exchange, purchase, transfer or rental of real property. If the seller or landlord provides such notice or educational material in writing, the seller or landlord and any real estate

licensee shall be deemed to have fully satisfied any duty to notify the buyer or tenant.

Sec. 32. Subsection (c) of section 19a-563h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(c) The **[**commissioner**]** Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 that set forth nursing home staffing level requirements to implement the provisions of this section. The **[**Commissioner of Public Health**]** commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published on the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Sec. 33. Subsection (e) of section 19a-564 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(e) An assisted living services agency shall: (1) Ensure that all services being provided on an individual basis to clients are fully understood and agreed upon between either the client or the client's representative; (2) ensure that the client or the client's representative **[**are**]** is made aware of the cost of any such services; (3) disclose fee increases to a resident or a resident's representative not later than sixty days prior to such fees taking effect; and (4) provide, upon request, to a resident and a resident's representative the history of fee increases over the past three calendar years. Nothing in this subsection shall be construed to limit an assisted living services agency from immediately adjusting fees to the extent such adjustments are directly related to a change in the level of

care or services necessary to meet individual resident safety needs at the time of a scheduled resident care meeting or if a resident's change of condition requires a change in services.

Sec. 34. Subsection (a) of section 19a-754e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) The Commissioner of Health Strategy, in consultation with the Office of Policy and Management, the Department of Social Services, the Connecticut Insurance Department and the Connecticut Health Insurance Exchange established pursuant to section 38a-1081, shall study the feasibility of offering health care coverage for (1) income-eligible children ages nine to eighteen, inclusive, regardless of immigration status, who are not otherwise eligible for Medicaid, the Children's Health Insurance Program, or an offer of affordable **[**employer sponsored**]** employer-sponsored insurance as defined in the Affordable Care Act, as an employee or a dependent of an employee, and (2) adults with household income not exceeding two hundred per cent of the federal poverty level who do not otherwise qualify for medical assistance, an offer of affordable **[**,**]** employer-sponsored insurance as defined in the Affordable Care Act, as an employee or a dependent of an employee, or health care coverage through the Connecticut Health Insurance Exchange due to household income.

Sec. 35. Subparagraph (C) of subdivision (1) of subsection (b) of section 19a-754g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(C) (i) The commissioner shall hold at least one informational public hearing prior to adopting the health care cost growth benchmarks and primary care spending targets for each succeeding five-year period described in this subdivision. The commissioner may hold informational public hearings concerning any annual health care cost

growth benchmark and primary care spending target set pursuant to subsection (a) of this section or subdivision (1) of subsection (b) of this section. Such informational public hearings shall be held at a time and place designated by the commissioner in a notice prominently posted by the commissioner on the office's Internet web site and in a form and manner prescribed by the commissioner. The commissioner shall make available on the office's Internet web site a summary of any such informational public hearing and include the commissioner's recommendations, if any, to modify or not to modify any such annual benchmark or target.

(ii) If the commissioner determines, after any informational public hearing held pursuant to this subparagraph, that a modification to any health care cost growth benchmark or annual primary care spending target is, in the commissioner's discretion, reasonably warranted, the commissioner may modify such benchmark or target.

(iii) The commissioner shall annually (I) review the current and projected rate of inflation, and (II) include on the office's Internet web site the commissioner's findings of such review, including the reasons for making or not making a modification to any applicable health care cost growth benchmark. If the commissioner determines that the rate of inflation requires modification of any health care cost growth benchmark adopted under this section, the commissioner may modify such benchmark. In such event, the commissioner shall not be required to hold an informational public hearing concerning such modified health care cost growth benchmark.

Sec. 36. Subdivision (2) of subsection (a) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(2) "Facility fee" has the same meaning as provided in section 19a-508c.

Sec. 37. Subsection (f) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(f) The provision of telehealth services and health records maintained and disclosed as part of a telehealth interaction shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.

Sec. 38. Subsection (c) of section 20-123b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(c) The commissioner may renew such permit annually, provided (1) application for renewal is received by the commissioner not later than three months after the date of expiration of such permit, (2) payment of a renewal fee of two hundred dollars is received with such application, and (3) an on-site evaluation of the dentist's facility has been conducted in the preceding five years in consultation with **[**The**]** the Connecticut Society of Oral and Maxillo-Facial Surgeons by an individual or individuals selected from a list of site evaluators approved by the commissioner, provided such evaluation is conducted without cost to the state on a schedule established in regulations adopted pursuant to this section and the commissioner approves the results of each such evaluation.

Sec. 39. Subsection (b) of section 20-195ttt of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(b) There is established within the Office of Health Strategy a Community Health Worker Advisory Body. Said body shall (1) advise said office and the Department of Public Health on matters relating to the educational and certification requirements for training programs for

community health workers, including the minimum number of hours and internship requirements for certification of community health workers, (2) conduct a continuous review of such educational and certification programs, and (3) provide the department with a list of approved educational and certification programs for community health workers. **[**;**]**

Sec. 40. Subdivision (11) of section 20-207 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(11) "Manager" means an individual who (A) is licensed as an embalmer or funeral director pursuant to this chapter, and (B) has direct and personal responsibility for the daily operation and management of a funeral service business; and

Sec. 41. Subsection (a) of section 38a-498a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) No individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 **[**,**]** and delivered, issued for delivery or renewed in this state, on or after January 1, 2025, shall direct or require an enrollee to obtain approval from the insurer or health care center prior to (1) calling a 9-1-1 local prehospital emergency medical service system whenever such enrollee is confronted with a life or limb threatening emergency, or (2) transporting such enrollee when medically necessary by ambulance to a hospital. For purposes of this section, a "life or limb threatening emergency" means any event which the enrollee believes threatens such enrollee's life or limb in such a manner that a need for immediate medical care is created to prevent death or serious impairment of health.

Sec. 42. Subsection (a) of section 38a-525a of the general statutes is

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

(a) No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 **[**,**]** and delivered, issued for delivery or renewed in this state, on or after January 1, 2025, shall direct or require an enrollee to obtain approval from the insurer or health care center prior to (1) calling a 9-1-1 local prehospital emergency medical service system whenever such enrollee is confronted with a life or limb threatening emergency, or (2) transporting such enrollee when medically necessary by ambulance to a hospital. For purposes of this section, a "life or limb threatening emergency" means any event which the enrollee believes threatens such enrollee's life or limb in such a manner that a need for immediate medical care is created to prevent death or serious impairment of health.

Sec. 43. Subsection (f) of section 19a-59j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(f) All information obtained by the commissioner, or the commissioner's designee, for the infant mortality review program shall be confidential pursuant to section 19a-25, except the commissioner may disclose any information or data obtained for the infant mortality review program to the Child Advocate, if the commissioner deems such disclosure necessary for the Child Advocate to perform the duties set forth in section 46a-13*l*. Any information or data disclosed to the Child Advocate shall be confidential in accordance with section 46a-13n, as amended by this act.

Sec. 44. Subsection (a) of section 46a-13n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) The name, address and other personally identifiable information of a person who makes a complaint to the Child Advocate as provided in section 46a-13*l*, all information obtained or generated by the office in the course of an investigation and all confidential records obtained by the Child Advocate or a designee shall be confidential and shall not be subject to disclosure under the Freedom of Information Act or otherwise, except that such information and records, other than confidential information concerning a pending law enforcement investigation or a pending prosecution, may be disclosed if the Child Advocate determines that disclosure is (1) in the general public interest or (2) necessary to enable the Child Advocate to perform his responsibilities under subsection (a) of section 46a-13*l*. If the Child Advocate determines that disclosure of confidential information is not in the public interest but is necessary to enable the Child Advocate to perform responsibilities under subsection (a) of section 46a-13*l*, or to identify, prevent or treat the abuse or neglect of a child, the Child Advocate may disclose such information to the appropriate agency responsible for the welfare of such child or the legal representative for such child. The Child Advocate may disclose information or data regarding fatalities of infants less than one year of age to the Commissioner of Public Health if the Child Advocate determines such disclosure is necessary for the purposes of the infant mortality review program established pursuant to section 19a-59j, as amended by this act. Any information or data disclosed to the Commissioner of Public Health shall be confidential in accordance with the provisions of section 19a-25.

Sec. 45. Section 29 of public act 24-19 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall establish a working group to examine hospice services for pediatric patients across the state. The working group shall include, but need not

be limited to, the following members:

(1) At least one representative of each pediatric hospice association in the state;

(2) One representative of each organization licensed as a hospice by the Department of Public Health pursuant to section 19a-122b of the general statutes;

(3) At least one representative of an association of hospitals in the state;

(4) One representative each of two children's hospitals in the state;

(5) One pediatric oncologist;

(6) One pediatric intensivist;

(7) The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health;

(8) The Commissioner of Public Health, or the commissioner's designee; and

(9) The Commissioner of Social Services, or the commissioner's designee.

(b) **[**The**]** (1) On and before March 1, 2025, the working group shall be responsible for the following:

[(1)**]** (A) Reviewing existing hospice services for pediatric patients across the state;

[(2)**]** (B) Making recommendations for appropriate levels of hospice services for pediatric patients across the state; and

[(3)**]** (C) Evaluating payment and funding options for pediatric hospice care.

(2) On and after March 1, 2025, and before July 1, 2026, the working group shall be responsible for developing recommendations for the establishment of a Children's Health, Advocacy, Management and Palliative Care program and, within such program, a Pediatric Palliative and Hospice Care Center of Excellence pilot program, as described in the working group's report submitted pursuant to subdivision (1) of subsection (f) of this section, including, but not limited to, recommendations regarding (A) appropriations necessary to establish such program and pilot program, (B) requirements for the operation of the pilot program, including, but not limited to, staff and facility requirements, (C) education and curriculum requirements for nurses participating in the pilot program or providing pediatric palliative or hospice care services, and (D) any licensing or certification requirements necessary for the operation of the pilot program or expanding the provision of pediatric palliative or hospice care services in the state.

(c) The cochairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall schedule the first meeting of the working group, which shall be held not later than **[**sixty days after the effective date of this section**]** July 20, 2024.

(d) The members of the working group shall elect two chairpersons from among the members of the working group. Not later than thirty days after the effective date of this section, the chairpersons of the working group shall schedule a meeting of the working group to initiate work on the responsibilities described in subdivision (2) of subsection (b) of this section.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as administrative staff of the working group.

(f) (1) Not later than March 1, 2025, the chairpersons of the working group shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the findings of the working group.

(2) Not later than March 1, 2026, the chairpersons of the working group shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the recommendations developed pursuant to subdivision (2) of subsection (b) of this section.

Sec. 46. Subsection (a) of section 10-29a of the general statutes is amended by adding subdivision (118) as follows (*Effective from passage*):

(NEW) (118) The Governor shall proclaim April nineteenth of each year as Connecticut Liver Health Day to raise awareness of issues surrounding liver health, including, but not limited to, metabolic dysfunction-associated steatotic liver disease and metabolic dysfunction-associated steatohepatitis. Suitable exercises may be held in the State Capitol and elsewhere as the Governor designates for the observance of the day.

Sec. 47. (*Effective from passage*) The Commissioner of Health Strategy shall conduct a study to (1) evaluate (A) options that allow a health care patient a granular choice in selecting what specific types of patient health information and medical records to share with the State-wide Health Information Exchange, including, but not limited to, the ability for a patient to choose to exclude patient health information and medical records associated with a particular health care provider from the State-wide Health Information Exchange, (B) the operational and financial implications of implementing any such option, and (C) an option that allows health care providers to participate in the State-wide Health

Information Exchange using only a business associate agreement entered into pursuant to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, as described in 45 CFR 164.502(e)(2), (2) examine current procedures relating to health care patients' ability to opt out of the State-wide Health Information Exchange and determine whether to enhance or improve such procedures by enhancing transparency and simplifying a patient's ability to opt out, and (3) summarize, using publicly available resources, the landscape of health data sharing in the state, protections relating to such data sharing and the benefits of provider access to patient health information. Not later than September 30, 2026, the commissioner shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, concerning the results of such study to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 48. Section 17b-59e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) For purposes of this section:

(1) "Health care provider" means any individual, corporation, facility or institution licensed by the state to provide health care services; and

(2) "Electronic health record system" means a computer-based information system that is used to create, collect, store, manipulate, share, exchange or make available electronic health records for the purposes of the delivery of patient care.

(b) Not later than one year after commencement of the operation of the State-wide Health Information Exchange, each hospital licensed under chapter 368v and clinical laboratory licensed under section 19a-565 shall maintain an electronic health record system capable of connecting to and participating in the State-wide Health Information

Exchange and shall apply to begin the process of connecting to, and participating in, the State-wide Health Information Exchange.

(c) Not later than two years after commencement of the operation of the State-wide Health Information Exchange, (1) each health care provider with an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall apply to begin the process of connecting to, and participating in, the State-wide Health Information Exchange, and (2) each health care provider without an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall be capable of sending and receiving secure messages that comply with the Direct Project specifications published by the federal Office of the National Coordinator for Health Information Technology. A health care provider shall not be required to connect with the State-wide Health Information Exchange if the provider (A) possesses no patient medical records, **[**or**]** (B) is an individual licensed by the state that exclusively practices as an employee of a covered entity, as defined by the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and such covered entity is legally responsible for decisions regarding the safeguarding, release or exchange of health information and medical records, in which case such covered entity is responsible for compliance with the provisions of this section, or (C) is a health care provider who does not actively practice in the state.

(d) Nothing in this section shall be construed to require a health care provider to share patient information with the State-wide Health Information Exchange if (1) sharing such information is prohibited by state or federal privacy and security laws, or (2) affirmative consent from the patient is legally required and such consent has not been obtained.

(e) No health care provider shall be liable for any private or public

claim related directly to a data breach, ransomware or hacking experienced by the State-wide Health Information Exchange, provided a health care provider shall be liable for any failure to comply with applicable state and federal data privacy and security laws and regulations in sharing information with and connecting to the exchange. If the State-wide Health Information Exchange experiences a data breach, ransomware or hacking, the State-wide Health Information Exchange shall notify patients affected by and perform any mitigation necessitated by such data breach, ransomware or hacking on behalf of affected health care providers. Any health care provider that would violate any other law by sharing information with or connecting to the exchange shall not be required to share such information with or connect to the exchange.

(f) The Commissioner of Health Strategy shall adopt regulations in accordance with the provisions of chapter 54 that set forth requirements necessary to implement the provisions of this section. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the commissioner holds a public hearing at least thirty days prior to implementing such policies and procedures and publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations System not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.

(g) Not later than eighteen months after the date of implementation of policies and procedures pursuant to subsection (f) of this section, each health care provider shall be connected to and actively participating in the State-wide Health Information Exchange. As used in this subsection, (1) "connection" includes, but is not limited to, onboarding with the

exchange, and (2) "participation" means the active sharing of **[**medical records**]** designated record sets, as defined in 45 CFR 164.501, with the exchange in accordance with applicable law including, but not limited to, the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and 42 CFR 2.

(h) The State-wide Health Information Exchange, and its vendor, shall not disclose protected health information in response to a subpoena unless such disclosure fully complies with applicable federal and state laws regarding release of medical records.

Sec. 49. (*Effective from passage*) (a) There is established a working group to assess and provide recommendations regarding (1) regulatory requirements concerning sewage disposal, including, but not limited to, nitrogen discharge limits and their impact on the development of housing, public health and the environment, and (2) balancing the costs associated with the development of housing and a risk-based approach to protecting public health and the environment.

(b) The working group may include, but need not be limited to, the Commissioners of Public Health, Energy and Environmental Protection and Housing, or said commissioners' designees, the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health and the following members, who shall be appointed by such chairpersons and ranking members:

(1) A representative of a residential construction trade association in the state;

(2) A representative of an association representing municipal planners in the state;

(3) A representative of a local health department or district department of health that includes an area with land in a coastal

boundary, as described in section 22a-94 of the general statutes;

(4) A representative of a local health department that includes an area upland of inland wetlands or inland watercourses regulated by a municipality pursuant to sections 22a-42 and 22a-42a of the general statutes;

(5) A representative of a local health department with no land in a coastal boundary, as described in section 22-94a of the general statutes, or an upland review area;

(6) A representative of an association representing septic system installers in the state;

(7) A representative of an association representing professional engineers in the state;

(8) An expert in coastal environmental science;

(9) An expert in wetland and soil science;

(10) An expert in environmental justice;

(11) A residential building developer with experience in developing in an area with land in a coastal boundary, as described in section 22a-94 of the general statutes; and

(12) A residential building developer with experience in developing in an area with no land in a coastal boundary, as described in section 22a-94 of the general statutes.

(c) The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall select the chairperson of the working group from among the members of the working group. Such chairperson shall schedule the first meeting of the working group,

which shall be held not later than June 30, 2025.

(d) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as administrative staff of the working group.

(e) Not later than February 1, 2026, the chairperson of the working group shall submit a report to the Commissioner of Public Health and the joint standing committees of the General Assembly having cognizance of matters relating to public health, the environment and housing regarding such assessment and recommendations.

Sec. 50. Subsection (g) of section 22a-430 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) The commissioner shall, by regulation adopted prior to October 1, 1977, establish and define categories of discharges that constitute household and small commercial subsurface sewage disposal systems for which the commissioner shall delegate to the Commissioner of Public Health the authority to issue permits or approvals and to hold public hearings in accordance with this section, on and after said date. Not later than July 1, **[**2025**]** 2026, but only after the working group has convened pursuant to section 49 of this act and consideration of the recommendations provided by such working group pursuant to said section, the commissioner shall post a notice of intent to amend such regulations on the eRegulations System to establish and define categories of discharges that constitute small community sewerage systems and household and small commercial subsurface sewage disposal systems. The Commissioner of Public Health shall, pursuant to section 19a-36, establish minimum requirements for small community sewerage systems and household and small commercial subsurface sewage disposal systems and procedures for the issuance of such permits or approvals by the local director of health or an environmental

health specialist registered pursuant to chapter 395. As used in this subsection, small community sewerage systems and household and small commercial disposal systems shall include those subsurface sewage disposal systems with a capacity of ten thousand gallons per day or less. Notwithstanding any provision of the general statutes (1) the regulations adopted by the commissioner pursuant to this subsection that are in effect as of July 1, 2017, shall apply to household and small commercial subsurface sewage disposal systems with a capacity of seven thousand five hundred gallons per day or less, and (2) the regulations adopted by the commissioner pursuant to this subsection that are in effect **[**as of**]** on or after July 1, **[**2025**]** 2026, shall apply to small community sewerage systems, household systems and small commercial subsurface sewerage disposal systems with a capacity of ten thousand gallons per day or less. Any permit denied by the Commissioner of Public Health, or a director of health or registered environmental health specialist shall be subject to hearing and appeal in the manner provided in section 19a-229. Any permit granted by the Commissioner of Public Health, or a director of health or registered environmental health specialist on or after October 1, 1977, shall be deemed equivalent to a permit issued under subsection (b) of this section.

Sec. 51. (*Effective from passage*) (a) Not later than January 1, 2026, the Department of Education shall establish, within available appropriations, a mental and behavioral health awareness and treatment pilot program in priority school districts, as defined in section 10-266p of the general statutes. The program shall enable not less than one hundred thousand students in such districts to utilize an electronic mental and behavioral health awareness and treatment tool through an Internet web site, online service or mobile application, which tool shall be selected by the Commissioner of Education and provide each of the following:

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

(2) Moderated peer-to-peer support services, screened by a moderator, to encourage social connection and mutual support among students; and

(3) Private online sessions with mental or behavioral health care providers licensed in the state who have demonstrated experience delivering mental or behavioral health care services to school districts serving both rural and urban student populations, provided such sessions comply with the provisions of section 19a-906 of the general statutes, as amended by this act, concerning telehealth and the provisions of section 19a-14c of the general statutes concerning the provision of outpatient mental health treatment to minors.

(c) (1) During its first year of operation, the pilot program shall have the following objectives: (A) To build partnerships between priority school districts and community organizations providing mental and behavioral health care services; and (B) to launch a digital marketing campaign to raise awareness and engagement among students concerning mental and behavioral health issues affecting students.

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

(d) (1) During its second year of operation, the pilot program shall have the following objectives: (A) To refer students to mental and behavioral health care providers, as needed; and (B) to enhance students' engagement with mental and behavioral health tools, including, but not limited to, coping strategies and clinician support.

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

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

Governor's Action:
Approved June 24, 2025