



General Assembly

Amendment

January Session, 2025

LCO No. 10027



Offered by:

REP. MCCARTHY VAHEY, 133rd Dist.

SEN. ANWAR, 3rd Dist.

To: Subst. House Bill No. **7157**

File No. 628

Cal. No. 389

"AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (b) of section 19a-411 of the general statutes is
4 repealed and the following is substituted in lieu thereof (*Effective July 1,*
5 *2025*):

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

15 person with a legitimate interest in the records shall be denied access to
16 such records, [and] (2) no person may be denied access to records
17 concerning a person in the custody of the state at the time of death, and
18 (3) no parent or sibling eighteen years of age or older of a child under
19 eighteen years of age who is the subject of such records shall be charged
20 a fee to obtain copies of such records. As used in this section, a "person
21 in the custody of the state" [is] means a person committed to the custody
22 of [(1)] (A) the Commissioner of Correction for confinement in a
23 correctional institution or facility or a community residence, [(2)] (B) the
24 Commissioner of Children and Families, or [(3)] (C) the Commissioner
25 of Developmental Services.

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 Section 19a-197a of the general statutes is repealed and the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

28 (a) As used in this section, "emergency medical services personnel"
29 means (1) any emergency medical responder certified pursuant to
30 sections 20-206ll and 20-206mm, (2) any class of emergency medical
31 technician certified pursuant to sections 20-206ll and 20-206mm,
32 including, but not limited to, any advanced emergency medical
33 technician, [(2)] and (3) any paramedic licensed pursuant to sections 20-
34 206ll and 20-206mm. [, and (3) any emergency medical responder
35 certified pursuant to sections 20-206ll and 20-206mm.]

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

48 deemed necessary by the emergency medical services personnel for the
49 treatment of a patient. All emergency medical services personnel shall
50 receive such training in accordance with the national standards
51 recognized by the commissioner, except an emergency medical
52 responder, as defined in section 20-206jj, need only be trained to utilize
53 means of administration of epinephrine that is within such responder's
54 scope of practice, as determined in accordance with section 19a-179a.

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

61 Sec. 3. Subsection (a) of section 20-73b of the general statutes is
62 repealed and the following is substituted in lieu thereof (*Effective July 1,*
63 *2025*):

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

81 (B) of subdivision (1) of this subsection may be satisfied by the
82 completion of the evidence-based youth suicide prevention training
83 program administered pursuant to section 17a-52a. Qualifying
84 continuing education activities include, but are not limited to, courses
85 offered or approved by the American Physical Therapy Association or
86 any component of the American Physical Therapy Association, a
87 hospital or other licensed health care institution or a regionally
88 accredited institution of higher education.

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

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

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

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

105 As used in this section and sections [52-146d to 52-146i] 52-146e to 52-
106 146j, inclusive, as amended by this act:

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

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

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

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

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

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

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

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

155 [(7)] (8) "Psychiatric mental health provider" means a physician
156 specializing in psychiatry and licensed under the provisions of sections
157 20-9 to 20-12, inclusive, an advanced practice registered nurse licensed
158 under chapter 378 who is board certified as a psychiatric mental health
159 provider by a certifying body, including, but not limited to, the
160 American Nurses Credentialing Center [, a person] or the American
161 Academy of Nurse Practitioners, an individual licensed to practice
162 medicine who devotes a substantial portion of his or her time to the
163 practice of psychiatry or [a person] an individual reasonably believed
164 by the patient to be so qualified; and

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

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

169 (a) [All communications and records as defined in section 52-146d]
170 Each communication and record shall be confidential and [shall be]
171 subject to the provisions of sections 52-146d to 52-146j, inclusive, as
172 amended by this act. Except as provided in sections 52-146f to 52-146i,
173 inclusive, as amended by this act, no [person may] individual shall
174 disclose or transmit any [communications and records] communication
175 or record thereof, or the substance or any part or [any] resume thereof,

176 [which identify a] that identifies a person or patient to any [person]
177 individual, corporation or governmental agency without the consent of
178 the person or patient or his or her authorized representative.

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

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

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

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

199 (1) [Communications or records may be disclosed to other persons]
200 A psychologist or psychiatric mental health provider may (A) disclose a
201 communication and record to any other individual engaged in the
202 diagnosis or treatment of the person or patient, [or may be transmitted]
203 and (B) transmit the communication and record to another mental
204 health facility to which the person or patient is admitted for diagnosis
205 or treatment if the psychologist or psychiatric mental health provider
206 [in possession of the communications or records] determines that the

207 disclosure or transmission is needed to accomplish the objectives of
208 diagnosis or treatment of the person or patient. The psychologist or
209 psychiatric mental health provider shall inform the person or patient
210 [shall be informed] that the [communications or records]
211 communication and record will be so disclosed or transmitted. For
212 purposes of this subsection, [persons] an individual in professional
213 training [are to] to become a psychologist or psychiatric mental health
214 provider shall be considered as engaged in the diagnosis or treatment
215 of the [patients] person or patient.

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

228 (3) Except as provided in section 17b-225, a psychologist or
229 psychiatric mental health provider may disclose the name, address and
230 fees for [psychiatric] services provided by a psychologist or psychiatric
231 mental health provider to a person or patient [may be disclosed to
232 individuals or agencies] to any individual or agency involved in the
233 collection of fees for such services. In cases where a dispute arises over
234 the fees or claims or where additional information is needed to
235 substantiate the fee or claim, the disclosure of further information shall
236 be limited to the following: (A) That the [person] individual was in fact
237 a person or patient of the psychologist or psychiatric mental health
238 provider; (B) the diagnosis of the person or patient; (C) the dates and
239 duration of treatment of the person or patient; and (D) a general

240 description of the treatment [which] provided to the person or patient
241 that shall include evidence that a treatment plan exists and has been
242 carried out and evidence to substantiate the necessity for admission and
243 length of stay in a health care institution or facility. If further
244 information is required, the party seeking the information shall proceed
245 in the same manner provided for hospital patients in section 4-105.

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

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

272 (6) [Communications or records] A communication and record may

273 be disclosed to (A) the Commissioner of Public Health in connection
274 with any inspection, investigation or examination of an institution, as
275 defined in subsection (a) of section 19a-490, authorized under section
276 19a-498, or (B) the Commissioner of Mental Health and Addiction
277 Services in connection with any inspection, investigation or examination
278 authorized under subsection (f) of section 17a-451.

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

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

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

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

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

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

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

327 (a) Any facility or individual under contract with the Department of
328 Mental Health and Addiction Services to provide behavioral health
329 services shall transmit [information and records] a communication and
330 record, if requested, to the Commissioner of Mental Health and
331 Addiction Services pursuant to [his] such facility's or individual's
332 obligation under section 17a-451 to maintain the overall responsibility
333 for the care and treatment of [persons] individuals with psychiatric
334 disorders or substance use disorders. The Commissioner of Mental
335 Health and Addiction Services may collect and use the [information and
336 records] communication and record for administration, planning or

337 research, subject to the provisions of section 52-146g, as amended by this
338 act. The Commissioner of Mental Health and Addiction Services may
339 enter into contracts within the state and into interstate compacts for the
340 efficient storage and retrieval of the [information and records]
341 communication and record.

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

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

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

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

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

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

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

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

399 Sec. 13. Section 17a-590 of the general statutes is repealed and the

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

401 As one of the conditions of release, the board may require the
402 acquittee to report to any public or private mental health facility for
403 examination. Whenever medical, psychiatric or psychological treatment
404 is recommended, the board may order the acquittee, as a condition of
405 release, to cooperate with and accept treatment from the facility. The
406 facility to which the acquittee has been referred for examination shall
407 perform the examination and submit a written report of its findings to
408 the board. If the facility finds that treatment of the person is appropriate,
409 it shall include its recommendations for treatment in the report to the
410 board. Whenever treatment is provided by the facility, the facility shall
411 furnish reports to the board on a regular basis concerning the status of
412 the acquittee and the degree to which the acquittee is a danger to himself
413 or others. The board shall furnish copies of all such reports to the
414 acquittee, counsel for the acquittee and the state's attorney. Psychiatric
415 or psychological reports concerning the acquittee that are in the
416 possession of the board shall not be public records, as defined in section
417 1-200, except that information in such reports relied on by the board or
418 used as evidence concerning the discharge, conditional release,
419 temporary leave or confinement of the acquittee shall not be
420 confidential. The provisions of sections [52-146c] 52-146d to 52-146j,
421 inclusive, as amended by this act, shall not apply to such reports for the
422 purposes of this section. The facility shall comply with any other
423 conditions of release prescribed by order of the board.

424 Sec. 14. Subsection (d) of section 17a-596 of the general statutes is
425 repealed and the following is substituted in lieu thereof (*Effective October*
426 *1, 2025*):

427 (d) Any hearing by the board, including the taking of any testimony
428 at such hearing, shall be open to the public. At any hearing before the
429 board, the acquittee shall have all the rights given a party to a contested
430 case under chapter 54. In addition to the rights enumerated in chapter
431 54, the acquittee shall have the right to appear at all proceedings before
432 the board, except board deliberations, and to be represented by counsel,

433 to consult with counsel prior to the hearing and, if indigent, to have
434 counsel provided, pursuant to the provisions of chapter 887, without
435 cost. At any hearing before the board, copies of documents and reports
436 considered by the board shall be available for examination by the
437 acquittee, counsel for the acquittee and the state's attorney. Psychiatric
438 or psychological reports concerning the acquittee that are in the
439 possession of the board shall not be public records, as defined in section
440 1-200, except that information in such reports relied on by the board or
441 used as evidence concerning the discharge, conditional release,
442 temporary leave or confinement of the acquittee shall not be
443 confidential. The provisions of sections [52-146c] 52-146d to 52-146j,
444 inclusive, as amended by this act, shall not apply to such reports for the
445 purposes of this section.

446 Sec. 15. Subsection (a) of section 52-146o of the general statutes is
447 repealed and the following is substituted in lieu thereof (*Effective October*
448 *1, 2025*):

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

461 Sec. 16. Subsection (a) of section 52-146w of the general statutes is
462 repealed and the following is substituted in lieu thereof (*Effective October*
463 *1, 2025*):

464 (a) Except as provided in sections [52-146c] 52-146d to 52-146k,

465 inclusive, as amended by this act, sections 52-146o, as amended by this
466 act, 52-146p, 52-146q and 52-146s and subsection (b) of this section, in
467 any civil action or any proceeding preliminary thereto or in any probate,
468 legislative or administrative proceeding, no covered entity, as defined
469 in 45 CFR 160.103, shall disclose (1) any communication made to such
470 covered entity, or any information obtained by such covered entity
471 from, a patient or the conservator, guardian or other authorized legal
472 representative of a patient relating to reproductive health care services,
473 as defined in section 52-571m, that are permitted under the laws of this
474 state, or (2) any information obtained by personal examination of a
475 patient relating to reproductive health care services, as defined in
476 section 52-571m, that are permitted under the laws of this state, unless
477 the patient or that patient's conservator, guardian or other authorized
478 legal representative explicitly consents in writing to such disclosure. A
479 covered entity shall inform the patient or the patient's conservator,
480 guardian or other authorized legal representative of the patient's right
481 to withhold such written consent.

482 Sec. 17. Subsection (a) of section 52-146x of the general statutes is
483 repealed and the following is substituted in lieu thereof (*Effective October*
484 *1, 2025*):

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

498 in section 52-571n, that are permitted under the laws of this state, unless
499 the patient or that patient's conservator, guardian or other authorized
500 legal representative explicitly consents in writing to such disclosure. A
501 covered entity shall inform the patient or the patient's conservator,
502 guardian or other authorized legal representative of the patient's right
503 to withhold such written consent.

504 Sec. 18. Subsection (a) of section 19a-17 of the general statutes is
505 repealed and the following is substituted in lieu thereof (*Effective July 1,*
506 *2025*):

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

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

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

516 (3) Censure a practitioner or permittee;

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

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

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

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

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

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

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

530 (8) In those cases involving persons or entities licensed or certified
531 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and
532 20-476, require that restitution be made to an injured property owner;
533 or

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

537 (A) Found guilty or convicted as a result of an act which constitutes
538 a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws
539 of another jurisdiction and which, if committed within this state, would
540 have constituted a felony under the laws of this state, except for a
541 practitioner who is a social worker under chapter 383b, an art therapist
542 under chapter 383g, a dietitian-nutritionist under chapter 384b, an
543 embalmer or funeral director under chapter 385, a barber under chapter
544 386, a hairdresser, cosmetician, esthetician, eyelash technician or nail
545 technician under chapter 387; or

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

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

556 A health care employer shall maintain records [which] that detail
557 incidents of workplace violence and include the specific area or
558 department of [the] such employer's premises where the incident
559 occurred. A health care employer shall report not later than [January 1,
560 2016, and] February first annually [thereafter,] to the Department of
561 Public Health the number of workplace violence incidents occurring on
562 the employer's premises during the preceding calendar year and the
563 specific area or department where such incidents occurred.

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

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

588 Sec. 21. Subsection (n) of section 19a-89e of the general statutes is

589 repealed and the following is substituted in lieu thereof (*Effective October*
590 *1, 2025*):

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

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

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

616 (b) For the purposes of this section, "child guidance clinic" means a
617 subset of psychiatric clinics for children designated by the Department
618 of Children and Families pursuant to this section to receive grant funds
619 for the purpose of assisting the department to provide community-
620 based psychiatric services for children, youths and families. In order to

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

648 (c) The Department of Children and Families shall adopt regulations,
649 in accordance with the provisions of chapter 54, defining the minimum
650 requirements for outpatient psychiatric clinics for children to be eligible
651 for licensure under this section in regard to (1) qualification and number
652 of staff members, (2) clinic operation including but not limited to
653 physical plant, governing body and recordkeeping, (3) effectiveness of
654 services, and (4) populations targeted for priority access. The

655 regulations shall also govern the granting of the funds to assist in
656 establishing, maintaining and expanding psychiatric clinics. The
657 department shall, upon payment of a fee of three hundred dollars, issue
658 to any qualifying clinic a license that shall be in force for twenty-four
659 months from the date of issue and shall be renewable for additional
660 twenty-four-month periods, upon payment of a fee of three hundred
661 dollars for each such period, provided the clinic continues to meet
662 conditions satisfactory to the department. The department shall make
663 available to child guidance clinics forms to be used in making
664 application for available funds. Upon receipt of proper application, the
665 department shall grant the funds, provided the plans for financing, the
666 standards of operation and the effectiveness of services of the clinics are
667 approved by the department in accordance with the provisions of this
668 section. The grants shall be made on an annual basis.

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

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

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

682 Sec. 24. Subsection (f) of section 17a-210 of the general statutes is
683 repealed and the following is substituted in lieu thereof (*Effective October*
684 *1, 2025*):

685 (f) Any person with intellectual disability, or the legal representative

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

699 Sec. 25. Subsection (f) of section 17a-227 of the general statutes is
700 repealed and the following is substituted in lieu thereof (*Effective October*
701 *1, 2025*):

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

708 Sec. 26. Subsection (b) of section 17b-59a of the general statutes is
709 repealed and the following is substituted in lieu thereof (*Effective October*
710 *1, 2025*):

711 (b) The Commissioner of Social Services, in consultation with the
712 Commissioner of Health Strategy, shall (1) develop, throughout the
713 Departments of Developmental Services, Public Health, Correction,
714 Children and Families, Veterans Affairs and Mental Health and
715 Addiction Services, uniform management information, uniform
716 statistical information, uniform terminology for similar facilities [,] and
717 uniform electronic health information technology standards, (2) plan for

718 increased participation of the private sector in the delivery of human
719 services, and (3) provide direction and coordination to federally funded
720 programs in the human services agencies and recommend uniform
721 system improvements and reallocation of physical resources and
722 designation of a single responsibility across human services agencies
723 lines to facilitate shared services and eliminate duplication.

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

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

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

740 (3) Any person who resides in affordable housing under the assisted
741 living demonstration project established pursuant to section 17b-347e₂
742 and whose income is at or below two hundred per cent of the federal
743 poverty level, shall not be required to contribute to the cost of care. Any
744 person who resides in affordable housing under the assisted living
745 demonstration project established pursuant to section 17b-347e₂ and
746 whose income exceeds two hundred per cent of the federal poverty
747 level, shall contribute to the applied income amount determined in
748 accordance with the methodology established by the Department of
749 Social Services for recipients of medical assistance. Any person whose

750 income exceeds two hundred per cent of the federal poverty level and
751 who does not contribute to the cost of care in accordance with this
752 subdivision shall be ineligible to receive services under this subsection.
753 Notwithstanding any provision of sections 17b-60 and 17b-61, the
754 department shall not be required to provide an administrative hearing
755 to a person found ineligible for services under this subsection because
756 of a failure to contribute to the cost of care.

757 Sec. 29. Subsection (g) of section 17b-352 of the general statutes is
758 repealed and the following is substituted in lieu thereof (*Effective October*
759 *1, 2025*):

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

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

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

782 facility.

783 Sec. 31. Subsection (d) of section 19a-37 of the general statutes is
784 repealed and the following is substituted in lieu thereof (*Effective October*
785 *1, 2025*):

786 (d) Prior to the sale, exchange, purchase, transfer or rental of real
787 property on which a private or semipublic well is located, the owner
788 shall provide the buyer or tenant notice that educational material
789 concerning private well testing is available on the Department of Public
790 Health Internet web site. If the prospective buyer or tenant has hired a
791 real estate licensee to facilitate the property transaction, such real estate
792 licensee, or, if the prospective buyer or tenant has not hired a real estate
793 licensee, the owner, landlord or closing attorney shall provide to the
794 buyer or tenant an electronic or hard copy of educational material
795 prepared by the Department of Public Health that recommends testing
796 for the contaminants listed in subsection (c) of this section and any other
797 recommendation concerning well testing that the Department of Public
798 Health deems necessary. Failure to provide such notice or educational
799 material shall not invalidate any sale, exchange, purchase, transfer or
800 rental of real property. If the seller or landlord provides such notice or
801 educational material in writing, the seller or landlord and any real estate
802 licensee shall be deemed to have fully satisfied any duty to notify the
803 buyer or tenant.

804 Sec. 32. Subsection (c) of section 19a-563h of the general statutes is
805 repealed and the following is substituted in lieu thereof (*Effective October*
806 *1, 2025*):

807 (c) The [commissioner] Commissioner of Public Health shall adopt
808 regulations in accordance with the provisions of chapter 54 that set forth
809 nursing home staffing level requirements to implement the provisions
810 of this section. The [Commissioner of Public Health] commissioner may
811 implement policies and procedures necessary to administer the
812 provisions of this section while in the process of adopting such policies
813 and procedures as regulations, provided notice of intent to adopt

814 regulations is published on the eRegulations System not later than
815 twenty days after the date of implementation. Policies and procedures
816 implemented pursuant to this section shall be valid until the time final
817 regulations are adopted.

818 Sec. 33. Subsection (e) of section 19a-564 of the general statutes is
819 repealed and the following is substituted in lieu thereof (*Effective October*
820 *1, 2025*):

821 (e) An assisted living services agency shall: (1) Ensure that all services
822 being provided on an individual basis to clients are fully understood
823 and agreed upon between either the client or the client's representative;
824 (2) ensure that the client or the client's representative [are] is made
825 aware of the cost of any such services; (3) disclose fee increases to a
826 resident or a resident's representative not later than sixty days prior to
827 such fees taking effect; and (4) provide, upon request, to a resident and
828 a resident's representative the history of fee increases over the past three
829 calendar years. Nothing in this subsection shall be construed to limit an
830 assisted living services agency from immediately adjusting fees to the
831 extent such adjustments are directly related to a change in the level of
832 care or services necessary to meet individual resident safety needs at the
833 time of a scheduled resident care meeting or if a resident's change of
834 condition requires a change in services.

835 Sec. 34. Subsection (a) of section 19a-754e of the general statutes is
836 repealed and the following is substituted in lieu thereof (*Effective October*
837 *1, 2025*):

838 (a) The Commissioner of Health Strategy, in consultation with the
839 Office of Policy and Management, the Department of Social Services, the
840 Connecticut Insurance Department and the Connecticut Health
841 Insurance Exchange established pursuant to section 38a-1081, shall
842 study the feasibility of offering health care coverage for (1) income-
843 eligible children ages nine to eighteen, inclusive, regardless of
844 immigration status, who are not otherwise eligible for Medicaid, the
845 Children's Health Insurance Program, or an offer of affordable

846 [employer sponsored] employer-sponsored insurance as defined in the
847 Affordable Care Act, as an employee or a dependent of an employee,
848 and (2) adults with household income not exceeding two hundred per
849 cent of the federal poverty level who do not otherwise qualify for
850 medical assistance, an offer of affordable [,] employer-sponsored
851 insurance as defined in the Affordable Care Act, as an employee or a
852 dependent of an employee, or health care coverage through the
853 Connecticut Health Insurance Exchange due to household income.

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

857 (C) (i) The commissioner shall hold at least one informational public
858 hearing prior to adopting the health care cost growth benchmarks and
859 primary care spending targets for each succeeding five-year period
860 described in this subdivision. The commissioner may hold
861 informational public hearings concerning any annual health care cost
862 growth benchmark and primary care spending target set pursuant to
863 subsection (a) of this section or subdivision (1) of subsection (b) of this
864 section. Such informational public hearings shall be held at a time and
865 place designated by the commissioner in a notice prominently posted
866 by the commissioner on the office's Internet web site and in a form and
867 manner prescribed by the commissioner. The commissioner shall make
868 available on the office's Internet web site a summary of any such
869 informational public hearing and include the commissioner's
870 recommendations, if any, to modify or not to modify any such annual
871 benchmark or target.

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

877 (iii) The commissioner shall annually (I) review the current and

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

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

890 (2) "Facility fee" has the same meaning as provided in section 19a-
891 508c.

892 Sec. 37. Subsection (f) of section 19a-906 of the general statutes is
893 repealed and the following is substituted in lieu thereof (*Effective October*
894 *1, 2025*):

895 (f) The provision of telehealth services and health records maintained
896 and disclosed as part of a telehealth interaction shall comply with the
897 provisions of the Health Insurance Portability and Accountability Act of
898 1996, P.L. 104-191, as amended from time to time.

899 Sec. 38. Subsection (c) of section 20-123b of the general statutes is
900 repealed and the following is substituted in lieu thereof (*Effective October*
901 *1, 2025*):

902 (c) The commissioner may renew such permit annually, provided (1)
903 application for renewal is received by the commissioner not later than
904 three months after the date of expiration of such permit, (2) payment of
905 a renewal fee of two hundred dollars is received with such application,
906 and (3) an on-site evaluation of the dentist's facility has been conducted
907 in the preceding five years in consultation with [The] the Connecticut
908 Society of Oral and Maxillo-Facial Surgeons by an individual or

909 individuals selected from a list of site evaluators approved by the
910 commissioner, provided such evaluation is conducted without cost to
911 the state on a schedule established in regulations adopted pursuant to
912 this section and the commissioner approves the results of each such
913 evaluation.

914 Sec. 39. Subsection (b) of section 20-195ttt of the general statutes is
915 repealed and the following is substituted in lieu thereof (*Effective October*
916 *1, 2025*):

917 (b) There is established within the Office of Health Strategy a
918 Community Health Worker Advisory Body. Said body shall (1) advise
919 said office and the Department of Public Health on matters relating to
920 the educational and certification requirements for training programs for
921 community health workers, including the minimum number of hours
922 and internship requirements for certification of community health
923 workers, (2) conduct a continuous review of such educational and
924 certification programs, and (3) provide the department with a list of
925 approved educational and certification programs for community health
926 workers. [;]

927 Sec. 40. Subdivision (11) of section 20-207 of the general statutes is
928 repealed and the following is substituted in lieu thereof (*Effective October*
929 *1, 2025*):

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

934 Sec. 41. Subsection (a) of section 38a-498a of the general statutes is
935 repealed and the following is substituted in lieu thereof (*Effective October*
936 *1, 2025*):

937 (a) No individual health insurance policy providing coverage of the
938 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section
939 38a-469 [.] and delivered, issued for delivery or renewed in this state, on

940 or after January 1, 2025, shall direct or require an enrollee to obtain
941 approval from the insurer or health care center prior to (1) calling a 9-1-
942 1 local prehospital emergency medical service system whenever such
943 enrollee is confronted with a life or limb threatening emergency, or (2)
944 transporting such enrollee when medically necessary by ambulance to
945 a hospital. For purposes of this section, a "life or limb threatening
946 emergency" means any event which the enrollee believes threatens such
947 enrollee's life or limb in such a manner that a need for immediate
948 medical care is created to prevent death or serious impairment of health.

949 Sec. 42. Subsection (a) of section 38a-525a of the general statutes is
950 repealed and the following is substituted in lieu thereof (*Effective October*
951 *1, 2025*):

952 (a) No group health insurance policy providing coverage of the type
953 specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-
954 469 [.] and delivered, issued for delivery or renewed in this state, on or
955 after January 1, 2025, shall direct or require an enrollee to obtain
956 approval from the insurer or health care center prior to (1) calling a 9-1-
957 1 local prehospital emergency medical service system whenever such
958 enrollee is confronted with a life or limb threatening emergency, or (2)
959 transporting such enrollee when medically necessary by ambulance to
960 a hospital. For purposes of this section, a "life or limb threatening
961 emergency" means any event which the enrollee believes threatens such
962 enrollee's life or limb in such a manner that a need for immediate
963 medical care is created to prevent death or serious impairment of health.

964 Sec. 43. Subsection (f) of section 19a-59j of the general statutes is
965 repealed and the following is substituted in lieu thereof (*Effective October*
966 *1, 2025*):

967 (f) All information obtained by the commissioner, or the
968 commissioner's designee, for the infant mortality review program shall
969 be confidential pursuant to section 19a-25, except the commissioner may
970 disclose any information or data obtained for the infant mortality review
971 program to the Child Advocate, if the commissioner deems such

972 disclosure necessary for the Child Advocate to perform the duties set
973 forth in section 46a-13l. Any information or data disclosed to the Child
974 Advocate shall be confidential in accordance with section 46a-13n, as
975 amended by this act.

976 Sec. 44. Subsection (a) of section 46a-13n of the general statutes is
977 repealed and the following is substituted in lieu thereof (*Effective October*
978 *1, 2025*):

979 (a) The name, address and other personally identifiable information
980 of a person who makes a complaint to the Child Advocate as provided
981 in section 46a-13l, all information obtained or generated by the office in
982 the course of an investigation and all confidential records obtained by
983 the Child Advocate or a designee shall be confidential and shall not be
984 subject to disclosure under the Freedom of Information Act or
985 otherwise, except that such information and records, other than
986 confidential information concerning a pending law enforcement
987 investigation or a pending prosecution, may be disclosed if the Child
988 Advocate determines that disclosure is (1) in the general public interest
989 or (2) necessary to enable the Child Advocate to perform his
990 responsibilities under subsection (a) of section 46a-13l. If the Child
991 Advocate determines that disclosure of confidential information is not
992 in the public interest but is necessary to enable the Child Advocate to
993 perform responsibilities under subsection (a) of section 46a-13l, or to
994 identify, prevent or treat the abuse or neglect of a child, the Child
995 Advocate may disclose such information to the appropriate agency
996 responsible for the welfare of such child or the legal representative for
997 such child. The Child Advocate may disclose information or data
998 regarding fatalities of infants less than one year of age to the
999 Commissioner of Public Health if the Child Advocate determines such
1000 disclosure is necessary for the purposes of the infant mortality review
1001 program established pursuant to section 19a-59j, as amended by this act.
1002 Any information or data disclosed to the Commissioner of Public Health
1003 shall be confidential in accordance with the provisions of section 19a-25.

1004 Sec. 45. Section 29 of public act 24-19 is repealed and the following is

1005 substituted in lieu thereof (*Effective from passage*):

1006 (a) The chairpersons of the joint standing committee of the General
1007 Assembly having cognizance of matters relating to public health shall
1008 establish a working group to examine hospice services for pediatric
1009 patients across the state. The working group shall include, but need not
1010 be limited to, the following members:

1011 (1) At least one representative of each pediatric hospice association in
1012 the state;

1013 (2) One representative of each organization licensed as a hospice by
1014 the Department of Public Health pursuant to section 19a-122b of the
1015 general statutes;

1016 (3) At least one representative of an association of hospitals in the
1017 state;

1018 (4) One representative each of two children's hospitals in the state;

1019 (5) One pediatric oncologist;

1020 (6) One pediatric intensivist;

1021 (7) The chairpersons and ranking members of the joint standing
1022 committee of the General Assembly having cognizance of matters
1023 relating to public health;

1024 (8) The Commissioner of Public Health, or the commissioner's
1025 designee; and

1026 (9) The Commissioner of Social Services, or the commissioner's
1027 designee.

1028 (b) [The] (1) On and before March 1, 2025, the working group shall be
1029 responsible for the following:

1030 [(1)] (A) Reviewing existing hospice services for pediatric patients

1031 across the state;

1032 [(2)] (B) Making recommendations for appropriate levels of hospice
1033 services for pediatric patients across the state; and

1034 [(3)] (C) Evaluating payment and funding options for pediatric
1035 hospice care.

1036 (2) On and after March 1, 2025, and before July 1, 2026, the working
1037 group shall be responsible for developing recommendations for the
1038 establishment of a Children's Health, Advocacy, Management and
1039 Palliative Care program and, within such program, a Pediatric Palliative
1040 and Hospice Care Center of Excellence pilot program, as described in
1041 the working group's report submitted pursuant to subdivision (1) of
1042 subsection (f) of this section, including, but not limited to,
1043 recommendations regarding (A) appropriations necessary to establish
1044 such program and pilot program, (B) requirements for the operation of
1045 the pilot program, including, but not limited to, staff and facility
1046 requirements, (C) education and curriculum requirements for nurses
1047 participating in the pilot program or providing pediatric palliative or
1048 hospice care services, and (D) any licensing or certification requirements
1049 necessary for the operation of the pilot program or expanding the
1050 provision of pediatric palliative or hospice care services in the state.

1051 (c) The cochairpersons of the joint standing committee of the General
1052 Assembly having cognizance of matters relating to public health shall
1053 schedule the first meeting of the working group, which shall be held not
1054 later than [sixty days after the effective date of this section] July 20, 2024.

1055 (d) The members of the working group shall elect two chairpersons
1056 from among the members of the working group. Not later than thirty
1057 days after the effective date of this section, the chairpersons of the
1058 working group shall schedule a meeting of the working group to initiate
1059 work on the responsibilities described in subdivision (2) of subsection
1060 (b) of this section.

1061 (e) The administrative staff of the joint standing committee of the

1062 General Assembly having cognizance of matters relating to public
1063 health shall serve as administrative staff of the working group.

1064 (f) (1) Not later than March 1, 2025, the chairpersons of the working
1065 group shall report, in accordance with the provisions of section 11-4a of
1066 the general statutes, to the joint standing committee of the General
1067 Assembly having cognizance of matters relating to public health
1068 concerning the findings of the working group.

1069 (2) Not later than March 1, 2026, the chairpersons of the working
1070 group shall report, in accordance with the provisions of section 11-4a of
1071 the general statutes, to the joint standing committee of the General
1072 Assembly having cognizance of matters relating to public health
1073 concerning the recommendations developed pursuant to subdivision (2)
1074 of subsection (b) of this section.

1075 Sec. 46. Subsection (a) of section 10-29a of the general statutes is
1076 amended by adding subdivision (118) as follows (*Effective from passage*):

1077 (NEW) (118) The Governor shall proclaim April nineteenth of each
1078 year as Connecticut Liver Health Day to raise awareness of issues
1079 surrounding liver health, including, but not limited to, metabolic
1080 dysfunction-associated steatotic liver disease and metabolic
1081 dysfunction-associated steatohepatitis. Suitable exercises may be held in
1082 the State Capitol and elsewhere as the Governor designates for the
1083 observance of the day.

1084 Sec. 47. (*Effective from passage*) The Commissioner of Health Strategy
1085 shall conduct a study to (1) evaluate (A) options that allow a health care
1086 patient a granular choice in selecting what specific types of patient
1087 health information and medical records to share with the State-wide
1088 Health Information Exchange, including, but not limited to, the ability
1089 for a patient to choose to exclude patient health information and medical
1090 records associated with a particular health care provider from the State-
1091 wide Health Information Exchange, (B) the operational and financial
1092 implications of implementing any such option, and (C) an option that

1093 allows health care providers to participate in the State-wide Health
1094 Information Exchange using only a business associate agreement
1095 entered into pursuant to the Health Insurance Portability and
1096 Accountability Act of 1996, P.L. 104-191, as amended from time to time,
1097 as described in 45 CFR 164.502(e)(2), (2) examine current procedures
1098 relating to health care patients' ability to opt out of the State-wide Health
1099 Information Exchange and determine whether to enhance or improve
1100 such procedures by enhancing transparency and simplifying a patient's
1101 ability to opt out, and (3) summarize, using publicly available resources,
1102 the landscape of health data sharing in the state, protections relating to
1103 such data sharing and the benefits of provider access to patient health
1104 information. Not later than September 30, 2026, the commissioner shall
1105 submit a report, in accordance with the provisions of section 11-4a of the
1106 general statutes, concerning the results of such study to the joint
1107 standing committee of the General Assembly having cognizance of
1108 matters relating to public health.

1109 Sec. 48. Section 17b-59e of the general statutes is repealed and the
1110 following is substituted in lieu thereof (*Effective October 1, 2025*):

1111 (a) For purposes of this section:

1112 (1) "Health care provider" means any individual, corporation, facility
1113 or institution licensed by the state to provide health care services; and

1114 (2) "Electronic health record system" means a computer-based
1115 information system that is used to create, collect, store, manipulate,
1116 share, exchange or make available electronic health records for the
1117 purposes of the delivery of patient care.

1118 (b) Not later than one year after commencement of the operation of
1119 the State-wide Health Information Exchange, each hospital licensed
1120 under chapter 368v and clinical laboratory licensed under section 19a-
1121 565 shall maintain an electronic health record system capable of
1122 connecting to and participating in the State-wide Health Information
1123 Exchange and shall apply to begin the process of connecting to, and

1124 participating in, the State-wide Health Information Exchange.

1125 (c) Not later than two years after commencement of the operation of
1126 the State-wide Health Information Exchange, (1) each health care
1127 provider with an electronic health record system capable of connecting
1128 to, and participating in, the State-wide Health Information Exchange
1129 shall apply to begin the process of connecting to, and participating in,
1130 the State-wide Health Information Exchange, and (2) each health care
1131 provider without an electronic health record system capable of
1132 connecting to, and participating in, the State-wide Health Information
1133 Exchange shall be capable of sending and receiving secure messages
1134 that comply with the Direct Project specifications published by the
1135 federal Office of the National Coordinator for Health Information
1136 Technology. A health care provider shall not be required to connect with
1137 the State-wide Health Information Exchange if the provider (A)
1138 possesses no patient medical records, [or] (B) is an individual licensed
1139 by the state that exclusively practices as an employee of a covered entity,
1140 as defined by the Health Insurance Portability and Accountability Act
1141 of 1996, P.L. 104-191, as amended from time to time, and such covered
1142 entity is legally responsible for decisions regarding the safeguarding,
1143 release or exchange of health information and medical records, in which
1144 case such covered entity is responsible for compliance with the
1145 provisions of this section, or (C) is a health care provider who does not
1146 actively practice in the state.

1147 (d) Nothing in this section shall be construed to require a health care
1148 provider to share patient information with the State-wide Health
1149 Information Exchange if (1) sharing such information is prohibited by
1150 state or federal privacy and security laws, or (2) affirmative consent
1151 from the patient is legally required and such consent has not been
1152 obtained.

1153 (e) No health care provider shall be liable for any private or public
1154 claim related directly to a data breach, ransomware or hacking
1155 experienced by the State-wide Health Information Exchange, provided
1156 a health care provider shall be liable for any failure to comply with

1157 applicable state and federal data privacy and security laws and
1158 regulations in sharing information with and connecting to the exchange.
1159 If the State-wide Health Information Exchange experiences a data
1160 breach, ransomware or hacking, the State-wide Health Information
1161 Exchange shall notify patients affected by and perform any mitigation
1162 necessitated by such data breach, ransomware or hacking on behalf of
1163 affected health care providers. Any health care provider that would
1164 violate any other law by sharing information with or connecting to the
1165 exchange shall not be required to share such information with or
1166 connect to the exchange.

1167 (f) The Commissioner of Health Strategy shall adopt regulations in
1168 accordance with the provisions of chapter 54 that set forth requirements
1169 necessary to implement the provisions of this section. The commissioner
1170 may implement policies and procedures necessary to administer the
1171 provisions of this section while in the process of adopting such policies
1172 and procedures in regulation form, provided the commissioner holds a
1173 public hearing at least thirty days prior to implementing such policies
1174 and procedures and publishes notice of intention to adopt the
1175 regulations on the Office of Health Strategy's Internet web site and the
1176 eRegulations System not later than twenty days after implementing
1177 such policies and procedures. Policies and procedures implemented
1178 pursuant to this subsection shall be valid until the time such regulations
1179 are effective.

1180 (g) Not later than eighteen months after the date of implementation
1181 of policies and procedures pursuant to subsection (f) of this section, each
1182 health care provider shall be connected to and actively participating in
1183 the State-wide Health Information Exchange. As used in this subsection,
1184 (1) "connection" includes, but is not limited to, onboarding with the
1185 exchange, and (2) "participation" means the active sharing of [medical
1186 records] designated record sets, as defined in 45 CFR 164.501, with the
1187 exchange in accordance with applicable law including, but not limited
1188 to, the Health Insurance Portability and Accountability Act of 1996, P.L.
1189 104-191, as amended from time to time, and 42 CFR 2.

1190 (h) The State-wide Health Information Exchange, and its vendor,
1191 shall not disclose protected health information in response to a
1192 subpoena unless such disclosure fully complies with applicable federal
1193 and state laws regarding release of medical records.

1194 Sec. 49. (*Effective from passage*) (a) There is established a working
1195 group to assess and provide recommendations regarding (1) regulatory
1196 requirements concerning sewage disposal, including, but not limited to,
1197 nitrogen discharge limits and their impact on the development of
1198 housing, public health and the environment, and (2) balancing the costs
1199 associated with the development of housing and a risk-based approach
1200 to protecting public health and the environment.

1201 (b) The working group may include, but need not be limited to, the
1202 Commissioners of Public Health, Energy and Environmental Protection
1203 and Housing, or said commissioners' designees, the chairpersons and
1204 ranking members of the joint standing committee of the General
1205 Assembly having cognizance of matters relating to public health and the
1206 following members, who shall be appointed by such chairpersons and
1207 ranking members:

1208 (1) A representative of a residential construction trade association in
1209 the state;

1210 (2) A representative of an association representing municipal
1211 planners in the state;

1212 (3) A representative of a local health department or district
1213 department of health that includes an area with land in a coastal
1214 boundary, as described in section 22a-94 of the general statutes;

1215 (4) A representative of a local health department that includes an area
1216 upland of inland wetlands or inland watercourses regulated by a
1217 municipality pursuant to sections 22a-42 and 22a-42a of the general
1218 statutes;

1219 (5) A representative of a local health department with no land in a

1220 coastal boundary, as described in section 22-94a of the general statutes,
1221 or an upland review area;

1222 (6) A representative of an association representing septic system
1223 installers in the state;

1224 (7) A representative of an association representing professional
1225 engineers in the state;

1226 (8) An expert in coastal environmental science;

1227 (9) An expert in wetland and soil science;

1228 (10) An expert in environmental justice;

1229 (11) A residential building developer with experience in developing
1230 in an area with land in a coastal boundary, as described in section 22a-
1231 94 of the general statutes; and

1232 (12) A residential building developer with experience in developing
1233 in an area with no land in a coastal boundary, as described in section
1234 22a-94 of the general statutes.

1235 (c) The chairpersons and ranking members of the joint standing
1236 committee of the General Assembly having cognizance of matters
1237 relating to public health shall select the chairperson of the working
1238 group from among the members of the working group. Such
1239 chairperson shall schedule the first meeting of the working group,
1240 which shall be held not later than June 30, 2025.

1241 (d) The administrative staff of the joint standing committee of the
1242 General Assembly having cognizance of matters relating to public
1243 health shall serve as administrative staff of the working group.

1244 (e) Not later than February 1, 2026, the chairperson of the working
1245 group shall submit a report to the Commissioner of Public Health and
1246 the joint standing committees of the General Assembly having
1247 cognizance of matters relating to public health, the environment and

1248 housing regarding such assessment and recommendations.

1249 Sec. 50. Subsection (g) of section 22a-430 of the general statutes is
1250 repealed and the following is substituted in lieu thereof (*Effective from*
1251 *passage*):

1252 (g) The commissioner shall, by regulation adopted prior to October 1,
1253 1977, establish and define categories of discharges that constitute
1254 household and small commercial subsurface sewage disposal systems
1255 for which the commissioner shall delegate to the Commissioner of
1256 Public Health the authority to issue permits or approvals and to hold
1257 public hearings in accordance with this section, on and after said date.
1258 Not later than July 1, [2025] 2026, but only after the working group has
1259 convened pursuant to section 49 of this act and consideration of the
1260 recommendations provided by such working group pursuant to said
1261 section, the commissioner shall post a notice of intent to amend such
1262 regulations on the eRegulations System to establish and define
1263 categories of discharges that constitute small community sewerage
1264 systems and household and small commercial subsurface sewage
1265 disposal systems. The Commissioner of Public Health shall, pursuant to
1266 section 19a-36, establish minimum requirements for small community
1267 sewerage systems and household and small commercial subsurface
1268 sewage disposal systems and procedures for the issuance of such
1269 permits or approvals by the local director of health or an environmental
1270 health specialist registered pursuant to chapter 395. As used in this
1271 subsection, small community sewerage systems and household and
1272 small commercial disposal systems shall include those subsurface
1273 sewage disposal systems with a capacity of ten thousand gallons per
1274 day or less. Notwithstanding any provision of the general statutes (1)
1275 the regulations adopted by the commissioner pursuant to this
1276 subsection that are in effect as of July 1, 2017, shall apply to household
1277 and small commercial subsurface sewage disposal systems with a
1278 capacity of seven thousand five hundred gallons per day or less, and (2)
1279 the regulations adopted by the commissioner pursuant to this
1280 subsection that are in effect [as of] on or after July 1, [2025] 2026, shall

1281 apply to small community sewerage systems, household systems and
1282 small commercial subsurface sewerage disposal systems with a capacity
1283 of ten thousand gallons per day or less. Any permit denied by the
1284 Commissioner of Public Health, or a director of health or registered
1285 environmental health specialist shall be subject to hearing and appeal in
1286 the manner provided in section 19a-229. Any permit granted by the
1287 Commissioner of Public Health, or a director of health or registered
1288 environmental health specialist on or after October 1, 1977, shall be
1289 deemed equivalent to a permit issued under subsection (b) of this
1290 section.

1291 Sec. 51. (*Effective from passage*) (a) Not later than January 1, 2026, the
1292 Department of Education shall establish, within available
1293 appropriations, a mental and behavioral health awareness and
1294 treatment pilot program in priority school districts, as defined in section
1295 10-266p of the general statutes. The program shall enable not less than
1296 one hundred thousand students in such districts to utilize an electronic
1297 mental and behavioral health awareness and treatment tool through an
1298 Internet web site, online service or mobile application, which tool shall
1299 be selected by the Commissioner of Education and provide each of the
1300 following:

1301 (1) Mental and behavioral health education resources to promote
1302 awareness and understanding of mental and behavioral health issues;

1303 (2) Moderated peer-to-peer support services, screened by a
1304 moderator, to encourage social connection and mutual support among
1305 students; and

1306 (3) Private online sessions with mental or behavioral health care
1307 providers licensed in the state who have demonstrated experience
1308 delivering mental or behavioral health care services to school districts
1309 serving both rural and urban student populations, provided such
1310 sessions comply with the provisions of section 19a-906 of the general
1311 statutes, as amended by this act, concerning telehealth and the
1312 provisions of section 19a-14c of the general statutes concerning the

1313 provision of outpatient mental health treatment to minors.

1314 (c) (1) During its first year of operation, the pilot program shall have
1315 the following objectives: (A) To build partnerships between priority
1316 school districts and community organizations providing mental and
1317 behavioral health care services; and (B) to launch a digital marketing
1318 campaign to raise awareness and engagement among students
1319 concerning mental and behavioral health issues affecting students.

1320 (2) Not later than January 1, 2026, the Commissioner of Education
1321 shall report, in accordance with the provisions of section 11-4a of the
1322 general statutes, regarding the program's success in achieving such
1323 objectives to the joint standing committees of the General Assembly
1324 having cognizance of matters relating to public health and education.

1325 (d) (1) During its second year of operation, the pilot program shall
1326 have the following objectives: (A) To refer students to mental and
1327 behavioral health care providers, as needed; and (B) to enhance
1328 students' engagement with mental and behavioral health tools,
1329 including, but not limited to, coping strategies and clinician support.

1330 (2) Not later than January 1, 2027, the Commissioner of Education
1331 shall report, in accordance with the provisions of section 11-4a of the
1332 general statutes, regarding the program's success in achieving such
1333 objectives to the joint standing committees of the General Assembly
1334 having cognizance of matters relating to public health and education.

1335 Sec. 52. Section 52-146c of the general statutes is repealed. (*Effective*
1336 *October 1, 2025*)"

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

Section 1	<i>July 1, 2025</i>	19a-411(b)
Sec. 2	<i>July 1, 2025</i>	19a-197a
Sec. 3	<i>July 1, 2025</i>	20-73b(a)
Sec. 4	<i>October 1, 2025</i>	New section

Sec. 5	October 1, 2025	52-146d
Sec. 6	July 1, 2025	52-146e
Sec. 7	October 1, 2025	52-146f
Sec. 8	October 1, 2025	52-146g
Sec. 9	October 1, 2025	52-146h
Sec. 10	October 1, 2025	52-146i
Sec. 11	October 1, 2025	52-146j
Sec. 12	October 1, 2025	17a-465b
Sec. 13	October 1, 2025	17a-590
Sec. 14	October 1, 2025	17a-596(d)
Sec. 15	October 1, 2025	52-146o(a)
Sec. 16	October 1, 2025	52-146w(a)
Sec. 17	October 1, 2025	52-146x(a)
Sec. 18	July 1, 2025	19a-17(a)
Sec. 19	October 1, 2025	19a-490r
Sec. 20	July 1, 2025	19a-903b
Sec. 21	October 1, 2025	19a-89e(n)
Sec. 22	from passage	17a-20
Sec. 23	from passage	7-62b(g)
Sec. 24	October 1, 2025	17a-210(f)
Sec. 25	October 1, 2025	17a-227(f)
Sec. 26	October 1, 2025	17b-59a(b)
Sec. 27	October 1, 2025	17b-342(e)(2)
Sec. 28	October 1, 2025	17b-342(i)(3)
Sec. 29	October 1, 2025	17b-352(g)
Sec. 30	October 1, 2025	17b-354(e)(1)
Sec. 31	October 1, 2025	19a-37(d)
Sec. 32	October 1, 2025	19a-563h(c)
Sec. 33	October 1, 2025	19a-564(e)
Sec. 34	October 1, 2025	19a-754e(a)
Sec. 35	October 1, 2025	19a-754g(b)(1)(C)
Sec. 36	October 1, 2025	19a-906(a)(2)
Sec. 37	October 1, 2025	19a-906(f)
Sec. 38	October 1, 2025	20-123b(c)
Sec. 39	October 1, 2025	20-195ttt(b)
Sec. 40	October 1, 2025	20-207(11)
Sec. 41	October 1, 2025	38a-498a(a)
Sec. 42	October 1, 2025	38a-525a(a)
Sec. 43	October 1, 2025	19a-59j(f)
Sec. 44	October 1, 2025	46a-13n(a)

Sec. 45	<i>from passage</i>	PA 24-19, Sec. 29
Sec. 46	<i>from passage</i>	10-29a(a)(118)
Sec. 47	<i>from passage</i>	New section
Sec. 48	<i>October 1, 2025</i>	17b-59e
Sec. 49	<i>from passage</i>	New section
Sec. 50	<i>from passage</i>	22a-430(g)
Sec. 51	<i>from passage</i>	New section
Sec. 52	<i>October 1, 2025</i>	Repealer section