General Assembly

Amendment

January Session, 2025

LCO No. **9143**

Offered by:

SEN. ANWAR, 3rd Dist.
REP. MCCARTHY VAHEY, 133rd Dist.
SEN. LOONEY, 11th Dist.
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To: Subst. Senate Bill No. **7** File No. 604 Cal. No. 329

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

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

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 Section 19a-38 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

A water company, as defined in section 25-32a, shall add a measured amount of fluoride to the water supply of any water system that it owns and operates and that serves twenty thousand or more persons so as to maintain an average monthly fluoride content that is not more or less

than **[**0.15 of a milligram per liter different than the United States Department of Health and Human Services' most recent recommendation for optimal fluoride levels in drinking water to prevent tooth decay**]** 0.7 of a milligram of fluoride per liter of water provided such average monthly fluoride content shall not deviate greater or less than 0.15 of a milligram per liter.

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

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

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

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

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

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

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

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

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

Sec. 3. (NEW) (*Effective from passage*) (a) (1) In cases in which there is a serious risk to a patient's life or health, each emergency department of a hospital licensed pursuant to chapter 368v of the general statutes shall include as part of the care required of such emergency departments the reproductive health care services related to complications of pregnancy that are legal in this state and necessary to treat the patient, including, but not limited to, services related to miscarriage management and treatment for ectopic pregnancies.

(2) When providing emergency care, no such emergency department or health care provider providing care at such emergency department shall discriminate against a patient based upon the following factors or categories: The person's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, sex, race, color, religion, disability, genetic information, marital status, sexual orientation, gender identity or expression, primary language or immigration status. It shall not be discrimination for a health care provider providing care at an emergency department to consider any such factor or category if the health care provider believes that such factor or category is medically significant to the provision of appropriate medical care to the patient.

(b) Each emergency department of a hospital licensed pursuant to chapter 368v of the general statutes shall meet the requirements of (1) the federal Emergency Medical Treatment and Labor Act, 42 USC 1395dd, as amended from time to time, including, but not limited to, any federal regulations adopted pursuant to said act governing the transfer of patients by emergency departments, the capabilities of emergency departments and on-call professional staff of emergency departments, or (2) any regulations of Connecticut state agencies adopted pursuant to section 4 of this act.

(c) Nothing in this section shall be construed to impact accepted medical standards of care.

(d) Each hospital licensed pursuant to chapter 368v of the general statutes that provides emergency care shall (1) adopt policies and procedures to implement the provisions of this section, and (2) make such policies and procedures available to the Department of Public Health upon request.

(e) The Commissioner of Public Health may investigate each alleged violation of this section or section 4 of this act unless the commissioner concludes that the allegation does not include facts requiring further investigation or is otherwise unmeritorious.

(f) The Commissioner of Public Health may take any action authorized by sections 19a-494 and 19a-494a of the general statutes against a hospital, or authorized by section 19a-17 of the general statutes against a licensed health provider, for a violation of this section or section 4 of this act.

Sec. 4. (NEW) (*Effective from passage*) (a) If the federal Emergency Medical Treatment and Labor Act, 42 USC 1395dd, as it existed as of the effective date of this section, in whole or in part, (1) is revoked, (2) fails to be adequately enforced, or (3) otherwise becomes inapplicable in this state, the Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of said act concerning operational requirements for hospitals that are set forth in Appendix V to the State Operations Manual for hospitals published by the Centers for Medicare and Medicaid Services, as said manual existed on December 31, 2024. Nothing in this subsection shall be construed to require the commissioner to request or otherwise involve the participation by any federal government entity in the oversight or enforcement of any regulations adopted pursuant to this subsection. If the commissioner finds, pursuant to subsection (g) of section 4-168 of the general statutes, that adoption of such regulations upon fewer than thirty days' notice is

required due to an imminent peril to the public health, safety or welfare, the commissioner shall adopt such regulations without prior notice, public comment period or hearing, or upon any abbreviated notice, public comment period and hearing, pursuant to said subsection, if feasible.

(b) The Commissioner of Public Health shall have the sole discretion to determine whether an event described in subdivisions (1) to (3), inclusive, of subsection (a) of this section has occurred. The commissioner may consult with the office of the Attorney General in making such determination.

(c) Nothing in this section shall be construed to authorize the commissioner to adopt the regulations described in subsection (a) of this section based on routine changes to the federal Emergency Medical Treatment and Labor Act, 42 USC 1395dd, as described in subsection (a) of this section, that do not result in a material loss of patient rights.

(d) If the commissioner adopts regulations pursuant to this section, the joint standing committee of the General Assembly having cognizance of matters relating to public health shall annually (1) review such regulations, and (2) make a recommendation to the commissioner as to whether the commissioner should maintain or repeal such regulations.

Sec. 5. (NEW) (*Effective July 1, 2025*) (a) As used in this section:

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

(2) "Gender-affirming health care services" means all medical care relating to the treatment of gender dysphoria, as set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", and gender incongruence, as defined in the most recent revision of the "International Statistical

Classification of Diseases and Related Health Problems";

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

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

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

(b) There is established an account to be known as the "safe harbor account", which shall be a separate, nonlapsing account of the State Treasurer. The account shall contain any funds received from any private contributions, gifts, grants, donations, bequests or devises to the account and all earnings on such funds. The State Treasurer shall invest the moneys deposited in the account in a manner that is reasonable and appropriate to achieve the objectives of such account while exercising the discretion and care of a prudent person in similar circumstances with similar objectives. The State Treasurer shall give due consideration to the rate of return risk, term or maturity, the diversification of the total portfolio within such account, the liquidity of funds, the projected disbursements and expenditures of funds, and the expected payments, deposits, contributions and gifts to be received. The moneys in the account shall be continuously invested and reinvested in a manner consistent with the objectives of the account until disbursed in accordance with this subsection. Any administrative costs associated with maintenance or disbursement of moneys in the account shall be paid from the account and no taxpayer funds shall pay for such administrative costs, except nothing in this subsection shall prohibit the State Treasurer from utilizing available staff resources to administer the

account. Moneys in the account shall be expended by the board of trustees, established pursuant to subsection (c) of this section, for the purpose of providing grants to (1) nonprofit organizations that provide funding for reproductive health care services or gender-affirming health care services or the collateral costs incurred by individuals in receiving such services in the state, or (2) nonprofit organizations that serve LGBTQ+ youth or families in the state for the purpose of reimbursing or paying directly to such youth or family members for the collateral costs incurred by such youth or family members in receiving reproductive health care services or gender-affirming health care services in the state.

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

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

(2) Four members appointed by the Treasurer, (A) one of whom shall be a provider of reproductive health care services in the state, (B) one of whom shall have experience working with members of the LGBTQ+ community, (C) one of whom shall have experience working with providers of reproductive health care services, and (D) one of whom shall have experience working with providers of health care or mental health services to members of the LGBTQ+ community. When making such appointments, the Treasurer shall use the Treasurer's best efforts to ensure that the board of trustees reflects the racial, gender and geographic diversity of the state.

(d) Not later than September 1, 2025, the board of trustees shall adopt policies and procedures concerning the awarding of grants pursuant to the provisions of this section. Such policies and procedures shall include, but need not be limited to, (1) grant application procedures, including procedures regarding subgrants, (2) eligibility criteria for applicant nonprofit organizations, including, but not limited to, subgrantees, and for individuals served by such grants, (3) eligibility

criteria for collateral costs, (4) consideration of need of the individuals served by such grants, including, but not limited to, the urgency or time sensitivity of the circumstances and financial need, and (5) procedures to coordinate with any national network created to perform similar functions to those of the safe harbor account, including, but not limited to, procedures for the acceptance of funding transferred to the safe harbor account for a particular use. Such policies and procedures shall not require the collection or retention of patient-identifiable data in order to receive a grant. Such policies and procedures may be updated as deemed necessary by the board of trustees. In the event that the board of trustees determines that the policies and procedures adopted pursuant to the provisions of this subsection are inadequate with respect to (A) determining the eligibility of a certain health care provider or nonprofit organization for a grant, or (B) whether a certain health care service received by or collateral cost incurred by an individual is eligible to be reimbursed or paid by a health care provider or nonprofit organization using grant moneys received pursuant to this section, the board of trustees may make a fact-based determination as to such eligibility.

Sec. 6. (NEW) (*Effective from passage*) It is hereby declared that opioid use disorder constitutes a public health crisis in this state and will continue to constitute a public health crisis until each goal reported by the Connecticut Alcohol and Drug Policy Council pursuant to subsection (f) of section 17a-667a of the general statutes, as amended by this act, is attained.

Sec. 7. Section 17a-667a of the general statutes is amended by adding subsection (f) as follows (*Effective from passage*):

(NEW) (f) The Connecticut Alcohol and Drug Policy Council shall convene a working group to establish one or more goals for the state to achieve in its efforts to combat the prevalence of opioid use disorder in the state. Not later than July 1, 2026, the council shall report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters

relating to public health regarding each goal established by the working group.

Sec. 8. (NEW) (*Effective from passage*) There is established an account to be known as the "public health urgent communication account", which shall be a separate, nonlapsing account. The account shall contain any moneys required by law to be deposited in the account. Moneys in the account shall be expended by the Department of Public Health for the purposes of providing timely, effective communication to members of the general public, health care providers and other relevant stakeholders during a public health emergency, as described in section 19a-131a of the general statutes.

Sec. 9. (NEW) (*Effective from passage*) There is established an account to be known as the "emergency public health financial safeguard account", which shall be a separate, nonlapsing account. The account shall contain any moneys required by law to be deposited in the account. Moneys in the account shall be expended by the Department of Public Health for the purposes of addressing unexpected shortfalls in public health funding and ensuring the Department of Public Health's ability to respond to the health care needs of state residents and provide a continuity of essential public health services. Said department shall not expend any moneys in the account for any of the purposes described in subsection (b) of section 5 of this act.

Sec. 10. (NEW) (*Effective July 1, 2025*) (a) As used in this section:

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

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

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

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

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

Sec. 11. (NEW) (*Effective October 1, 2025*) (a) As used in this section:

(1) "Automated external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnoses and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;

(2) "Managed residential community" means a for-profit or not-for-profit facility consisting of private residential units that provides a managed group living environment consisting of housing and services for persons who are primarily fifty-five years of age or older. "Managed residential community" does not include (A) any state-funded congregate housing facility, (B) any elderly housing complex receiving assistance and funding through the United States Department of Housing and Urban Development's Assisted Living Conversion Program, or (C) any affordable housing unit subsidized under the assisted living demonstration project established pursuant to section 17b-347e of the general statutes; and

(3) "Nursing home" means (A) any chronic and convalescent nursing home or any rest home with nursing supervision that provides nursing supervision under a medical director twenty-four hours per day; or (B)

any chronic and convalescent nursing home that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, acute diseases or injuries.

(b) Not later than January 1, 2026, the administrator of each nursing home and each managed residential community shall (1) provide and maintain an automated external defibrillator in a central location on the premises of the nursing home or managed residential community, (2) make such central location known and accessible to staff members and residents of the home or community and family members of such residents who visit the home or community, and (3) maintain and test the automatic external defibrillator in accordance with the manufacturer's guidelines.

Sec. 12. (NEW) (*Effective October 1, 2025*) (a) As used in this section:

(1) "Pancreatic cancer screening and referral services" means necessary pancreatic cancer screening services and referral services for a procedure intended to treat cancer of the human pancreas.

(2) "Unserved or underserved populations" means patients who are: (A) At or below two hundred fifty per cent of the federal poverty level for individuals; (B) without health coverage for pancreatic cancer screening services; and (C) of an age at which pancreatic cancer screening services are deemed appropriate by medical professionals.

(b) Not later than January 1, 2026, the Commissioner of Public Health shall establish, within available appropriations, a pancreatic cancer screening and treatment referral program within the Department of Public Health to (1) promote screening and detection of pancreatic cancer among persons who may be susceptible to the disease due to higher risk factors, (2) educate the public, including unserved and underserved populations, regarding pancreatic cancer and the benefits of early detection, and (3) provide referrals to appropriate pancreatic screening and counseling services and treatment referral services.

(c) The program shall include, but need not be limited to:

(1) The establishment of a public education and outreach initiative to publicize (A) pancreatic cancer screening services and the extent of health coverage that may be available for such services; (B) the benefits of early detection of pancreatic cancer and the recommended frequency of screening services, including clinical examinations; and (C) the medical assistance program and any other public or private program that patients may use to access such services;

(2) Linkage to and coordination with pancreatic screening and counseling services and treatment referral services offered by health systems, health care entities and providers of such services that are recognized by the Department of Public Health; and

(3) The use and dissemination of professional education programs concerning the benefits of early detection of pancreatic cancer and the recommended frequency of pancreatic cancer screenings.

Sec. 13. (NEW) (*Effective from passage*) (a) As used in this section:

(1) "Emergency medical services personnel" means (A) any emergency medical responder certified pursuant to sections 20-206*ll* and 20-206mm of the general statutes, (B) any class of emergency medical technician certified pursuant to sections 20-206*ll* and 20-206mm of the general statutes, including, but not limited to, any advanced emergency medical technician, and (C) any paramedic licensed pursuant to sections 20-206*ll* and 20-206mm of the general statutes; and

(2) "Glucagon nasal powder" means a class of medications (A) referred to as glycogenolytic agents that cause the liver to reduce stored sugar to the blood and are intended for the treatment of severe hypoglycemia in persons with diabetes who are treated with insulin, and (B) administered intranasally.

(b) Any emergency medical services personnel who has been trained in the administration of injectable glucagon may administer glucagon

nasal powder when the use of glucagon is deemed necessary by the emergency medical services personnel for the treatment of a patient. All emergency medical services personnel shall receive such training from an organization designated by the commissioner.

(c) All licensed or certified ambulances may be equipped with glucagon nasal powder to be administered as described in subsection (b) of this section.

Sec. 14. (NEW) (*Effective July 1, 2025*) (a) As used in this section, (1) "hospital" has the same meaning as provided in section 19a-490 of the general statutes; and (2) "hospital financial assistance" means any program administered by a hospital that reduces, in whole or in part, a patient's liability for the cost of providing services, as defined in section 19a-673 of the general statutes.

(b) The Office of the Healthcare Advocate shall contract with a vendor to develop an online hospital financial assistance portal for use by patients and family members. Such portal shall serve as a navigation tool to help patients and family members identify and apply for hospital financial assistance at hospitals in the state. The portal may include, but need not be limited to, (1) technical assistance and tools that streamline the application process for hospital financial assistance, (2) a screening tool to help determine whether patients may be eligible for hospital financial assistance, and (3) information to assist patients and family members in avoiding future medical debt.

(c) The Office of the Healthcare Advocate may, (1) in consultation with the Office of Policy and Management, publish on the Office of the Healthcare Advocate's Internet web site information regarding the state's medical debt erasure initiative authorized pursuant to section 48 of public act 23-204, as amended by section 1 of public act 24-81, and (2) in consultation with relevant organizations, develop recommendations concerning such initiative that may assist patients and family members in avoiding future medical debt, including, but not limited to, methods to streamline the application process for hospital financial assistance.

(d) On and after July 1, 2026, any hospital maintaining a financial assistance program shall provide the Office of the Healthcare Advocate with the (1) links for each Internet web site for such program, and (2) telephone number and electronic mail address for the hospital's financial assistance referral contact. If a hospital revises its hospital financial assistance application form, changes its financial assistance referral contact or establishes a new hospital financial assistance program, the hospital shall notify the Office of the Healthcare Advocate of such revisions, changes or new program and provide said office with any new links for each Internet web site or the telephone number and electronic mail address of the new referral contact for such program not later than thirty days after making such revisions or changes or establishing a new program.

Sec. 15. Section 19a-36h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than January 1, 2023, the commissioner shall adopt and administer by reference the United States Food and Drug Administration's Food Code **[**, as amended from time to time,**]** and any revision thereto issued on or before December 31, 2024. The commissioner may adopt any Food Code Supplement published by said administration as the state's food code for the purpose of regulating food establishments.

(b) The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section and sections 19a-36i to 19a-36m, inclusive.

Sec. 16. Section 19a-491f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Each home health care agency and home health aide agency, as such terms are defined in section 19a-490, except any such agency that is licensed as a hospice organization by the Department of Public Health pursuant to section 19a-122b or that operates solely as a hospice agency,

a hospice program, as defined in subsection (b) of section 19-13-D72 of the regulations of Connecticut state agencies, a hospice-based home care program, as described in subsection (o) of section 19a-495-5b of the regulations of Connecticut state agencies, or a hospice inpatient facility, as defined in section 19a-495-6a of the regulations of Connecticut state agencies, shall, during intake of a prospective client who will be receiving services from the agency, collect and provide to any employee assigned to provide services to such client, to the extent feasible and consistent with state and federal laws, information regarding: (1) The client, including, if applicable, (A) the client's history of violence toward health care workers; (B) the client's history of substance use; (C) the client's history of domestic abuse; (D) a list of the client's diagnoses, including, but not limited to, psychiatric history; (E) whether the client's diagnoses or symptoms thereof have remained stable over time; and (F) any information concerning violent acts involving the client that is contained in judicial records or any sex offender registry information concerning the client; and (2) the location where the employee will provide services, including, if known to the agency, the (A) crime rate for the municipality in which the employee will provide services, as determined by the most recent annual report concerning crime in the state issued by the Department of Emergency Services and Public Protection pursuant to section 29-1c, (B) presence of any hazardous materials at the location, including, but not limited to, used syringes, (C) presence of firearms or other weapons at the location, (D) status of the location's fire alarm system, and (E) presence of any other safety hazards at the locations.

(b) To facilitate compliance with subparagraph (A) of subdivision (2) of subsection (a) of this section, each such agency shall annually review the annual report issued by the department pursuant to section 29-1c to collect crime-related data regarding the locations in the state where such agency's employees provide services.

(c) Notwithstanding any provision of subsection (a) or (b) of this section, no such agency shall deny the provision of services to a client

solely based on (1) the inability or refusal of the client to provide the information described in subsection (a) of this section, or (2) the information collected from the client pursuant to subsection (a) of this section.

(d) Any health care provider, as defined in section 19a-17b, who refers or transfers a patient to a home health care agency, home health aide agency or hospice agency shall, at the time of such referral and to the extent feasible and consistent with state and federal laws, provide any documentation or information in such health care provider's possession relating to the topics described in subdivision (1) of subsection (a) of this section.

Sec. 17. Section 19a-491g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Each home health care agency**,** **[**and**]** home health aide agency and hospice agency, as such terms are defined in section 19a-490, **[**except any such agency that is licensed as a hospice organization by the Department of Public Health pursuant to section 19a-122b,**]** shall (1) (A) adopt and implement a health and safety training curriculum for home care workers that is consistent with the health and safety training curriculum for such workers that is endorsed by the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health and the Occupational Safety and Health Administration, including, but not limited to, training to recognize hazards commonly encountered in home care workplaces and applying practical solutions to manage risks and improve safety, and (B) provide annual staff training consistent with such health and safety curriculum; and (2) **[**conduct monthly safety assessments with direct care staff at the agency's monthly staff meeting**]** establish a system by which staff may promptly report an incidence of violence or potential threat of violence in conjunction with monthly safety assessments conducted with direct care staff, which assessments may occur through in-person or virtual staff meetings or other communication methods, including, but not limited to, electronic mail, text messages, telephone calls, a hotline or a

reporting portal.

(b) The Commissioner of Social Services shall require any home health care agency, **[**and**]** home health aide agency **[**, except any such agency that is licensed as a hospice organization by the Department of Public Health pursuant to section 19a-122b,**]** and hospice agency that receives reimbursement for services rendered under the Connecticut medical assistance program, as defined in section 17b-245g, to provide evidence of adoption and implementation of such health and safety training curriculum pursuant to subdivision (1) of subsection (a) of this section, or, at the commissioner's discretion, an alternative workplace safety training program applicable to such agency to obtain reimbursement for services provided under the medical assistance program.

(c) The commissioner may, within available appropriations, provide a rate enhancement under the Connecticut medical assistance program for any home health care agency, **[**or**]** home health aide agency **[**, except any such agency that is licensed as a hospice organization by the Department of Public Health pursuant to section 19a-122b,**]** or hospice agency for timely reporting of any workplace violence incident. For purposes of this section, "timely reporting" means reporting such incident not later than seven calendar days after its occurrence to the Department of Social Services and the Department of Public Health.

Sec. 18. Subsection (a) of section 19a-491h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) Not later than January 1, 2025, and annually thereafter, each home health care agency, **[**and**]** home health aide agency and hospice agency, as such terms are defined in section 19a-490, **[**except any such agency that is licensed as a hospice organization by the Department of Public Health pursuant to section 19a-122b,**]** shall report, in a form and manner prescribed by the Commissioner of Public Health, each instance of verbal abuse that is perceived as a threat or danger by a staff member of

such agency, physical abuse, sexual abuse or any other abuse by an agency client or any other person against a staff member **[**of**]** relating to such staff member's employment with such agency and the actions taken by the agency to ensure the safety of the staff member.

Sec. 19. Section 18-81qq of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) (1) There is, within the Office of Governmental Accountability established under section 1-300, the Office of the Correction Ombuds for the provision of ombuds services. The Correction Ombuds appointed pursuant to section 18-81jj shall be the head of said office.

(2) For purposes of this section, "ombuds services" includes:

(A) Evaluating the delivery of services to **[**incarcerated**]** persons who are incarcerated by the Department of Correction;

(B) Reviewing periodically the nonemergency procedures established by the department to carry out the provisions of title 18 and evaluating whether such procedures conflict with the rights of **[**incarcerated**]** persons who are incarcerated;

(C) Receiving communications from persons in the custody of the Commissioner of Correction regarding decisions, actions, omissions, policies, procedures, rules or regulations of the department;

(D) Conducting site visits of correctional facilities administered by the department;

(E) Reviewing the operation of correctional facilities and nonemergency procedures employed at such facilities. Nonemergency procedures include, but are not limited to, the department's use of force procedures;

(F) Recommending procedure and policy revisions to the department;

(G) Taking all possible actions, including, but not limited to, conducting programs of public education, undertaking legislative advocacy and making proposals for systemic reform and formal legal action in order to secure and ensure the rights of persons in the custody of the commissioner. The Correction Ombuds shall exhaust all other means to reach a resolution before initiating litigation; **[**and**]**

(H) Publishing on an Internet web site operated by the Office of the Correction Ombuds a semiannual summary of all ombuds services and activities during the six-month period before such publication; and

(I) Evaluating the provision of health care services, including, but not limited to, medical care, dental care, mental health care and substance use disorder treatment services, to persons who are incarcerated by the Department of Correction.

(b) Notwithstanding any provision of the general statutes, the Correction Ombuds shall act independently of any department in the performance of the office's duties.

(c) The Correction Ombuds may, within available funds, appoint such staff as may be deemed necessary. The duties of the staff may include the duties and powers of the Correction Ombuds if performed under the direction of the Correction Ombuds.

(d) The General Assembly shall annually appropriate such sums as necessary for the payment of the salaries of the staff and for the payment of office expenses and other actual expenses incurred by the Correction Ombuds in the performance of the Correction Ombuds' duties. Any legal or court fees obtained by the state in actions brought by the Correction Ombuds shall be deposited in the General Fund.

(e) In the course of investigations, the Correction Ombuds shall rely on a variety of sources to corroborate matters raised by **[**incarcerated**]** persons who are incarcerated or others. Where such matters turn on validation of particular incidents, the Correction Ombuds shall endeavor to rely on communications from **[**incarcerated**]** persons who

are incarcerated who have reasonably pursued a resolution of the complaint through any existing internal grievance procedures of the Department of Correction. In all events, the Correction Ombuds shall make good faith efforts to provide an opportunity to the Commissioner of Correction to investigate and to respond to such concerns prior to making such matters public.

(f) All oral and written communications, and records relating to such communications between a person in the custody of the Commissioner of Correction and the Correction Ombuds or a member of the Office of the Correction Ombuds staff, including, but not limited to, the identity of a complainant, the details of the communications and the Correction Ombuds' findings shall be confidential and shall not be disclosed without the consent of such person, except that the Correction Ombuds may disclose without the consent of such person general findings or policy recommendations based on such communications, provided no individually identifiable information is disclosed. The Correction Ombuds shall disclose sufficient information to the Commissioner of Correction or the commissioner's designee as is necessary to respond to the Correction Ombuds' inquiries or to carry out recommendations, but such information may not be further disclosed outside of the Department of Correction.

(g) Notwithstanding the provisions of subsection (f) of this section, whenever in the course of carrying out the Correction Ombuds' duties, the Correction Ombuds or a member of the Office of the Correction Ombuds staff becomes aware of the commission or planned commission of a criminal act or threat that the Correction Ombuds reasonably believes is likely to result in death or substantial bodily harm, the Correction Ombuds shall notify the Commissioner of Correction or an administrator of any correctional facility housing the perpetrator or potential perpetrator of such act or threat and the nature and target of the act or threat.

(h) Notwithstanding any provision of the general statutes concerning the confidentiality of records and information, the Correction Ombuds

shall have access to, including the right to inspect and copy, any records necessary to carry out the responsibilities of the Correction Ombuds, as provided in this section. The provisions of this subsection shall not be construed to compel access to any record protected by the attorney-client privilege or attorney-work product doctrine or any record related to a pending internal investigation, external criminal investigation or emergency procedures. For purposes of this subsection, "emergency procedures" are procedures the Department of Correction uses to manage control of tools, keys and armories and concerning department emergency plans, emergency response units, facility security levels and standards and radio communications.

(i) In the performance of the responsibilities provided for in this section, the Correction Ombuds may communicate privately with any person in the custody of the commissioner. Such communications shall be confidential except as provided in subsections (e) and (f) of this section.

(j) The Correction Ombuds may apply for and accept grants, gifts and bequests of funds from other states, federal and interstate agencies, for the purpose of carrying out the Correction Ombuds' responsibilities. There is established within the General Fund a Correction Ombuds account which shall be a separate, nonlapsing account. Any funds received under this subsection shall, upon deposit in the General Fund, be credited to said account and may be used by the Correction Ombuds in the performance of the Correction Ombuds' duties.

(k) The name, address and other personally identifiable information of a person who makes a complaint to the Correction Ombuds, information obtained or generated by the Office of the Correction Ombuds in the course of an investigation and all confidential records obtained by the Correction Ombuds or the office shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200, or otherwise except as provided in subsections (f) and (g) of this section.

(l) No state or municipal agency shall discharge, or in any manner discriminate or retaliate against, any employee who in good faith makes a complaint to the Correction Ombuds or cooperates with the Office of the Correction Ombuds in an investigation.

(m) The Correction Ombuds may perform the following functions in the evaluation of the provision of health care services pursuant to subparagraph (I) of subdivision (2) of subsection (a) of this section:

(1) Receive, investigate and respond to complaints regarding access to or quality of health care services within the Department of Correction;

(2) Employ or contract with licensed health care professionals to provide independent clinical reviews of such complaints, when necessary;

(3) Collect and analyze health-related data across correctional facilities, including, but not limited to:

(A) Medical appointment wait times;

(B) Mental health care access;

(C) Medication access and continuity; and

(D) Incidences of hospitalizations and mortalities; and

(4) Make recommendations to the Departments of Correction and Public Health and the joint standing committees of the General Assembly having cognizance of matters relating to public health and the judiciary regarding necessary improvements in the delivery of health care services within correctional facilities.

[(m)**]** (n) Not later than December **[**1, 2023, and**]** first, annually, **[**thereafter,**]** the Correction Ombuds shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to the Department of Correction regarding the conditions of confinement in

the state's correctional facilities and halfway houses, including, but not limited to, the delivery of health care services in such facilities and halfway houses. Such report shall detail the Correction Ombuds' findings and recommendations, including, but not limited to, recommendations for any improvements in the delivery of such services.

Sec. 20. (*Effective from passage*) The Probate Court Administrator and the Commissioner of Social Services shall evaluate the feasibility of establishing an expedited process for the appointment of a conservator for patients of hospital emergency departments who lack the capacity to consent to receive health care services from the hospital to ensure such patients receive such services in a timely fashion and help alleviate emergency department boarding and crowding. Not later than January 1, 2026, said administrator and commissioner shall jointly report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding such evaluation and any recommendations for legislation necessary to establish an expedited conservator process for emergency department patients. As used in this section, "emergency department boarding" means holding patients who have been admitted to the hospital after presenting to the emergency department in the emergency department while awaiting an inpatient bed.

Sec. 21. Section 19a-490ii of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than January 1, 2025, and annually thereafter until January 1, 2029, each hospital in the state with an emergency department shall, and each hospital operated exclusively by the state may, directly or in consultation with a hospital association in the state, analyze the following data from the previous calendar year concerning its emergency department: (1) The number of patients who received treatment in the emergency department; (2) the number of emergency department patients who were admitted to the hospital; (3) for patients

admitted to the hospital after presenting to the emergency department, the average length of time from the patient's first presentation to the emergency department until the patient's admission to the hospital; and (4) the percentage of patients who were admitted to the hospital after presenting to the emergency department but were transferred to an available bed located in a physical location other than the emergency department more than four hours after an admitting order for the patient was completed. Each such hospital shall utilize such analysis with the goals of (A) developing policies or procedures to reduce wait times for admission to the hospital after a patient presents to the emergency department, (B) informing potential methods to improve admission efficiencies, and (C) examining root causes for delays in admission times.

(b) Not later than March 1, 2025, and annually thereafter until March 1, 2029, each hospital that conducts an analysis pursuant to subsection (a) of this section shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health and, not later than March 1, 2026, and annually thereafter until March 1, 2029, shall also submit such report to the Commissioners of Public Health and Health Strategy and the Healthcare Advocate, regarding its findings and any recommendations for achieving the goals described in subparagraphs (A) to (C), inclusive, of subdivision (4) of subsection (a) of this section.

Sec. 22. (*Effective from passage*) (a) There is established a working group to evaluate hospital discharge challenges, including, but not limited to, hospital discharge practices, and propose strategies to reduce discharge delays, improve transitions of care and alleviate emergency department boarding.

(b) The working group shall consist of the following members, who shall be appointed by the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health:

(1) Two hospital administrators, who shall be a chief operating officer or vice president of care coordination, one of whom shall be from an urban hospital and one of whom shall be from a rural hospital;

(2) Two emergency department physicians, who shall be nominated by a college of emergency physicians in the state;

(3) One practicing hospitalist with experience in discharge planning;

(4) Two executives of health systems, one of whom shall be from a community hospital;

(5) One representative of a commercial health insurer licensed in the state;

(6) One representative of a care management organization under a Medicaid care management contract with the state;

(7) One representative of a skilled nursing facility;

(8) One representative of a home health or community-based care organization;

(9) One behavioral health provider involved in discharge transitions;

(10) One primary care physician affiliated with a clinically integrated network;

(11) One representative of a patient advocacy organization with expertise in transitions of care;

(12) One representative of an association of hospitals in the state;

(13) One academic or public health policy expert from an institution of higher education in the state;

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

(15) The Commissioner of Health Strategy, or the commissioner's designee;

(16) The Commissioner of Social Services, or the commissioner's designee;

(17) The Insurance Commissioner, or the commissioner's designee; and

(18) One member of the joint standing committee of the General Assembly having cognizance of matters relating to public health and one member of the joint standing committee of the General Assembly having cognizance of matters relating to human services, who shall be nonvoting members of the working group.

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

(d) Not later than January 15, 2026, the working group shall submit a report of its findings and recommendations, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services.

Sec. 23. (*Effective from passage*) (a) As used in this section:

(1) "Overdose prevention center" means a community-based facility where a person with a substance use disorder may (A) (i) receive substance use disorder and other mental health counseling, (ii) use a test strip or any other drug testing technology to test a substance prior to consuming the substance, (iii) receive educational information regarding opioid antagonists, as defined in section 17a-714a of the general statutes, and the risks of contracting diseases from sharing hypodermic needles and syringes and other drug paraphernalia, (iv) receive referrals to substance use disorder treatment services, and (v) receive access to basic support services, including, but not limited to,

laundry machines, a bathroom, a shower and a place to rest, and (B) in a separate location within the facility, safely consume controlled substances under the observation of licensed health care providers who are present to provide necessary medical treatment in the event of an overdose of a controlled substance; and

(2) "Test strip" means a product that a person may use to test any substance, prior to injection, inhalation or ingestion of the substance, for traces of any component recognized by the Commissioner of Mental Health and Addiction Services as having a high risk of causing an overdose to help prevent an accidental overdose by injection, inhalation or ingestion of such component.

(b) The Department of Mental Health and Addiction Services, in consultation with the Department of Public Health, may establish a pilot program to prevent drug overdoses through the establishment of overdose prevention centers in four municipalities in the state selected by the Commissioner of Mental Health and Addiction Services, subject to the approval of the governing body of each municipality selected by said commissioner.

(c) Each overdose prevention center established pursuant to subsection (b) of this section shall (1) employ persons, who may include, but need not be limited to, licensed health care providers, with experience treating persons with a substance use disorder, in a number determined sufficient by the Commissioner of Mental Health and Addiction Services, to provide substance use disorder or other mental health counseling and monitor persons utilizing the overdose prevention center for the purpose of providing medical treatment to any person who experiences symptoms of an overdose, (2) provide persons with test strips or any other drug testing technology at the request of such persons, and (3) provide (A) referrals for substance use disorder, or (B) other mental health counseling or other mental health or medical treatment services that may be appropriate for persons utilizing the overdose prevention center. A licensed health care provider who is participating in the pilot program may administer an opioid antagonist

to any person to treat or prevent an opioid-related drug overdose. Such licensed health care provider who administers an opioid antagonist in accordance with the provisions of this subsection shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist and shall not be deemed to have violated the standard of care for such licensed health care provider. A licensed health care provider's participation in the pilot program shall not be grounds for disciplinary action by the Department of Public Health pursuant to section 19a-17 of the general statutes or by any board or commission listed in subsection (b) of section 19a-14 of the general statutes.

(d) The Commissioner of Mental Health and Addiction Services may establish an advisory committee to provide recommendations to the Departments of Mental Health and Addiction Services and Public Health concerning the overdose prevention pilot program in accordance with subsection (e) of this section. If the commissioner establishes the advisory committee, the commissioner shall serve as chairperson of the advisory committee and the advisory committee shall consist of the following additional members: (1) The Attorney General, or the Attorney General's designee; (2) a representative of a medical society in the state; (3) a representative of an association of hospitals in the state; (4) a representative of the Connecticut chapter of a national society of addiction medicine; (5) a person with a substance use disorder; (6) a person working in overdose prevention; (7) two current or former law enforcement officials, one of whom is or was a law enforcement official in the state; (8) a representative of a conference of municipalities in the state; (9) a person who has suffered a drug overdose; (10) a family member of a person who suffered a fatal drug overdose; (11) a professor at an institution of higher education in the state with experience researching issues concerning overdose prevention; (12) a person with experience in the establishment or operation of one or more overdose prevention centers located outside of the United States; and (13) a representative of a northeastern coalition of harm reduction centers.

(e) Any advisory committee established pursuant to subsection (d) of this section shall make recommendations regarding the overdose prevention pilot program to the Commissioners of Mental Health and Addiction Services and Public Health concerning the following:

(1) Methods of maximizing the public health and safety benefits of overdose prevention centers;

(2) The proper disposal of hypodermic needles and syringes and other drug paraphernalia from the overdose prevention centers;

(3) The availability of programs to support persons utilizing the overdose prevention centers in their recovery from a substance use disorder;

(4) Any laws impacting the establishment and operation of the overdose prevention centers;

(5) Appropriate guidance to relevant professional licensing boards concerning health care providers who provide services at the overdose prevention centers; and

(6) The consideration of any other factors relevant to the overdose prevention centers that are beneficial to promoting the public health and safety.

(f) The Commissioner of Mental Health and Addiction Services may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section.

(g) Not later than January 1, 2027, the Commissioner of Mental Health and Addiction Services shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the operation of the pilot program, if established, and any recommendations from the advisory committee, if established, concerning such pilot program or any legislation necessary to establish

overdose prevention centers on a permanent basis.

(h) The Department of Mental Health and Addiction Services shall not expend any state funds in the implementation or operation of the pilot program. The department may accept donations and grants of money, equipment, supplies, materials and services from private sources, and receive, utilize and dispose of such money, equipment, supplies, material and services in the implementation and operation of the pilot program.

Sec. 24. Subsection (b) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) A certificate of need shall not be required for:

(1) Health care facilities owned and operated by the federal government;

(2) The establishment of offices by a licensed private practitioner, whether for individual or group practice, except when a certificate of need is required in accordance with the requirements of section 19a-493b or subdivision (3), (10) or (11) of subsection (a) of this section;

(3) A health care facility operated by a religious group that exclusively relies upon spiritual means through prayer for healing;

(4) Residential care homes, as defined in subsection (c) of section 19a-490, and nursing homes and rest homes, as defined in subsection (o) of section 19a-490;

(5) An assisted living services agency, as defined in section 19a-490;

(6) Home health agencies, as defined in section 19a-490;

(7) Hospice services, as described in section 19a-122b;

(8) Outpatient rehabilitation facilities;

(9) Outpatient chronic dialysis services;

(10) Transplant services;

(11) Free clinics, as defined in section 19a-630;

(12) School-based health centers and expanded school health sites, as such terms are defined in section 19a-6r, community health centers, as defined in section 19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers;

(13) A program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility;

(14) Any nonprofit facility, institution or provider that has a contract with, or is certified or licensed to provide a service for, a state agency or department for a service that would otherwise require a certificate of need. The provisions of this subdivision shall not apply to a short-term acute care general hospital or children's hospital, or a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended;

(15) A health care facility operated by a nonprofit educational institution exclusively for students, faculty and staff of such institution and their dependents;

(16) An outpatient clinic or program operated exclusively by or contracted to be operated exclusively by a municipality, municipal agency, municipal board of education or a health district, as described in section 19a-241;

(17) A residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for

individuals with intellectual disabilities;

(18) Replacement of existing computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners, positron emission tomography-computed tomography scanners, or nonhospital based linear accelerators, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider, physician or person notifies the unit of the date on which the equipment is replaced and the disposition of the replaced equipment, including if a replacement scanner has dual modalities or functionalities and the applicant already offers similar imaging services for each of the equipment's modalities or functionalities that will be utilized;

(19) Acquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379;

(20) The partial or total elimination of services provided by an outpatient surgical facility, as defined in section 19a-493b, except as provided in subdivision (6) of subsection (a) of this section and section 19a-639e;

(21) The termination of services for which the Department of Public Health has requested the facility to relinquish its license;

(22) Acquisition of any equipment by any person that is to be used exclusively for scientific research that is not conducted on humans;

(23) On or before June 30, 2026, an increase in the licensed bed capacity of a mental health facility, provided (A) the mental health facility demonstrates to the unit, in a form and manner prescribed by the unit, that it accepts reimbursement for any covered benefit provided to a covered individual under: (i) An individual or group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-insured employee welfare benefit plan established pursuant to the federal Employee Retirement Income Security Act of 1974, as amended

from time to time; or (iii) HUSKY Health, as defined in section 17b-290, and (B) if the mental health facility does not accept or stops accepting reimbursement for any covered benefit provided to a covered individual under a policy, plan or program described in clause (i), (ii) or (iii) of subparagraph (A) of this subdivision, a certificate of need for such increase in the licensed bed capacity shall be required; **[**.**]**

(24) The establishment **[**at**]** of harm reduction centers through the pilot program established pursuant to section 17a-673c or overdose prevention centers through the pilot program established pursuant to section 23 of this act; or

(25) On or before June 30, 2028, a birth center, as defined in section 19a-490, that is enrolled as a provider in the Connecticut medical assistance program, as defined in section 17b-245g."

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	19a-38
Sec. 2	*from passage*	New section
Sec. 3	*from passage*	New section
Sec. 4	*from passage*	New section
Sec. 5	*July 1, 2025*	New section
Sec. 6	*from passage*	New section
Sec. 7	*from passage*	17a-667a(f)
Sec. 8	*from passage*	New section
Sec. 9	*from passage*	New section
Sec. 10	*July 1, 2025*	New section
Sec. 11	*October 1, 2025*	New section
Sec. 12	*October 1, 2025*	New section
Sec. 13	*from passage*	New section
Sec. 14	*July 1, 2025*	New section
Sec. 15	*from passage*	19a-36h
Sec. 16	*October 1, 2025*	19a-491f
Sec. 17	*October 1, 2025*	19a-491g
Sec. 18	*October 1, 2025*	19a-491h(a)
Sec. 19	*October 1, 2025*	18-81qq
Sec. 20	*from passage*	New section

Sec. 21	*from passage*	19a-490ii
Sec. 22	*from passage*	New section
Sec. 23	*from passage*	New section
Sec. 24	*from passage*	19a-638(b)