OLR Bill Analysis

sHB 7157

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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§ 23 — SHORT FORM DEATH CERTIFICATES
Requires DPH, by January 1, 2026, to establish a process for someone to request a short-form death certificate that does not include the decedent's cause of death

SUMMARY

This bill makes various changes to public health related statutes as described in the section-by-section analysis below.

EFFECTIVE DATE: October 1, 2025, unless otherwise noted below.

§ 1 — FEES FOR OCME INVESTIGATION RECORDS

Prohibits OCME from charging immediate family members of a deceased minor for copies of the minor's investigation record

By law, the Office of the Chief Medical Examiner (OCME) must investigate deaths that (1) involve certain conditions, such as violence or suspicious circumstances or (2) are sudden or unexpected and not caused by an easily recognizable disease. The office must keep complete records of these investigations (including autopsy and toxicology reports and a copy of the death certificate).

The bill prohibits OCME from charging a fee to an immediate family member of a deceased minor for copies of the minor's records.

Generally, existing law limits public access to copies of these records unless the person has a legitimate interest in them, or the decedent was under state custody at the time of death. The Commission on Medicolegal Investigations, which oversees OCME, sets conditions on accessing the records and related fees.

EFFECTIVE DATE: July 1, 2025

§ 2 — EMS ADMINISTRATION OF EPINEPHRINE

Allows EMS personnel to administer epinephrine using any device approved by the federal Food and Drug Administration, including nasal spray

The bill allows emergency medical services (EMS) personnel (paramedics, emergency medical responders, and emergency medical technicians) to administer epinephrine by any device approved by the federal Food and Drug Administration (including nasal spray), instead of only by auto injectors or prefilled vials or syringes as under current law.

Under existing law and the bill, EMS personnel must (1) be trained on administering the medication in line with national standards the Department of Public Health (DPH) commissioner recognizes and (2) administer the medication under the written protocol or standing order of a physician serving as an EMS medical director. Ambulances must be equipped with epinephrine devices.

EFFECTIVE DATE: July 1, 2025

§ 3 — PHYSICAL THERAPIST CONTINUING EDUCATION

Starting January 1, 2026, requires licensed physical therapists to annually complete at least two hours of education or training on ethics and jurisprudence as part of their existing continuing education requirement

Starting January 1, 2026, the bill requires licensed physician therapists to annually complete at least two hours of training or education on ethics and jurisprudence as part of their existing continuing education requirements.

By law, physical therapists must complete at least 20 hours of continuing education during each registration period (i.e. the 12-month period for which a license has been renewed). This continuing education must include at least two hours of training and education on (1) screening for post-traumatic stress disorder, suicide risk, depression, and grief and (2) suicide prevention training. But this requirement applies only (1) during the first license renewal period for which continuing education is required (i.e. the second license renewal) and (2) at least once every six years after that.

EFFECTIVE DATE: July 1, 2025

§ 4 — REQUIRING PATIENTS TO KEEP PAYMENT METHODS ON FILE

Prohibits health systems and health care providers from requiring patients to provide electronic payment methods on file as a prerequisite to providing them services and makes a violation of this prohibition an unfair trade practice

The bill prohibits health systems and health care providers from requiring patients to provide electronic payment methods (e.g., bank account information, credit cards, or debit cards) to keep on file as a prerequisite to (1) seeing patients for an office visit or (2) providing them services.

It makes a violation of this prohibition an unfair trade practice under the Connecticut Unfair Trade Practices Act (CUTPA).

Under the bill, the prohibition does not (1) affect a patient's obligation to pay for health care services or (2) prevent patients from voluntarily giving health care providers their electronic payment methods or other payment-related information to keep on file.

Background — CUTPA

The law prohibits businesses from engaging in unfair and deceptive acts or practices. CUTPA allows the consumer protection commissioner to issue regulations defining what constitutes an unfair trade practice, investigate complaints, issue cease and desist orders, order restitution in cases involving less than $10,000, enter into consent agreements, ask the attorney general to seek injunctive relief, and accept voluntary statements of compliance. It also allows individuals to sue. Courts may issue restraining orders; award actual and punitive damages, costs, and reasonable attorney's fees; and impose civil penalties of up to $5,000 for willful violations and $25,000 for violation of a restraining order.

§§ 5-17 & 24 — PSYCHOLOGIST PATIENT CONFIDENTIALITY PROTECTIONS

Updates patient confidentiality requirements for psychologists by repealing current statutory provisions and instead subjecting them to existing requirements for psychiatric behavioral health providers; makes related minor, conforming, and technical changes to several related statutes

The bill updates statutory requirements for psychologists on confidentiality of patient communications and records to align with those of other behavioral health providers. It does so by repealing current law's requirements for psychologists and instead subjecting

them to similar patient confidentiality requirements that already apply to psychiatrists and advanced practice registered nurses certified as behavioral health providers ("psychiatric behavioral health providers").

The bill also makes related minor, conforming, and technical changes, including updating statutory definitions to reflect the addition of psychologists and those they diagnose and treat (hereafter "patients") to these provisions (e.g., adding a psychologist's office to the definition of "mental health facility").

Disclosure of Patient Communications and Records

Under current law and the bill, a psychologist is generally prohibited from disclosing communications and related records concerning a patient's diagnosis and treatment without the consent of the patient or his or her authorized representative. The patient or representative may withdraw their consent in writing at any time.

However, as is already the case for psychiatric behavioral health providers, the bill permits disclosure without consent in the following situations:

1. to other people and mental health facilities (e.g., a hospital, clinic, or psychologist's office) engaged in diagnosing or treating the patient, if the disclosure is necessary for diagnosis or treatment and the patient is informed of the disclosure;

2. when the psychologist determines that there is a substantial risk of imminent physical injury by the patient, or disclosure is necessary to place the patient in a mental health facility;

3. to individuals and agencies that collect fees for services the psychologist provides (e.g., billing service) or contract with the psychologist (e.g., the Department of Mental Health and Addiction Services (DMHAS)), except that the disclosure must be limited to only information needed to process or substantiate the fee or claim (e.g., patient contact information, the fees, and the dates and duration of the services);

4. the disclosure is related to a psychological examination ordered by a court or made as part of a probate court conservatorship proceeding, if (a) the patient is a party to the proceeding; (b) his or her competence is questioned because of mental illness; or (c) in appropriate pretrial proceedings, so long as the patient is informed that the patient's communication is not confidential and disclosure is limited to issues involving the patient's mental condition;

5. the disclosure is in connection with a civil proceeding in which the patient introduces his or her mental condition as part of his or her claim or defense (or their beneficiary does) and the court determines it is in the interest of justice;

6. to (a) DPH in connection with a health care facility's inspection or investigation and (b) DMHAS for an inquiry, records examination, or investigation of a serious injury or unexpected death of certain people receiving services at a DMHAS-operated or -funded facility or program; and

7. to immediate family members or legal representatives of a victim of a homicide committed by a patient found not guilty due to mental disease or defect, if they request the communication or record within six years of the verdict and it is used only for a related civil action.

Likewise, the bill grants access to psychologists' patient communications and records for the following purposes:

1. to researchers, if the researcher's plan is approved by the mental health facility's director or designee, the information is not removed from the facility (except for certain de-identified data), and patient-identifiable information is generally not disclosed and

2. to DMHAS, for patients under the department's care, for administrative, research, or planning purposes, so long as the data is de-identified and a patient's identity can only be accessed

by the DMHAS commissioner.

Labeling Confidential Records

The bill extends to psychologists the current requirement for psychiatric behavioral health providers that any patient communications and records they disclose include a statement specifying (1) that the information is confidential and cannot be further disclosed without written consent required by law, (2) who and for what purpose consent was given for the disclosure, including any applicable laws authorizing it. (If the disclosure is made orally, the psychologist must inform the recipient of the above information.)

EFFECTIVE DATE: October 1, 2025, except the provision on patients' consent to disclosure is effective July 1, 2025 (§ 6).

§ 18 — DPH CIVIL PENALTIES

Increases the maximum civil penalty that DPH may impose against individual health care providers from $10,000 to $25,000

The bill increases, from $10,000 to $25,000, the maximum civil penalty that DPH or its licensing boards or commissions may impose, under existing procedures, against individual health care providers. (PA 24-68 lowered this maximum penalty from $25,000 to $10,000.)

EFFECTIVE DATE: July 1, 2025

§ 19 — DPH WORKPLACE VIOLENCE REPORTS

Extends, from January 1 to February 1, the date by which health care employers must annually report to DPH on workplace violence incidents

The bill extends, from January 1 to February 1, the date by which health care employers must annually report to DPH workplace violence incidents. Existing law requires certain health care employers to report to the department on the number of workplace violence incidents that occurred in the prior year on the employer's premises and the specific area or department where they occurred.

The reporting requirement applies to DPH licensed institutions (e.g., hospitals or nursing homes) with at least 50 full-or part-time employees. It also includes (1) mental health and substance use disorder treatment

facilities, (2) Department of Developmental Services-licensed residential facilities for people with intellectual disability, and (3) community health centers.

§ 20 — OXYGEN-RELATED PATIENT CARE

Authorizes MRI and radiologic technicians to perform certain oxygen-related patient care activities in hospitals just as existing law allows for designated licensed health care providers and certified ultrasound, nuclear medicine, and polysomnographic technologists

The act authorizes magnetic resonance imaging (MRI) and radiologic technicians to perform the following oxygen-related patient care activities in hospitals: (1) connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting, or adjusting the mask, tubes, and other patient oxygen delivery apparatus; and (4) adjusting the oxygen rate or flow consistent with a medical order. Existing law already allows designated licensed health care providers and certified ultrasound, nuclear medicine, and polysomnographic technologists to do this.

As under existing law, this authorization does not apply to any type of (1) ventilator, (2) continuous positive airway pressure or bi-level positive airway pressure unit, or (3) other noninvasive positive pressure ventilation.

Under existing law and the bill, MRI and radiologic technicians may only perform these activities only to the extent allowed by hospitals policies and procedures, including applicable bylaws, rules, and regulations. The hospital must document that each technologist is property trained, either through (1) his or her professional education or (2) training provided by the hospital. It must also require each technologist to complete annual competency testing.

EFFECTIVE DATE: July 1, 2025

§ 21 — HOSPITAL NURSE STAFFING PLAN COMPLIANCE REPORTS

Changes the dates by which hospitals must biannually report to DPH on their compliance in the past six months with at least 80% of nurse staffing assignments in their nurse staff plans

Existing law requires each hospital to report biannually to DPH

whether it has complied in the past six months with at least 80% of nurse staffing assignments in its nurse staffing plan.

The bill requires hospitals to report by each (1) January 15 for the most recent six-month period ending January 1 and (2) July 15 for the most recent six-month period ending July 1. Current law requires hospitals to report by each October 1 and April 1.

§ 22 — DCF OUTPATIENT PSYCHIATRIC CLINICS

Specifies that DPH-licensed hospitals are not required to also obtain DCF licensure to provide inpatient or outpatient mental health services as part of DCF's outpatient psychiatric clinic program

Existing law requires the Department of Children and Families (DCF) to administer an outpatient psychiatric clinic program that provides behavioral health services to children and adolescents under age 18 with psychiatric conditions, and their families. Under the program, DCF licenses community-based psychiatric clinics and designates a subset of them as child guidance clinics that receive DCF grants to help maintain or expand them.

The bill specifies that DPH-licensed hospitals are not required to also obtain DCF licensure to participate in the program and (1) provide inpatient or outpatient mental health services to patients of any age and (2) receive any related DCF grants.

EFFECTIVE DATE: Upon passage

§ 23 — SHORT FORM DEATH CERTIFICATES

Requires DPH, by January 1, 2026, to establish a process for someone to request a short-form death certificate that does not include the decedent's cause of death

The bill requires the DPH commissioner, by January 1, 2026, to establish a process for someone to request a short-form death certificate that excludes the medical certification part of the death certificate that identifies the decedent's cause of death. Under current law, the state only offers long-form death certificates that must include information on the cause of death (CGS § 7-62b).

Under the bill, requestors may give the short-form death certificate to people or institutions (e.g., banks and financial institutions, mortgage

lenders, and the motor vehicles department) that do not need to know the decedent's cause of death.

Existing law generally allows anyone ages 18 or older to purchase a certified copy of a death record (CGS § 7-51a).

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 32 Nay 0 (03/21/2025)