



General Assembly

**Amendment**

January Session, 2025

LCO No. 7486



Offered by:

REP. MCCARTHY VAHEY, 133<sup>rd</sup> Dist.

SEN. ANWAR, 3<sup>rd</sup> 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4 repealed and the following is substituted in lieu thereof (*Effective July 1,*  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 Section 19a-197a of the general statutes is repealed and the  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 education or training  
78 on ethics and jurisprudence. The requirement described in [subdivision  
79 (2)] subparagraph (B) of subdivision (1) of this subsection may be  
80 satisfied by the completion of the evidence-based youth suicide

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

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

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

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

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 Section 52-146d of the general statutes is repealed and the  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

103 As used in this section and sections [52-146d to 52-146i] 52-146e to 52-  
104 146j, inclusive, as amended by this act:

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

112 (i) a guardian or conservator who has been or is appointed to act for the  
113 person or patient, or (ii) for the purpose of maintaining confidentiality  
114 until a guardian or conservator is appointed, the person's or patient's  
115 nearest relative;

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

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

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

143 (5) "Mental health facility" includes any hospital, clinic, ward,

144 psychologist's office, psychiatric mental health provider's office or other  
145 facility, public or private, [which] ~~that~~ provides inpatient or outpatient  
146 service, in whole or in part, relating to the diagnosis or treatment of a  
147 person's or patient's mental condition;

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

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

153 [(7)] (8) "Psychiatric mental health provider" means a physician  
154 specializing in psychiatry and licensed under the provisions of sections  
155 20-9 to 20-12, inclusive, an advanced practice registered nurse licensed  
156 under chapter 378 who is board certified as a psychiatric mental health  
157 provider by the American Nurses Credentialing Center, [a person] an  
158 individual licensed to practice medicine who devotes a substantial  
159 portion of his or her time to the practice of psychiatry or [a person] an  
160 individual reasonably believed by the patient to be so qualified; and

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

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

165 (a) [All communications and records as defined in section 52-146d]  
166 Each communication and record shall be confidential and [shall be]  
167 subject to the provisions of sections 52-146d to 52-146j, inclusive, as  
168 amended by this act. Except as provided in sections 52-146f to 52-146i,  
169 inclusive, as amended by this act, no [person may] individual shall  
170 disclose or transmit any [communications and records] communication  
171 or record thereof, or the substance or any part or [any] resume thereof,  
172 [which identify a] that identifies a person or patient to any [person]  
173 individual, corporation or governmental agency without the consent of  
174 the person or patient or his or her authorized representative.

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

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

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

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

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

207 communication and record will be so disclosed or transmitted. For  
208 purposes of this subsection, [persons] an individual in professional  
209 training [are to] to become a psychologist or psychiatric mental health  
210 provider shall be considered as engaged in the diagnosis or treatment  
211 of the [patients] person or patient.

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

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



240 information is required, the party seeking the information shall proceed  
241 in the same manner provided for hospital patients in section 4-105.

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

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

268 (6) [Communications or records] A communication and record may  
269 be disclosed to (A) the Commissioner of Public Health in connection  
270 with any inspection, investigation or examination of an institution, as  
271 defined in subsection (a) of section 19a-490, authorized under section  
272 19a-498, or (B) the Commissioner of Mental Health and Addiction

273 Services in connection with any inspection, investigation or examination  
274 authorized under subsection (f) of section 17a-451.

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

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

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

304 (a) [A person] An individual engaged in research may have access to

305 [psychiatric communications and records which identify patients] a  
306 communication and record that identifies a person or patient where  
307 needed for such research, if such [person's] individual's research plan is  
308 first submitted to and approved by the director of the mental health  
309 facility or [his] such director's designee.

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

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

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

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

337 communication and record.

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

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

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

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

367 (a) Any [person] individual aggrieved by a violation of any provision

368 of sections 52-146d to [52-146j] 52-146i, inclusive, as amended by this act,  
369 may petition the superior court for the judicial district in which [he] such  
370 individual resides, or, in the case of a nonresident of the state, the  
371 superior court for the judicial district of Hartford, for appropriate relief,  
372 including temporary and permanent injunctions, and the petition shall  
373 be privileged with respect to assignment for trial.

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

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

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

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

397 As one of the conditions of release, the board may require the  
398 acquittee to report to any public or private mental health facility for

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

420 Sec. 14. Subsection (d) of section 17a-596 of the general statutes is  
421 repealed and the following is substituted in lieu thereof (*Effective October*  
422 *1, 2025*):

423 (d) Any hearing by the board, including the taking of any testimony  
424 at such hearing, shall be open to the public. At any hearing before the  
425 board, the acquittee shall have all the rights given a party to a contested  
426 case under chapter 54. In addition to the rights enumerated in chapter  
427 54, the acquittee shall have the right to appear at all proceedings before  
428 the board, except board deliberations, and to be represented by counsel,  
429 to consult with counsel prior to the hearing and, if indigent, to have  
430 counsel provided, pursuant to the provisions of chapter 887, without  
431 cost. At any hearing before the board, copies of documents and reports

432 considered by the board shall be available for examination by the  
433 acquittee, counsel for the acquittee and the state's attorney. Psychiatric  
434 or psychological reports concerning the acquittee that are in the  
435 possession of the board shall not be public records, as defined in section  
436 1-200, except that information in such reports relied on by the board or  
437 used as evidence concerning the discharge, conditional release,  
438 temporary leave or confinement of the acquittee shall not be  
439 confidential. The provisions of sections [52-146c] 52-146d to 52-146j,  
440 inclusive, as amended by this act, shall not apply to such reports for the  
441 purposes of this section.

442 Sec. 15. Subsection (a) of section 52-146o of the general statutes is  
443 repealed and the following is substituted in lieu thereof (*Effective October*  
444 *1, 2025*):

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

457 Sec. 16. Subsection (a) of section 52-146w of the general statutes is  
458 repealed and the following is substituted in lieu thereof (*Effective October*  
459 *1, 2025*):

460 (a) Except as provided in sections [52-146c] 52-146d to 52-146k,  
461 inclusive, as amended by this act, sections 52-146o, as amended by this  
462 act, 52-146p, 52-146q and 52-146s and subsection (b) of this section, in  
463 any civil action or any proceeding preliminary thereto or in any probate,

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

478 Sec. 17. Subsection (a) of section 52-146x of the general statutes is  
479 repealed and the following is substituted in lieu thereof (*Effective October*  
480 *1, 2025*):

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



497 covered entity shall inform the patient or the patient's conservator,  
498 guardian or other authorized legal representative of the patient's right  
499 to withhold such written consent.

500 Sec. 18. Subsection (a) of section 19a-17 of the general statutes is  
501 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
502 *2025*):

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

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

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

512 (3) Censure a practitioner or permittee;

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

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

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

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

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

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

524 the probation;

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

526 (8) In those cases involving persons or entities licensed or certified  
527 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and  
528 20-476, require that restitution be made to an injured property owner;  
529 or

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

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

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

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

552 A health care employer shall maintain records [which] that detail  
553 incidents of workplace violence and include the specific area or

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

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

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

584 Sec. 21. Subsection (n) of section 19a-89e of the general statutes is  
585 repealed and the following is substituted in lieu thereof (*Effective October*  
586 *1, 2025*):

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

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

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

612 (b) For the purposes of this section, "child guidance clinic" means a  
613 subset of psychiatric clinics for children designated by the Department  
614 of Children and Families pursuant to this section to receive grant funds  
615 for the purpose of assisting the department to provide community-  
616 based psychiatric services for children, youths and families. In order to  
617 meet such mandate, the department shall designate a subset of  
618 outpatient psychiatric clinics for children to be known as child guidance  
619 clinics. The department shall provide grants to such child guidance

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

644 (c) The Department of Children and Families shall adopt regulations,  
645 in accordance with the provisions of chapter 54, defining the minimum  
646 requirements for outpatient psychiatric clinics for children to be eligible  
647 for licensure under this section in regard to (1) qualification and number  
648 of staff members, (2) clinic operation including but not limited to  
649 physical plant, governing body and recordkeeping, (3) effectiveness of  
650 services, and (4) populations targeted for priority access. The  
651 regulations shall also govern the granting of the funds to assist in  
652 establishing, maintaining and expanding psychiatric clinics. The  
653 department shall, upon payment of a fee of three hundred dollars, issue

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

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

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

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

677 Sec. 24. Subsection (f) of section 17a-210 of the general statutes is  
678 repealed and the following is substituted in lieu thereof (*Effective October*  
679 *1, 2025*):

680 (f) Any person with intellectual disability, or the legal representative  
681 of such person, may object to (1) a proposed approval by the department  
682 of a program for such person that includes the use of behavior-  
683 modifying medications or aversive procedures, or (2) a proposed  
684 determination of the department that community placement is

685 inappropriate for such person placed under the direction of the  
686 commissioner. The department shall provide written notice of any such  
687 proposed approval or determination to the person, or to the legal  
688 representative of such person, not less than ten days prior to making  
689 such approval or determination. In the event of an objection to such  
690 proposed approval or determination, the commissioner shall conduct a  
691 hearing in accordance with the provisions of chapter 54, provided no  
692 such hearing shall be required if the commissioner withdraws such  
693 proposed approval or determination.

694 Sec. 25. Subsection (f) of section 17a-227 of the general statutes is  
695 repealed and the following is substituted in lieu thereof (*Effective October*  
696 *1, 2025*):

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

703 Sec. 26. Subsection (b) of section 17b-59a of the general statutes is  
704 repealed and the following is substituted in lieu thereof (*Effective October*  
705 *1, 2025*):

706 (b) The Commissioner of Social Services, in consultation with the  
707 Commissioner of Health Strategy, shall (1) develop, throughout the  
708 Departments of Developmental Services, Public Health, Correction,  
709 Children and Families, Veterans Affairs and Mental Health and  
710 Addiction Services, uniform management information, uniform  
711 statistical information, uniform terminology for similar facilities [,] and  
712 uniform electronic health information technology standards, (2) plan for  
713 increased participation of the private sector in the delivery of human  
714 services, and (3) provide direction and coordination to federally funded  
715 programs in the human services agencies and recommend uniform  
716 system improvements and reallocation of physical resources and

717 designation of a single responsibility across human services agencies  
718 lines to facilitate shared services and eliminate duplication.

719 Sec. 27. Subsection (f) of section 17b-59e of the general statutes is  
720 repealed and the following is substituted in lieu thereof (*Effective October*  
721 *1, 2025*):

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

735 Sec. 28. Subdivision (2) of subsection (e) of section 17b-342 of the  
736 general statutes is repealed and the following is substituted in lieu  
737 thereof (*Effective October 1, 2025*):

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



748 Sec. 29. Subdivision (3) of subsection (i) of section 17b-342 of the  
749 general statutes is repealed and the following is substituted in lieu  
750 thereof (*Effective October 1, 2025*):

751 (3) Any person who resides in affordable housing under the assisted  
752 living demonstration project established pursuant to section 17b-347e<sub>2</sub>  
753 and whose income is at or below two hundred per cent of the federal  
754 poverty level, shall not be required to contribute to the cost of care. Any  
755 person who resides in affordable housing under the assisted living  
756 demonstration project established pursuant to section 17b-347e<sub>2</sub> and  
757 whose income exceeds two hundred per cent of the federal poverty  
758 level, shall contribute to the applied income amount determined in  
759 accordance with the methodology established by the Department of  
760 Social Services for recipients of medical assistance. Any person whose  
761 income exceeds two hundred per cent of the federal poverty level and  
762 who does not contribute to the cost of care in accordance with this  
763 subdivision shall be ineligible to receive services under this subsection.  
764 Notwithstanding any provision of sections 17b-60 and 17b-61, the  
765 department shall not be required to provide an administrative hearing  
766 to a person found ineligible for services under this subsection because  
767 of a failure to contribute to the cost of care.

768 Sec. 30. Subsection (g) of section 17b-352 of the general statutes is  
769 repealed and the following is substituted in lieu thereof (*Effective October*  
770 *1, 2025*):

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

779 Sec. 31. Subdivision (1) of subsection (e) of section 17b-354 of the

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

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

794 Sec. 32. Subsection (d) of section 19a-37 of the general statutes is  
795 repealed and the following is substituted in lieu thereof (*Effective October*  
796 *1, 2025*):

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

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

815 Sec. 33. Subsection (c) of section 19a-563h of the general statutes is  
816 repealed and the following is substituted in lieu thereof (*Effective October*  
817 *1, 2025*):

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

829 Sec. 34. Subsection (e) of section 19a-564 of the general statutes is  
830 repealed and the following is substituted in lieu thereof (*Effective October*  
831 *1, 2025*):

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

845 condition requires a change in services.

846 Sec. 35. Subsection (a) of section 19a-754e of the general statutes is  
847 repealed and the following is substituted in lieu thereof (*Effective October*  
848 *1, 2025*):

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

865 Sec. 36. Subparagraph (C) of subdivision (1) of subsection (b) of  
866 section 19a-754g of the general statutes is repealed and the following is  
867 substituted in lieu thereof (*Effective October 1, 2025*):

868 (C) (i) The commissioner shall hold at least one informational public  
869 hearing prior to adopting the health care cost growth benchmarks and  
870 primary care spending targets for each succeeding five-year period  
871 described in this subdivision. The commissioner may hold  
872 informational public hearings concerning any annual health care cost  
873 growth benchmark and primary care spending target set pursuant to  
874 subsection (a) of this section or subdivision (1) of subsection (b) of this  
875 section. Such informational public hearings shall be held at a time and  
876 place designated by the commissioner in a notice prominently posted

877 by the commissioner on the office's Internet web site and in a form and  
878 manner prescribed by the commissioner. The commissioner shall make  
879 available on the office's Internet web site a summary of any such  
880 informational public hearing and include the commissioner's  
881 recommendations, if any, to modify or not to modify any such annual  
882 benchmark or target.

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

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

898 Sec. 37. Subdivision (2) of subsection (a) of section 19a-906 of the  
899 general statutes is repealed and the following is substituted in lieu  
900 thereof (*Effective October 1, 2025*):

901 (2) "Facility fee" has the same meaning as provided in section 19a-  
902 508c.

903 Sec. 38. Subsection (f) of section 19a-906 of the general statutes is  
904 repealed and the following is substituted in lieu thereof (*Effective October*  
905 *1, 2025*):

906 (f) The provision of telehealth services and health records maintained  
907 and disclosed as part of a telehealth interaction shall comply with the

908 provisions of the Health Insurance Portability and Accountability Act of  
909 1996, P.L. 104-191, as amended from time to time.

910 Sec. 39. Subsection (c) of section 20-123b of the general statutes is  
911 repealed and the following is substituted in lieu thereof (*Effective October*  
912 *1, 2025*):

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

925 Sec. 40. Subsection (b) of section 20-195ttt of the general statutes is  
926 repealed and the following is substituted in lieu thereof (*Effective October*  
927 *1, 2025*):

928 (b) There is established within the Office of Health Strategy a  
929 Community Health Worker Advisory Body. Said body shall (1) advise  
930 said office and the Department of Public Health on matters relating to  
931 the educational and certification requirements for training programs for  
932 community health workers, including the minimum number of hours  
933 and internship requirements for certification of community health  
934 workers, (2) conduct a continuous review of such educational and  
935 certification programs, and (3) provide the department with a list of  
936 approved educational and certification programs for community health  
937 workers. [;]

938 Sec. 41. Subdivision (11) of section 20-207 of the general statutes is

939 repealed and the following is substituted in lieu thereof (*Effective October*  
940 *1, 2025*):

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

945 Sec. 42. Subsection (a) of section 38a-498a of the general statutes is  
946 repealed and the following is substituted in lieu thereof (*Effective October*  
947 *1, 2025*):

948 (a) No individual health insurance policy providing coverage of the  
949 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section  
950 38a-469 [.] and delivered, issued for delivery or renewed in this state, on  
951 or after January 1, 2025, shall direct or require an enrollee to obtain  
952 approval from the insurer or health care center prior to (1) calling a 9-1-  
953 1 local prehospital emergency medical service system whenever such  
954 enrollee is confronted with a life or limb threatening emergency, or (2)  
955 transporting such enrollee when medically necessary by ambulance to  
956 a hospital. For purposes of this section, a "life or limb threatening  
957 emergency" means any event which the enrollee believes threatens such  
958 enrollee's life or limb in such a manner that a need for immediate  
959 medical care is created to prevent death or serious impairment of health.

960 Sec. 43. Subsection (a) of section 38a-525a of the general statutes is  
961 repealed and the following is substituted in lieu thereof (*Effective October*  
962 *1, 2025*):

963 (a) No group health insurance policy providing coverage of the type  
964 specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-  
965 469 [.] and delivered, issued for delivery or renewed in this state, on or  
966 after January 1, 2025, shall direct or require an enrollee to obtain  
967 approval from the insurer or health care center prior to (1) calling a 9-1-  
968 1 local prehospital emergency medical service system whenever such  
969 enrollee is confronted with a life or limb threatening emergency, or (2)

970 transporting such enrollee when medically necessary by ambulance to  
971 a hospital. For purposes of this section, a "life or limb threatening  
972 emergency" means any event which the enrollee believes threatens such  
973 enrollee's life or limb in such a manner that a need for immediate  
974 medical care is created to prevent death or serious impairment of health.

975 Sec. 44. Subsection (f) of section 19a-59j of the general statutes is  
976 repealed and the following is substituted in lieu thereof (*Effective October*  
977 *1, 2025*):

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

987 Sec. 45. Subsection (a) of section 46a-13n of the general statutes is  
988 repealed and the following is substituted in lieu thereof (*Effective October*  
989 *1, 2025*):

990 (a) The name, address and other personally identifiable information  
991 of a person who makes a complaint to the Child Advocate as provided  
992 in section 46a-13l, all information obtained or generated by the office in  
993 the course of an investigation and all confidential records obtained by  
994 the Child Advocate or a designee shall be confidential and shall not be  
995 subject to disclosure under the Freedom of Information Act or  
996 otherwise, except that such information and records, other than  
997 confidential information concerning a pending law enforcement  
998 investigation or a pending prosecution, may be disclosed if the Child  
999 Advocate determines that disclosure is (1) in the general public interest  
1000 or (2) necessary to enable the Child Advocate to perform his  
1001 responsibilities under subsection (a) of section 46a-13l. If the Child



1002 Advocate determines that disclosure of confidential information is not  
1003 in the public interest but is necessary to enable the Child Advocate to  
1004 perform responsibilities under subsection (a) of section 46a-13l, or to  
1005 identify, prevent or treat the abuse or neglect of a child, the Child  
1006 Advocate may disclose such information to the appropriate agency  
1007 responsible for the welfare of such child or the legal representative for  
1008 such child. The Child Advocate may disclose information or data  
1009 regarding fatalities of infants less than one year of age to the  
1010 Commissioner of Public Health if the Child Advocate determines such  
1011 disclosure is necessary for the purposes of the infant mortality review  
1012 program established pursuant to section 19a-59j, as amended by this act.  
1013 Any information or data disclosed to the Commissioner of Public Health  
1014 shall be confidential in accordance with the provisions of section 19a-25.

1015 Sec. 46. Section 29 of public act 24-19 is repealed and the following is  
1016 substituted in lieu thereof (*Effective from passage*):

1017 (a) The chairpersons of the joint standing committee of the General  
1018 Assembly having cognizance of matters relating to public health shall  
1019 establish a working group to examine hospice services for pediatric  
1020 patients across the state. The working group shall include, but need not  
1021 be limited to, the following members:

1022 (1) At least one representative of each pediatric hospice association in  
1023 the state;

1024 (2) One representative of each organization licensed as a hospice by  
1025 the Department of Public Health pursuant to section 19a-122b of the  
1026 general statutes;

1027 (3) At least one representative of an association of hospitals in the  
1028 state;

1029 (4) One representative each of two children's hospitals in the state;

1030 (5) One pediatric oncologist;

1031 (6) One pediatric intensivist;

1032 (7) The chairpersons and ranking members of the joint standing  
1033 committee of the General Assembly having cognizance of matters  
1034 relating to public health;

1035 (8) The Commissioner of Public Health, or the commissioner's  
1036 designee; and

1037 (9) The Commissioner of Social Services, or the commissioner's  
1038 designee.

1039 (b) ~~[(The)]~~ (1) On and before March 1, 2025, the working group shall be  
1040 responsible for the following:

1041 ~~[(1)]~~ (A) Reviewing existing hospice services for pediatric patients  
1042 across the state;

1043 ~~[(2)]~~ (B) Making recommendations for appropriate levels of hospice  
1044 services for pediatric patients across the state; and

1045 ~~[(3)]~~ (C) Evaluating payment and funding options for pediatric  
1046 hospice care.

1047 (2) On and after March 1, 2025, and before July 1, 2026, the working  
1048 group shall be responsible for developing recommendations for the  
1049 establishment of a Children's Health, Advocacy, Management and  
1050 Palliative Care program and, within such program, a Pediatric Palliative  
1051 and Hospice Care Center of Excellence pilot program, as described in  
1052 the working group's report submitted pursuant to subdivision (1) of  
1053 subsection (f) of this section, including, but not limited to,  
1054 recommendations regarding (A) appropriations necessary to establish  
1055 such program and pilot program, (B) requirements for the operation of  
1056 the pilot program, including, but not limited to, staff and facility  
1057 requirements, (C) education and curriculum requirements for nurses  
1058 participating in the pilot program or providing pediatric palliative or  
1059 hospice care services, and (D) any licensing or certification requirements

1060 necessary for the operation of the pilot program or expanding the  
1061 provision of pediatric palliative or hospice care services in the state.

1062 (c) The cochairpersons of the joint standing committee of the General  
1063 Assembly having cognizance of matters relating to public health shall  
1064 schedule the first meeting of the working group, which shall be held not  
1065 later than [sixty days after the effective date of this section] July 20, 2024.

1066 (d) The members of the working group shall elect two chairpersons  
1067 from among the members of the working group. Not later than thirty  
1068 days after the effective date of this section, the chairpersons of the  
1069 working group shall schedule a meeting of the working group to initiate  
1070 work on the responsibilities described in subdivision (2) of subsection  
1071 (b) of this section.

1072 (e) The administrative staff of the joint standing committee of the  
1073 General Assembly having cognizance of matters relating to public  
1074 health shall serve as administrative staff of the working group.

1075 (f) (1) Not later than March 1, 2025, the chairpersons of the working  
1076 group shall report, in accordance with the provisions of section 11-4a of  
1077 the general statutes, to the joint standing committee of the General  
1078 Assembly having cognizance of matters relating to public health  
1079 concerning the findings of the working group.

1080 (2) Not later than March 1, 2026, the chairpersons of the working  
1081 group shall report, in accordance with the provisions of section 11-4a of  
1082 the general statutes, to the joint standing committee of the General  
1083 Assembly having cognizance of matters relating to public health  
1084 concerning the recommendations developed pursuant to subdivision (2)  
1085 of subsection (b) of this section.

1086 Sec. 47. Section 52-146c of the general statutes is repealed. (*Effective*  
1087 *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	<i>October 1, 2025</i>	52-146d
Sec. 6	<i>July 1, 2025</i>	52-146e
Sec. 7	<i>October 1, 2025</i>	52-146f
Sec. 8	<i>October 1, 2025</i>	52-146g
Sec. 9	<i>October 1, 2025</i>	52-146h
Sec. 10	<i>October 1, 2025</i>	52-146i
Sec. 11	<i>October 1, 2025</i>	52-146j
Sec. 12	<i>October 1, 2025</i>	17a-465b
Sec. 13	<i>October 1, 2025</i>	17a-590
Sec. 14	<i>October 1, 2025</i>	17a-596(d)
Sec. 15	<i>October 1, 2025</i>	52-146o(a)
Sec. 16	<i>October 1, 2025</i>	52-146w(a)
Sec. 17	<i>October 1, 2025</i>	52-146x(a)
Sec. 18	<i>July 1, 2025</i>	19a-17(a)
Sec. 19	<i>October 1, 2025</i>	19a-490r
Sec. 20	<i>July 1, 2025</i>	19a-903b
Sec. 21	<i>October 1, 2025</i>	19a-89e(n)
Sec. 22	<i>from passage</i>	17a-20
Sec. 23	<i>from passage</i>	7-62b(g)
Sec. 24	<i>October 1, 2025</i>	17a-210(f)
Sec. 25	<i>October 1, 2025</i>	17a-227(f)
Sec. 26	<i>October 1, 2025</i>	17b-59a(b)
Sec. 27	<i>October 1, 2025</i>	17b-59e(f)
Sec. 28	<i>October 1, 2025</i>	17b-342(e)(2)
Sec. 29	<i>October 1, 2025</i>	17b-342(i)(3)
Sec. 30	<i>October 1, 2025</i>	17b-352(g)
Sec. 31	<i>October 1, 2025</i>	17b-354(e)(1)
Sec. 32	<i>October 1, 2025</i>	19a-37(d)
Sec. 33	<i>October 1, 2025</i>	19a-563h(c)
Sec. 34	<i>October 1, 2025</i>	19a-564(e)
Sec. 35	<i>October 1, 2025</i>	19a-754e(a)
Sec. 36	<i>October 1, 2025</i>	19a-754g(b)(1)(C)
Sec. 37	<i>October 1, 2025</i>	19a-906(a)(2)

Sec. 38	<i>October 1, 2025</i>	19a-906(f)
Sec. 39	<i>October 1, 2025</i>	20-123b(c)
Sec. 40	<i>October 1, 2025</i>	20-195ttt(b)
Sec. 41	<i>October 1, 2025</i>	20-207(11)
Sec. 42	<i>October 1, 2025</i>	38a-498a(a)
Sec. 43	<i>October 1, 2025</i>	38a-525a(a)
Sec. 44	<i>October 1, 2025</i>	19a-59j(f)
Sec. 45	<i>October 1, 2025</i>	46a-13n(a)
Sec. 46	<i>from passage</i>	PA 24-19, Sec. 29
Sec. 47	<i>October 1, 2025</i>	Repealer section