



General Assembly

**Amendment**

January Session, 2025

LCO No. 8908



Offered by:

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To: Subst. Senate Bill No. 7

File No. 604

Cal. No. 329

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

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

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 Section 19a-38 of the general statutes is repealed and the  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

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

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

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

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

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

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

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

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

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

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

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

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

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

61 (b) Each emergency department of a hospital licensed pursuant to  
62 chapter 368v of the general statutes shall meet the requirements of (1)  
63 the federal Emergency Medical Treatment and Labor Act, 42 USC  
64 1395dd, as amended from time to time, including, but not limited to, any  
65 federal regulations adopted pursuant to said act governing the transfer  
66 of patients by emergency departments, the capabilities of emergency  
67 departments and on-call professional staff of emergency departments,  
68 or (2) any regulations of Connecticut state agencies adopted pursuant to  
69 section 4 of this act.

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

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

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

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

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

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

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

112 (c) Nothing in this section shall be construed to authorize the  
113 commissioner to (1) adopt the regulations described in subsection (a) of  
114 this section based on routine changes to the federal Emergency Medical  
115 Treatment and Labor Act, 42 USC 1395dd, as described in subsection (a)  
116 of this section, that do not result in a material loss of patient rights, or  
117 (2) include provisions in such regulations that conflict with federal law.

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

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

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

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

133 defined in the most recent revision of the "International Statistical  
134 Classification of Diseases and Related Health Problems";

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

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

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

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

165 State Treasurer from utilizing available staff resources to administer the  
166 account. Moneys in the account shall be expended by the board of  
167 trustees, established pursuant to subsection (c) of this section, for the  
168 purpose of providing grants to (1) nonprofit organizations that provide  
169 funding for reproductive health care services or gender-affirming health  
170 care services or the collateral costs incurred by individuals in receiving  
171 such services in the state, or (2) nonprofit organizations that serve  
172 LGBTQ+ youth or families in the state for the purpose of reimbursing  
173 or paying directly to such youth or family members for the collateral  
174 costs incurred by such youth or family members in receiving  
175 reproductive health care services or gender-affirming health care  
176 services in the state.

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

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

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

191 (d) Not later than September 1, 2025, the board of trustees shall adopt  
192 policies and procedures concerning the awarding of grants pursuant to  
193 the provisions of this section. Such policies and procedures shall  
194 include, but need not be limited to, (1) grant application procedures,  
195 including procedures regarding subgrants, (2) eligibility criteria for  
196 applicant nonprofit organizations, including, but not limited to,

197 subgrantees, and for individuals served by such grants, (3) eligibility  
198 criteria for collateral costs, (4) consideration of need of the individuals  
199 served by such grants, including, but not limited to, the urgency or time  
200 sensitivity of the circumstances and financial need, and (5) procedures  
201 to coordinate with any national network created to perform similar  
202 functions to those of the safe harbor account, including, but not limited  
203 to, procedures for the acceptance of funding transferred to the safe  
204 harbor account for a particular use. Such policies and procedures shall  
205 not require the collection or retention of patient-identifiable data in  
206 order to receive a grant. Such policies and procedures may be updated  
207 as deemed necessary by the board of trustees. In the event that the board  
208 of trustees determines that the policies and procedures adopted  
209 pursuant to the provisions of this subsection are inadequate with respect  
210 to (A) determining the eligibility of a certain health care provider or  
211 nonprofit organization for a grant, or (B) whether a certain health care  
212 service received by or collateral cost incurred by an individual is eligible  
213 to be reimbursed or paid by a health care provider or nonprofit  
214 organization using grant moneys received pursuant to this section, the  
215 board of trustees may make a fact-based determination as to such  
216 eligibility.

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

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

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



230 committee of the General Assembly having cognizance of matters  
231 relating to public health regarding each goal established by the working  
232 group.

233 Sec. 8. (NEW) (*Effective from passage*) There is established an account  
234 to be known as the "public health urgent communication account",  
235 which shall be a separate, nonlapsing account. The account shall contain  
236 any moneys required by law to be deposited in the account. Moneys in  
237 the account shall be expended by the Department of Public Health for  
238 the purposes of providing timely, effective communication to members  
239 of the general public, health care providers and other relevant  
240 stakeholders during a public health emergency, as described in section  
241 19a-131a of the general statutes.

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

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

254 (1) "Advanced practice registered nurse" means an individual  
255 licensed as an advanced practice registered nurse pursuant to chapter  
256 378 of the general statutes;

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

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

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

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

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

270 (1) "Assisted living services agency" means an entity licensed by the  
271 Department of Public Health pursuant to chapter 368v of the general  
272 statutes that provides, among other things, nursing services and  
273 assistance with activities of daily living in a managed residential  
274 community to a population that is chronic and stable;

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

283 (3) "Managed residential community" means a for-profit or not-for-  
284 profit facility consisting of private residential units that provides a  
285 managed group living environment consisting of housing and services  
286 for persons who are primarily fifty-five years of age or older. "Managed  
287 residential community" does not include (A) any state-funded  
288 congregate housing facility, (B) any elderly housing complex receiving  
289 assistance and funding through the United States Department of  
290 Housing and Urban Development's Assisted Living Conversion  
291 Program, or (C) any affordable housing unit subsidized under the

292 assisted living demonstration project established pursuant to section  
293 17b-347e of the general statutes; and

294 (4) "Nursing home" means (A) any chronic and convalescent nursing  
295 home or any rest home with nursing supervision that provides nursing  
296 supervision under a medical director twenty-four hours per day; or (B)  
297 any chronic and convalescent nursing home that provides skilled  
298 nursing care under medical supervision and direction to carry out  
299 nonsurgical treatment and dietary procedures for chronic diseases,  
300 convalescent stages, acute diseases or injuries.

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

310 (c) Not later than January 1, 2026, the administrator of each nursing  
311 home and each assisted living services agency shall ensure that at least  
312 one staff member of the nursing home or managed residential  
313 community, who is trained in cardiopulmonary resuscitation and the  
314 use of an automatic external defibrillator in accordance with the  
315 standards set forth by the American Red Cross or American Heart  
316 Association, is on the premises of the home or community during all  
317 hours of operation.

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

319 (1) "Pancreatic cancer screening and referral services" means  
320 necessary pancreatic cancer screening services and referral services for  
321 a procedure intended to treat cancer of the human pancreas, including,  
322 but not limited to, surgery, radiation therapy, chemotherapy and related

323 medical follow-up services.

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

329 (b) Not later than January 1, 2026, the Commissioner of Public Health  
330 shall establish, within available appropriations, a pancreatic cancer  
331 screening and treatment referral program within the Department of  
332 Public Health, to (1) promote screening, detection and treatment of  
333 pancreatic cancer among unserved or underserved populations, while  
334 giving priority consideration to patients in minority communities, (2)  
335 educate the public regarding pancreatic cancer and the benefits of early  
336 detection, and (3) provide counseling and referral services for treatment.

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

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

345 (2) The provision of pancreatic screening and treatment referral  
346 services by providers of such services who register with the Department  
347 of Public Health;

348 (3) The development of professional education programs, including,  
349 but not limited to, education concerning the benefits of early detection  
350 of pancreatic cancer and the recommended frequency of such pancreatic  
351 cancer screenings;

352 (4) The establishment of a system to track and follow up on all

353 patients participating in the program who were screened for pancreatic  
354 cancer, which system shall include, but need not be limited to, follow-  
355 up of abnormal screening tests and referral to treatment services when  
356 needed and tracking such patients to be screened at recommended  
357 screening intervals; and

358 (5) A method of determining whether each participating provider of  
359 pancreatic cancer screening services is in compliance with federal and  
360 state quality assurance requirements.

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

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

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

374 (b) Any emergency medical services personnel who has been trained,  
375 in accordance with national standards recognized by the Commissioner  
376 of Public Health, in the administration of glucagon nasal powder may  
377 administer glucagon nasal powder when the use of glucagon is deemed  
378 necessary by the emergency medical services personnel for the  
379 treatment of a patient. All emergency medical services personnel shall  
380 receive such training from an organization designated by the  
381 commissioner.

382 (c) All licensed or certified ambulances may be equipped with  
383 glucagon nasal powder to be administered as described in subsection

384 (b) of this section.

385 Sec. 14. (NEW) (*Effective July 1, 2025*) (a) As used in this section, (1)  
386 "hospital" has the same meaning as provided in section 19a-490 of the  
387 general statutes; and (2) "hospital financial assistance" means any  
388 program administered by a hospital that reduces, in whole or in part, a  
389 patient's liability for the cost of providing services, as defined in section  
390 19a-673 of the general statutes.

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

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

410 (d) On and after July 1, 2026, any hospital maintaining a financial  
411 assistance program shall provide the Office of the Healthcare Advocate  
412 with the (1) links for each Internet web site for such program, and (2)  
413 telephone number and electronic mail address for the hospital's  
414 financial assistance referral contact. If a hospital revises its hospital  
415 financial assistance application form, changes its financial assistance

416 referral contact or establishes a new hospital financial assistance  
417 program, the hospital shall notify the Office of the Healthcare Advocate  
418 of such revisions, changes or new program and provide said office with  
419 any new links for each Internet web site or the telephone number and  
420 electronic mail address of the new referral contact for such program not  
421 later than thirty days after making such revisions or changes or  
422 establishing a new program.

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

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

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

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

437 (a) Each home health care agency and home health aide agency, as  
438 such terms are defined in section 19a-490, except any such agency that  
439 is licensed as a hospice organization by the Department of Public Health  
440 pursuant to section 19a-122b or that operates solely as a hospice agency,  
441 a hospice program, as defined in subsection (b) of section 19-13-D72 of  
442 the regulations of Connecticut state agencies, a hospice-based home care  
443 program, as described in subsection (o) of section 19a-495-5b of the  
444 regulations of Connecticut state agencies, or a hospice inpatient facility,  
445 as defined in section 19a-495-6a of the regulations of Connecticut state  
446 agencies, shall, during intake of a prospective client who will be

447 receiving services from the agency, collect and provide to any employee  
448 assigned to provide services to such client, to the extent feasible and  
449 consistent with state and federal laws, information regarding: (1) The  
450 client, including, if applicable, (A) the client's history of violence toward  
451 health care workers; (B) the client's history of substance use; (C) the  
452 client's history of domestic abuse; (D) a list of the client's diagnoses,  
453 including, but not limited to, psychiatric history; (E) whether the client's  
454 diagnoses or symptoms thereof have remained stable over time; and (F)  
455 any information concerning violent acts involving the client that is  
456 contained in judicial records or any sex offender registry information  
457 concerning the client; and (2) the location where the employee will  
458 provide services, including, if known to the agency, the (A) crime rate  
459 for the municipality in which the employee will provide services, as  
460 determined by the most recent annual report concerning crime in the  
461 state issued by the Department of Emergency Services and Public  
462 Protection pursuant to section 29-1c, (B) presence of any hazardous  
463 materials at the location, including, but not limited to, used syringes, (C)  
464 presence of firearms or other weapons at the location, (D) status of the  
465 location's fire alarm system, and (E) presence of any other safety hazards  
466 at the locations.

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

472 (c) Notwithstanding any provision of subsection (a) or (b) of this  
473 section, no such agency shall deny the provision of services to a client  
474 solely based on (1) the inability or refusal of the client to provide the  
475 information described in subsection (a) of this section, or (2) the  
476 information collected from the client pursuant to subsection (a) of this  
477 section.

478 (d) Any health care provider, as defined in section 19a-17b, who  
479 refers or transfers a patient to a home health care agency, home health



480 aide agency or hospice agency shall, at the time of such referral and to  
481 the extent feasible and consistent with state and federal laws, provide  
482 any documentation or information in such health care provider's  
483 possession relating to the topics described in subdivision (1) of  
484 subsection (a) of this section.

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

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

508       (b) The Commissioner of Social Services shall require any home  
509 health care agency, [and] home health aide agency [, except any such  
510 agency that is licensed as a hospice organization by the Department of  
511 Public Health pursuant to section 19a-122b,] and hospice agency that  
512 receives reimbursement for services rendered under the Connecticut

513 medical assistance program, as defined in section 17b-245g, to provide  
514 evidence of adoption and implementation of such health and safety  
515 training curriculum pursuant to subdivision (1) of subsection (a) of this  
516 section, or, at the commissioner's discretion, an alternative workplace  
517 safety training program applicable to such agency to obtain  
518 reimbursement for services provided under the medical assistance  
519 program.

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

529 Sec. 18. Subsection (a) of section 19a-491h of the general statutes is  
530 repealed and the following is substituted in lieu thereof (*Effective October*  
531 *1, 2025*):

532 (a) Not later than January 1, 2025, and annually thereafter, each home  
533 health care agency, [and] home health aide agency and hospice agency,  
534 as such terms are defined in section 19a-490, [except any such agency  
535 that is licensed as a hospice organization by the Department of Public  
536 Health pursuant to section 19a-122b,] shall report, in a form and manner  
537 prescribed by the Commissioner of Public Health, each instance of  
538 verbal abuse that is perceived as a threat or danger by a staff member of  
539 such agency, physical abuse, sexual abuse or any other abuse by an  
540 agency client or any other person against a staff member [of] relating to  
541 such staff member's employment with such agency and the actions  
542 taken by the agency to ensure the safety of the staff member.

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

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

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

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

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

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

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

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

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

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

573 (H) Publishing on an Internet web site operated by the Office of the

574 Correction Ombuds a semiannual summary of all ombuds services and  
575 activities during the six-month period before such publication; and

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

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

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

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

593 (e) In the course of investigations, the Correction Ombuds shall rely  
594 on a variety of sources to corroborate matters raised by [incarcerated]  
595 persons who are incarcerated or others. Where such matters turn on  
596 validation of particular incidents, the Correction Ombuds shall  
597 endeavor to rely on communications from [incarcerated] persons who  
598 are incarcerated who have reasonably pursued a resolution of the  
599 complaint through any existing internal grievance procedures of the  
600 Department of Correction. In all events, the Correction Ombuds shall  
601 make good faith efforts to provide an opportunity to the Commissioner  
602 of Correction to investigate and to respond to such concerns prior to  
603 making such matters public.

604 (f) All oral and written communications, and records relating to such

605 communications between a person in the custody of the Commissioner  
606 of Correction and the Correction Ombuds or a member of the Office of  
607 the Correction Ombuds staff, including, but not limited to, the identity  
608 of a complainant, the details of the communications and the Correction  
609 Ombuds' findings shall be confidential and shall not be disclosed  
610 without the consent of such person, except that the Correction Ombuds  
611 may disclose without the consent of such person general findings or  
612 policy recommendations based on such communications, provided no  
613 individually identifiable information is disclosed. The Correction  
614 Ombuds shall disclose sufficient information to the Commissioner of  
615 Correction or the commissioner's designee as is necessary to respond to  
616 the Correction Ombuds' inquiries or to carry out recommendations, but  
617 such information may not be further disclosed outside of the  
618 Department of Correction.

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

629 (h) Notwithstanding any provision of the general statutes concerning  
630 the confidentiality of records and information, the Correction Ombuds  
631 shall have access to, including the right to inspect and copy, any records  
632 necessary to carry out the responsibilities of the Correction Ombuds, as  
633 provided in this section. The provisions of this subsection shall not be  
634 construed to compel access to any record protected by the attorney-  
635 client privilege or attorney-work product doctrine or any record related  
636 to a pending internal investigation, external criminal investigation or  
637 emergency procedures. For purposes of this subsection, "emergency

638 procedures" are procedures the Department of Correction uses to  
639 manage control of tools, keys and armories and concerning department  
640 emergency plans, emergency response units, facility security levels and  
641 standards and radio communications.

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

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

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

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

667 (m) The Correction Ombuds may perform the following functions in  
668 the evaluation of the provision of health care services pursuant to

669 subparagraph (I) of subdivision (2) of subsection (a) of this section:

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

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

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

677 (A) Medical appointment wait times;

678 (B) Mental health care access;

679 (C) Medication access and continuity; and

680 (D) Incidences of hospitalizations and mortalities; and

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

686 [(m)] (n) Not later than December [1, 2023, and] ~~first~~, annually,  
687 [thereafter,] the Correction Ombuds shall submit a report, in accordance  
688 with the provisions of section 11-4a, to the joint standing committee of  
689 the General Assembly having cognizance of matters relating to the  
690 Department of Correction regarding the conditions of confinement in  
691 the state's correctional facilities and halfway houses, including, but not  
692 limited to, the delivery of health care services in such facilities and  
693 halfway houses. Such report shall detail the Correction Ombuds'  
694 findings and recommendations, including, but not limited to,  
695 recommendations for any improvements in the delivery of such  
696 services.

697       Sec. 20. (*Effective from passage*) The Probate Court Administrator and  
698 the Commissioner of Social Services shall evaluate the feasibility of  
699 establishing an expedited process for the appointment of a conservator  
700 for patients of hospital emergency departments who lack the capacity to  
701 consent to receive health care services from the hospital to ensure such  
702 patients receive such services in a timely fashion and help alleviate  
703 emergency department boarding and crowding. Not later than January  
704 1, 2026, said administrator and commissioner shall jointly report, in  
705 accordance with the provisions of section 11-4a of the general statutes,  
706 to the joint standing committee of the General Assembly having  
707 cognizance of matters relating to public health regarding such  
708 evaluation and any recommendations for legislation necessary to  
709 establish an expedited conservator process for emergency department  
710 patients. As used in this section, "emergency department boarding"  
711 means holding patients who have been admitted to the hospital after  
712 presenting to the emergency department in the emergency department  
713 while awaiting an inpatient bed.

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

716       (a) Not later than January 1, 2025, and annually thereafter until  
717 January 1, 2029, each hospital in the state with an emergency  
718 department shall, and each hospital operated exclusively by the state  
719 may, directly or in consultation with a hospital association in the state,  
720 analyze the following data from the previous calendar year concerning  
721 its emergency department: (1) The number of patients who received  
722 treatment in the emergency department; (2) the number of emergency  
723 department patients who were admitted to the hospital; (3) for patients  
724 admitted to the hospital after presenting to the emergency department,  
725 the average length of time from the patient's first presentation to the  
726 emergency department until the patient's admission to the hospital; and  
727 (4) the percentage of patients who were admitted to the hospital after  
728 presenting to the emergency department but were transferred to an  
729 available bed located in a physical location other than the emergency



730 department more than four hours after an admitting order for the  
731 patient was completed. Each such hospital shall utilize such analysis  
732 with the goals of (A) developing policies or procedures to reduce wait  
733 times for admission to the hospital after a patient presents to the  
734 emergency department, (B) informing potential methods to improve  
735 admission efficiencies, and (C) examining root causes for delays in  
736 admission times.

737 (b) Not later than March 1, 2025, and annually thereafter until March  
738 1, 2029, each hospital that conducts an analysis pursuant to subsection  
739 (a) of this section shall submit a report, in accordance with the  
740 provisions of section 11-4a, to the joint standing committee of the  
741 General Assembly having cognizance of matters relating to public  
742 health and, not later than March 1, 2026, and annually thereafter until  
743 March 1, 2029, shall also submit such report to the Commissioners of  
744 Public Health and Health Strategy and the Healthcare Advocate,  
745 regarding its findings and any recommendations for achieving the goals  
746 described in subparagraphs (A) to (C), inclusive, of subdivision (4) of  
747 subsection (a) of this section.

748 Sec. 22. (*Effective from passage*) (a) As used in this section, "emergency  
749 department boarding" means the holding of a patient in a hospital's  
750 emergency department after a decision has been made to admit the  
751 patient to the hospital.

752 (b) The Healthcare Advocate, in collaboration with the  
753 Commissioners of Health Strategy and Public Health, shall conduct a  
754 feasibility study on the establishment of a dedicated division within the  
755 Office of Health Strategy to address emergency department boarding  
756 and crowding in the state. In conducting the study, the Healthcare  
757 Advocate may consult with experts, including, but not limited to, an  
758 association of hospitals in the state, hospitals, emergency physicians,  
759 patient advocates, public health researchers and health information  
760 technologist specialists. The feasibility study shall include, but need not  
761 be limited to, the following:

762 (1) An analysis of the prevalence and causes of emergency  
763 department boarding;

764 (2) The development of methodology to collect standardized data  
765 from all acute care hospitals regarding (A) the number of patients who  
766 were boarded in the emergency department for less than four hours, (B)  
767 the number of patients who were boarded in the emergency department  
768 for four hours or more, and (C) the percentage of hospital admissions  
769 that involved emergency department boarding;

770 (3) The design of a public-facing digital dashboard to track and  
771 display emergency department boarding metrics in real time or near  
772 real time;

773 (4) The identification of technical and budgetary needs for the  
774 division; and

775 (5) An assessment of how the division can protect patient rights,  
776 ensure equitable care of patients and improve access to health care,  
777 consistent with the policies of the Office of the Healthcare Advocate.

778 (c) Not later than July 15, 2026, the Healthcare Advocate shall report,  
779 in accordance with the provisions of section 11-4a of the general statutes,  
780 to the joint standing committees of the General Assembly having  
781 cognizance of matters relating to public health and insurance on the  
782 results of the feasibility study.

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

784 (1) "Overdose prevention center" means a community-based facility  
785 where a person with a substance use disorder may (A) (i) receive  
786 substance use disorder and other mental health counseling, (ii) use a test  
787 strip or any other drug testing technology to test a substance prior to  
788 consuming the substance, (iii) receive educational information  
789 regarding opioid antagonists, as defined in section 17a-714a of the  
790 general statutes, and the risks of contracting diseases from sharing  
791 hypodermic needles and syringes and other drug paraphernalia, (iv)

792 receive referrals to substance use disorder treatment services, and (v)  
793 receive access to basic support services, including, but not limited to,  
794 laundry machines, a bathroom, a shower and a place to rest, and (B) in  
795 a separate location within the facility, safely consume controlled  
796 substances under the observation of licensed health care providers who  
797 are present to provide necessary medical treatment in the event of an  
798 overdose of a controlled substance; and

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

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

812 (c) Each overdose prevention center established pursuant to  
813 subsection (b) of this section shall (1) employ persons, who may include,  
814 but need not be limited to, licensed health care providers, with  
815 experience treating persons with a substance use disorder, in a number  
816 determined sufficient by the Commissioner of Mental Health and  
817 Addiction Services, to provide substance use disorder or other mental  
818 health counseling and monitor persons utilizing the overdose  
819 prevention center for the purpose of providing medical treatment to any  
820 person who experiences symptoms of an overdose, (2) provide persons  
821 with test strips or any other drug testing technology at the request of  
822 such persons, and (3) provide (A) referrals for substance use disorder,  
823 or (B) other mental health counseling or other mental health or medical  
824 treatment services that may be appropriate for persons utilizing the

825 overdose prevention center. A licensed health care provider who is  
826 participating in the pilot program may administer an opioid antagonist  
827 to any person to treat or prevent an opioid-related drug overdose. Such  
828 licensed health care provider who administers an opioid antagonist in  
829 accordance with the provisions of this subsection shall not be liable for  
830 damages in a civil action or subject to criminal prosecution for  
831 administration of such opioid antagonist and shall not be deemed to  
832 have violated the standard of care for such licensed health care provider.  
833 A licensed health care provider's participation in the pilot program shall  
834 not be grounds for disciplinary action by the Department of Public  
835 Health pursuant to section 19a-17 of the general statutes or by any board  
836 or commission listed in subsection (b) of section 19a-14 of the general  
837 statutes.

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

859 representative of a northeastern coalition of harm reduction centers.

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

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

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

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

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

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

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

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

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

888 concerning such pilot program or any legislation necessary to establish  
889 overdose prevention centers on a permanent basis.

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

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

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

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

903 (2) The establishment of offices by a licensed private practitioner,  
904 whether for individual or group practice, except when a certificate of  
905 need is required in accordance with the requirements of section 19a-  
906 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

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

909 (4) Residential care homes, as defined in subsection (c) of section 19a-  
910 490, and nursing homes and rest homes, as defined in subsection (o) of  
911 section 19a-490;

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

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

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

- 915 (8) Outpatient rehabilitation facilities;
- 916 (9) Outpatient chronic dialysis services;
- 917 (10) Transplant services;
- 918 (11) Free clinics, as defined in section 19a-630;
- 919 (12) School-based health centers and expanded school health sites, as  
920 such terms are defined in section 19a-6r, community health centers, as  
921 defined in section 19a-490a, not-for-profit outpatient clinics licensed in  
922 accordance with the provisions of chapter 368v and federally qualified  
923 health centers;
- 924 (13) A program licensed or funded by the Department of Children  
925 and Families, provided such program is not a psychiatric residential  
926 treatment facility;
- 927 (14) Any nonprofit facility, institution or provider that has a contract  
928 with, or is certified or licensed to provide a service for, a state agency or  
929 department for a service that would otherwise require a certificate of  
930 need. The provisions of this subdivision shall not apply to a short-term  
931 acute care general hospital or children's hospital, or a hospital or other  
932 facility or institution operated by the state that provides services that are  
933 eligible for reimbursement under Title XVIII or XIX of the federal Social  
934 Security Act, 42 USC 301, as amended;
- 935 (15) A health care facility operated by a nonprofit educational  
936 institution exclusively for students, faculty and staff of such institution  
937 and their dependents;
- 938 (16) An outpatient clinic or program operated exclusively by or  
939 contracted to be operated exclusively by a municipality, municipal  
940 agency, municipal board of education or a health district, as described  
941 in section 19a-241;
- 942 (17) A residential facility for persons with intellectual disability  
943 licensed pursuant to section 17a-227 and certified to participate in the

944 Title XIX Medicaid program as an intermediate care facility for  
945 individuals with intellectual disabilities;

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

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

959 (20) The partial or total elimination of services provided by an  
960 outpatient surgical facility, as defined in section 19a-493b, except as  
961 provided in subdivision (6) of subsection (a) of this section and section  
962 19a-639e;

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

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

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



975 federal Employee Retirement Income Security Act of 1974, as amended  
 976 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,  
 977 and (B) if the mental health facility does not accept or stops accepting  
 978 reimbursement for any covered benefit provided to a covered  
 979 individual under a policy, plan or program described in clause (i), (ii) or  
 980 (iii) of subparagraph (A) of this subdivision, a certificate of need for such  
 981 increase in the licensed bed capacity shall be required; [.]

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

986 (25) On or before June 30, 2028, a birth center, as defined in section  
 987 19a-490, that is enrolled as a provider in the Connecticut medical  
 988 assistance program, as defined in section 17b-245g."

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

Section 1	<i>from passage</i>	19a-38
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>July 1, 2025</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	17a-667a(f)
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>July 1, 2025</i>	New section
Sec. 11	<i>October 1, 2025</i>	New section
Sec. 12	<i>October 1, 2025</i>	New section
Sec. 13	<i>from passage</i>	New section
Sec. 14	<i>July 1, 2025</i>	New section
Sec. 15	<i>from passage</i>	19a-36h
Sec. 16	<i>October 1, 2025</i>	19a-491f
Sec. 17	<i>October 1, 2025</i>	19a-491g
Sec. 18	<i>October 1, 2025</i>	19a-491h(a)

Sec. 19	<i>October 1, 2025</i>	18-81qq
Sec. 20	<i>from passage</i>	New section
Sec. 21	<i>from passage</i>	19a-490ii
Sec. 22	<i>from passage</i>	New section
Sec. 23	<i>from passage</i>	New section
Sec. 24	<i>from passage</i>	19a-638(b)