



General Assembly

Amendment

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LCO No. 8984



Offered by:

SEN. ANWAR, 3rd Dist.
REP. MCCARTHY VAHEY, 133rd Dist.
SEN. LOONEY, 11th Dist.
SEN. DUFF, 25th Dist.
SEN. RAHMAN, 4th Dist.
SEN. CABRERA, 17th Dist.
SEN. GASTON, 23rd Dist.
SEN. MAHER, 26th Dist.

SEN. LOPES, 6th Dist.
SEN. SLAP, 5th Dist.
SEN. WINFIELD, 10th Dist.
SEN. GADKAR-WILCOX, 22nd Dist.
SEN. HOCHADEL, 13th Dist.
SEN. COHEN, 12th Dist.
SEN. MARONEY, 14th Dist.
SEN. MILLER P., 27th Dist.

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 Section 19a-38 of the general statutes is repealed and the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 Sec. 12. (NEW) (*Effective October 1, 2025*) (a) As used in this section:

311 (1) "Pancreatic cancer screening and referral services" means
312 necessary pancreatic cancer screening services and referral services for
313 a procedure intended to treat cancer of the human pancreas, including,
314 but not limited to, surgery, radiation therapy, chemotherapy and related
315 medical follow-up services.

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

321 (b) Not later than January 1, 2026, the Commissioner of Public Health
322 shall establish, within available appropriations, a pancreatic cancer

323 screening and treatment referral program within the Department of
324 Public Health, to (1) promote screening, detection and treatment of
325 pancreatic cancer among unserved or underserved populations, while
326 giving priority consideration to patients in minority communities, (2)
327 educate the public regarding pancreatic cancer and the benefits of early
328 detection, and (3) provide counseling and referral services for treatment.

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

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

337 (2) The provision of pancreatic screening and treatment referral
338 services by providers of such services who register with the Department
339 of Public Health;

340 (3) The development of professional education programs, including,
341 but not limited to, education concerning the benefits of early detection
342 of pancreatic cancer and the recommended frequency of such pancreatic
343 cancer screenings;

344 (4) The establishment of a system to track and follow up on all
345 patients participating in the program who were screened for pancreatic
346 cancer, which system shall include, but need not be limited to, follow-
347 up of abnormal screening tests and referral to treatment services when
348 needed and tracking such patients to be screened at recommended
349 screening intervals; and

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

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

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

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

366 (b) Any emergency medical services personnel who has been trained,
367 in accordance with national standards recognized by the Commissioner
368 of Public Health, in the administration of glucagon nasal powder may
369 administer glucagon nasal powder when the use of glucagon is deemed
370 necessary by the emergency medical services personnel for the
371 treatment of a patient. All emergency medical services personnel shall
372 receive such training from an organization designated by the
373 commissioner.

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

377 Sec. 14. (NEW) (*Effective July 1, 2025*) (a) As used in this section, (1)
378 "hospital" has the same meaning as provided in section 19a-490 of the
379 general statutes; and (2) "hospital financial assistance" means any
380 program administered by a hospital that reduces, in whole or in part, a
381 patient's liability for the cost of providing services, as defined in section
382 19a-673 of the general statutes.

383 (b) The Office of the Healthcare Advocate shall contract with a

384 vendor to develop an online hospital financial assistance portal for use
385 by patients and family members. Such portal shall serve as a navigation
386 tool to help patients and family members identify and apply for hospital
387 financial assistance at hospitals in the state. The portal may include, but
388 need not be limited to, (1) technical assistance and tools that streamline
389 the application process for hospital financial assistance, (2) a screening
390 tool to help determine whether patients may be eligible for hospital
391 financial assistance, and (3) information to assist patients and family
392 members in avoiding future medical debt.

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

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

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

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

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

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

429 (a) Each home health care agency and home health aide agency, as
430 such terms are defined in section 19a-490, except any such agency that
431 is licensed as a hospice organization by the Department of Public Health
432 pursuant to section 19a-122b or that operates solely as a hospice agency,
433 a hospice program, as defined in subsection (b) of section 19-13-D72 of
434 the regulations of Connecticut state agencies, a hospice-based home care
435 program, as described in subsection (o) of section 19a-495-5b of the
436 regulations of Connecticut state agencies, or a hospice inpatient facility,
437 as defined in section 19a-495-6a of the regulations of Connecticut state
438 agencies, shall, during intake of a prospective client who will be
439 receiving services from the agency, collect and provide to any employee
440 assigned to provide services to such client, to the extent feasible and
441 consistent with state and federal laws, information regarding: (1) The
442 client, including, if applicable, (A) the client's history of violence toward
443 health care workers; (B) the client's history of substance use; (C) the
444 client's history of domestic abuse; (D) a list of the client's diagnoses,
445 including, but not limited to, psychiatric history; (E) whether the client's
446 diagnoses or symptoms thereof have remained stable over time; and (F)
447 any information concerning violent acts involving the client that is
448 contained in judicial records or any sex offender registry information
449 concerning the client; and (2) the location where the employee will

450 provide services, including, if known to the agency, the (A) crime rate
451 for the municipality in which the employee will provide services, as
452 determined by the most recent annual report concerning crime in the
453 state issued by the Department of Emergency Services and Public
454 Protection pursuant to section 29-1c, (B) presence of any hazardous
455 materials at the location, including, but not limited to, used syringes, (C)
456 presence of firearms or other weapons at the location, (D) status of the
457 location's fire alarm system, and (E) presence of any other safety hazards
458 at the locations.

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

464 (c) Notwithstanding any provision of subsection (a) or (b) of this
465 section, no such agency shall deny the provision of services to a client
466 solely based on (1) the inability or refusal of the client to provide the
467 information described in subsection (a) of this section, or (2) the
468 information collected from the client pursuant to subsection (a) of this
469 section.

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

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

479 (a) Each home health care agency, [and] home health aide agency and
480 hospice agency, as such terms are defined in section 19a-490, [except any

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

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

512 (c) The commissioner may, within available appropriations, provide
513 a rate enhancement under the Connecticut medical assistance program

514 for any home health care agency, [or] home health aide agency [, except
515 any such agency that is licensed as a hospice organization by the
516 Department of Public Health pursuant to section 19a-122b,] or hospice
517 agency for timely reporting of any workplace violence incident. For
518 purposes of this section, "timely reporting" means reporting such
519 incident not later than seven calendar days after its occurrence to the
520 Department of Social Services and the Department of Public Health.

521 Sec. 18. Subsection (a) of section 19a-491h of the general statutes is
522 repealed and the following is substituted in lieu thereof (*Effective October*
523 *1, 2025*):

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

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

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

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

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

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

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

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

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

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

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

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

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

572 (b) Notwithstanding any provision of the general statutes, the

573 Correction Ombuds shall act independently of any department in the
574 performance of the office's duties.

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

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

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

596 (f) All oral and written communications, and records relating to such
597 communications between a person in the custody of the Commissioner
598 of Correction and the Correction Ombuds or a member of the Office of
599 the Correction Ombuds staff, including, but not limited to, the identity
600 of a complainant, the details of the communications and the Correction
601 Ombuds' findings shall be confidential and shall not be disclosed
602 without the consent of such person, except that the Correction Ombuds
603 may disclose without the consent of such person general findings or
604 policy recommendations based on such communications, provided no

605 individually identifiable information is disclosed. The Correction
606 Ombuds shall disclose sufficient information to the Commissioner of
607 Correction or the commissioner's designee as is necessary to respond to
608 the Correction Ombuds' inquiries or to carry out recommendations, but
609 such information may not be further disclosed outside of the
610 Department of Correction.

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

621 (h) Notwithstanding any provision of the general statutes concerning
622 the confidentiality of records and information, the Correction Ombuds
623 shall have access to, including the right to inspect and copy, any records
624 necessary to carry out the responsibilities of the Correction Ombuds, as
625 provided in this section. The provisions of this subsection shall not be
626 construed to compel access to any record protected by the attorney-
627 client privilege or attorney-work product doctrine or any record related
628 to a pending internal investigation, external criminal investigation or
629 emergency procedures. For purposes of this subsection, "emergency
630 procedures" are procedures the Department of Correction uses to
631 manage control of tools, keys and armories and concerning department
632 emergency plans, emergency response units, facility security levels and
633 standards and radio communications.

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

638 section.

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

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

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

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

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

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

667 (3) Collect and analyze health-related data across correctional

668 facilities, including, but not limited to:

669 (A) Medical appointment wait times;

670 (B) Mental health care access;

671 (C) Medication access and continuity; and

672 (D) Incidences of hospitalizations and mortalities; and

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

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

689 *Sec. 20. (Effective from passage) The Probate Court Administrator and*
690 *the Commissioner of Social Services shall evaluate the feasibility of*
691 *establishing an expedited process for the appointment of a conservator*
692 *for patients of hospital emergency departments who lack the capacity to*
693 *consent to receive health care services from the hospital to ensure such*
694 *patients receive such services in a timely fashion and help alleviate*
695 *emergency department boarding and crowding. Not later than January*
696 *1, 2026, said administrator and commissioner shall jointly report, in*
697 *accordance with the provisions of section 11-4a of the general statutes,*

698 to the joint standing committee of the General Assembly having
699 cognizance of matters relating to public health regarding such
700 evaluation and any recommendations for legislation necessary to
701 establish an expedited conservator process for emergency department
702 patients. As used in this section, "emergency department boarding"
703 means holding patients who have been admitted to the hospital after
704 presenting to the emergency department in the emergency department
705 while awaiting an inpatient bed.

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

708 (a) Not later than January 1, 2025, and annually thereafter until
709 January 1, 2029, each hospital in the state with an emergency
710 department shall, and each hospital operated exclusively by the state
711 may, directly or in consultation with a hospital association in the state,
712 analyze the following data from the previous calendar year concerning
713 its emergency department: (1) The number of patients who received
714 treatment in the emergency department; (2) the number of emergency
715 department patients who were admitted to the hospital; (3) for patients
716 admitted to the hospital after presenting to the emergency department,
717 the average length of time from the patient's first presentation to the
718 emergency department until the patient's admission to the hospital; and
719 (4) the percentage of patients who were admitted to the hospital after
720 presenting to the emergency department but were transferred to an
721 available bed located in a physical location other than the emergency
722 department more than four hours after an admitting order for the
723 patient was completed. Each such hospital shall utilize such analysis
724 with the goals of (A) developing policies or procedures to reduce wait
725 times for admission to the hospital after a patient presents to the
726 emergency department, (B) informing potential methods to improve
727 admission efficiencies, and (C) examining root causes for delays in
728 admission times.

729 (b) Not later than March 1, 2025, and annually thereafter until March
730 1, 2029, each hospital that conducts an analysis pursuant to subsection

731 (a) of this section shall submit a report, in accordance with the
732 provisions of section 11-4a, to the joint standing committee of the
733 General Assembly having cognizance of matters relating to public
734 health and, not later than March 1, 2026, and annually thereafter until
735 March 1, 2029, shall also submit such report to the Commissioners of
736 Public Health and Health Strategy and the Healthcare Advocate,
737 regarding its findings and any recommendations for achieving the goals
738 described in subparagraphs (A) to (C), inclusive, of subdivision (4) of
739 subsection (a) of this section.

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

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

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

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

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

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

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

759 (6) One representative of a care management organization under a

- 760 Medicaid care management contract with the state;
- 761 (7) One representative of a skilled nursing facility;
- 762 (8) One representative of a home health or community-based care
763 organization;
- 764 (9) One behavioral health provider involved in discharge transitions;
- 765 (10) One primary care physician affiliated with a clinically integrated
766 network;
- 767 (11) One representative of a patient advocacy organization with
768 expertise in transitions of care;
- 769 (12) One representative of an association of hospitals in the state;
- 770 (13) One academic or public health policy expert from an institution
771 of higher education in the state;
- 772 (14) The Commissioner of Public Health, or the commissioner's
773 designee;
- 774 (15) The Commissioner of Health Strategy, or the commissioner's
775 designee;
- 776 (16) The Commissioner of Social Services, or the commissioner's
777 designee;
- 778 (17) The Insurance Commissioner, or the commissioner's designee;
779 and
- 780 (18) One member of the joint standing committee of the General
781 Assembly having cognizance of matters relating to public health and
782 one member of the joint standing committee of the General Assembly
783 having cognizance of matters relating to human services, who shall be
784 nonvoting members of the working group.
- 785 (c) The administrative staff of the joint standing committee of the

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

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

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

794 (1) "Overdose prevention center" means a community-based facility
795 where a person with a substance use disorder may (A) (i) receive
796 substance use disorder and other mental health counseling, (ii) use a test
797 strip or any other drug testing technology to test a substance prior to
798 consuming the substance, (iii) receive educational information
799 regarding opioid antagonists, as defined in section 17a-714a of the
800 general statutes, and the risks of contracting diseases from sharing
801 hypodermic needles and syringes and other drug paraphernalia, (iv)
802 receive referrals to substance use disorder treatment services, and (v)
803 receive access to basic support services, including, but not limited to,
804 laundry machines, a bathroom, a shower and a place to rest, and (B) in
805 a separate location within the facility, safely consume controlled
806 substances under the observation of licensed health care providers who
807 are present to provide necessary medical treatment in the event of an
808 overdose of a controlled substance; and

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

815 (b) The Department of Mental Health and Addiction Services, in
816 consultation with the Department of Public Health, may establish a pilot

817 program to prevent drug overdoses through the establishment of
818 overdose prevention centers in four municipalities in the state selected
819 by the Commissioner of Mental Health and Addiction Services, subject
820 to the approval of the governing body of each municipality selected by
821 said commissioner.

822 (c) Each overdose prevention center established pursuant to
823 subsection (b) of this section shall (1) employ persons, who may include,
824 but need not be limited to, licensed health care providers, with
825 experience treating persons with a substance use disorder, in a number
826 determined sufficient by the Commissioner of Mental Health and
827 Addiction Services, to provide substance use disorder or other mental
828 health counseling and monitor persons utilizing the overdose
829 prevention center for the purpose of providing medical treatment to any
830 person who experiences symptoms of an overdose, (2) provide persons
831 with test strips or any other drug testing technology at the request of
832 such persons, and (3) provide (A) referrals for substance use disorder,
833 or (B) other mental health counseling or other mental health or medical
834 treatment services that may be appropriate for persons utilizing the
835 overdose prevention center. A licensed health care provider who is
836 participating in the pilot program may administer an opioid antagonist
837 to any person to treat or prevent an opioid-related drug overdose. Such
838 licensed health care provider who administers an opioid antagonist in
839 accordance with the provisions of this subsection shall not be liable for
840 damages in a civil action or subject to criminal prosecution for
841 administration of such opioid antagonist and shall not be deemed to
842 have violated the standard of care for such licensed health care provider.
843 A licensed health care provider's participation in the pilot program shall
844 not be grounds for disciplinary action by the Department of Public
845 Health pursuant to section 19a-17 of the general statutes or by any board
846 or commission listed in subsection (b) of section 19a-14 of the general
847 statutes.

848 (d) The Commissioner of Mental Health and Addiction Services may
849 establish an advisory committee to provide recommendations to the

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

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

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

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

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

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

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

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

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

892 (g) Not later than January 1, 2027, the Commissioner of Mental Health
893 and Addiction Services shall report, in accordance with the provisions
894 of section 11-4a of the general statutes, to the joint standing committee
895 of the General Assembly having cognizance of matters relating to public
896 health regarding the operation of the pilot program, if established, and
897 any recommendations from the advisory committee, if established,
898 concerning such pilot program or any legislation necessary to establish
899 overdose prevention centers on a permanent basis.

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

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

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

- 911 (1) Health care facilities owned and operated by the federal
912 government;
- 913 (2) The establishment of offices by a licensed private practitioner,
914 whether for individual or group practice, except when a certificate of
915 need is required in accordance with the requirements of section 19a-
916 493b or subdivision (3), (10) or (11) of subsection (a) of this section;
- 917 (3) A health care facility operated by a religious group that
918 exclusively relies upon spiritual means through prayer for healing;
- 919 (4) Residential care homes, as defined in subsection (c) of section 19a-
920 490, and nursing homes and rest homes, as defined in subsection (o) of
921 section 19a-490;
- 922 (5) An assisted living services agency, as defined in section 19a-490;
- 923 (6) Home health agencies, as defined in section 19a-490;
- 924 (7) Hospice services, as described in section 19a-122b;
- 925 (8) Outpatient rehabilitation facilities;
- 926 (9) Outpatient chronic dialysis services;
- 927 (10) Transplant services;
- 928 (11) Free clinics, as defined in section 19a-630;
- 929 (12) School-based health centers and expanded school health sites, as
930 such terms are defined in section 19a-6r, community health centers, as
931 defined in section 19a-490a, not-for-profit outpatient clinics licensed in
932 accordance with the provisions of chapter 368v and federally qualified
933 health centers;
- 934 (13) A program licensed or funded by the Department of Children
935 and Families, provided such program is not a psychiatric residential
936 treatment facility;

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

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

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

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

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

967 (19) Acquisition of cone-beam dental imaging equipment that is to be

968 used exclusively by a dentist licensed pursuant to chapter 379;

969 (20) The partial or total elimination of services provided by an
970 outpatient surgical facility, as defined in section 19a-493b, except as
971 provided in subdivision (6) of subsection (a) of this section and section
972 19a-639e;

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

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

977 (23) On or before June 30, 2026, an increase in the licensed bed
978 capacity of a mental health facility, provided (A) the mental health
979 facility demonstrates to the unit, in a form and manner prescribed by
980 the unit, that it accepts reimbursement for any covered benefit provided
981 to a covered individual under: (i) An individual or group health
982 insurance policy providing coverage of the type specified in
983 subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-
984 insured employee welfare benefit plan established pursuant to the
985 federal Employee Retirement Income Security Act of 1974, as amended
986 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,
987 and (B) if the mental health facility does not accept or stops accepting
988 reimbursement for any covered benefit provided to a covered
989 individual under a policy, plan or program described in clause (i), (ii) or
990 (iii) of subparagraph (A) of this subdivision, a certificate of need for such
991 increase in the licensed bed capacity shall be required; [.]

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

996 (25) On or before June 30, 2028, a birth center, as defined in section
997 19a-490, that is enrolled as a provider in the Connecticut medical
998 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)