



General Assembly

Amendment

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LCO No. 9083



Offered by:

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SEN. LOONEY, 11th Dist.
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SEN. GASTON, 23rd Dist.
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To: Subst. Senate Bill No. 7

File No. 604

Cal. No. 329

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

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 Section 19a-38 of the general statutes is repealed and the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) "Automated external defibrillator" means a device that: (A) Is used
271 to administer an electric shock through the chest wall to the heart; (B)
272 contains internal decision-making electronics, microcomputers or
273 special software that allows it to interpret physiologic signals, make
274 medical diagnoses and, if necessary, apply therapy; (C) guides the user
275 through the process of using the device by audible or visual prompts;
276 and (D) does not require the user to employ any discretion or judgment
277 in its use;

278 (2) "Managed residential community" means a for-profit or not-for-
279 profit facility consisting of private residential units that provides a
280 managed group living environment consisting of housing and services
281 for persons who are primarily fifty-five years of age or older. "Managed
282 residential community" does not include (A) any state-funded
283 congregate housing facility, (B) any elderly housing complex receiving
284 assistance and funding through the United States Department of
285 Housing and Urban Development's Assisted Living Conversion
286 Program, or (C) any affordable housing unit subsidized under the
287 assisted living demonstration project established pursuant to section
288 17b-347e of the general statutes; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

482 reporting portal.

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

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

504 Sec. 18. Subsection (a) of section 19a-491h of the general statutes is
505 repealed and the following is substituted in lieu thereof (*Effective October*
506 *1, 2025*):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

652 (A) Medical appointment wait times;

653 (B) Mental health care access;

654 (C) Medication access and continuity; and

655 (D) Incidences of hospitalizations and mortalities; and

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

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

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

672 Sec. 20. (*Effective from passage*) The Probate Court Administrator and
673 the Commissioner of Social Services shall evaluate the feasibility of
674 establishing an expedited process for the appointment of a conservator
675 for patients of hospital emergency departments who lack the capacity to
676 consent to receive health care services from the hospital to ensure such
677 patients receive such services in a timely fashion and help alleviate
678 emergency department boarding and crowding. Not later than January
679 1, 2026, said administrator and commissioner shall jointly report, in
680 accordance with the provisions of section 11-4a of the general statutes,
681 to the joint standing committee of the General Assembly having
682 cognizance of matters relating to public health regarding such
683 evaluation and any recommendations for legislation necessary to
684 establish an expedited conservator process for emergency department
685 patients. As used in this section, "emergency department boarding"
686 means holding patients who have been admitted to the hospital after
687 presenting to the emergency department in the emergency department
688 while awaiting an inpatient bed.

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

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

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

712 (b) Not later than March 1, 2025, and annually thereafter until March
713 1, 2029, each hospital that conducts an analysis pursuant to subsection
714 (a) of this section shall submit a report, in accordance with the
715 provisions of section 11-4a, to the joint standing committee of the
716 General Assembly having cognizance of matters relating to public
717 health and, not later than March 1, 2026, and annually thereafter until
718 March 1, 2029, shall also submit such report to the Commissioners of
719 Public Health and Health Strategy and the Healthcare Advocate,
720 regarding its findings and any recommendations for achieving the goals
721 described in subparagraphs (A) to (C), inclusive, of subdivision (4) of
722 subsection (a) of this section.

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

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

- 732 (1) Two hospital administrators, who shall be a chief operating officer
733 or vice president of care coordination, one of whom shall be from an
734 urban hospital and one of whom shall be from a rural hospital;
- 735 (2) Two emergency department physicians, who shall be nominated
736 by a college of emergency physicians in the state;
- 737 (3) One practicing hospitalist with experience in discharge planning;
- 738 (4) Two executives of health systems, one of whom shall be from a
739 community hospital;
- 740 (5) One representative of a commercial health insurer licensed in the
741 state;
- 742 (6) One representative of a care management organization under a
743 Medicaid care management contract with the state;
- 744 (7) One representative of a skilled nursing facility;
- 745 (8) One representative of a home health or community-based care
746 organization;
- 747 (9) One behavioral health provider involved in discharge transitions;
- 748 (10) One primary care physician affiliated with a clinically integrated
749 network;
- 750 (11) One representative of a patient advocacy organization with
751 expertise in transitions of care;
- 752 (12) One representative of an association of hospitals in the state;
- 753 (13) One academic or public health policy expert from an institution
754 of higher education in the state;
- 755 (14) The Commissioner of Public Health, or the commissioner's
756 designee;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

882 overdose prevention centers on a permanent basis.

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

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

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

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

896 (2) The establishment of offices by a licensed private practitioner,
897 whether for individual or group practice, except when a certificate of
898 need is required in accordance with the requirements of section 19a-
899 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

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

902 (4) Residential care homes, as defined in subsection (c) of section 19a-
903 490, and nursing homes and rest homes, as defined in subsection (o) of
904 section 19a-490;

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

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

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

908 (8) Outpatient rehabilitation facilities;

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

938 individuals with intellectual disabilities;

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

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

952 (20) The partial or total elimination of services provided by an
953 outpatient surgical facility, as defined in section 19a-493b, except as
954 provided in subdivision (6) of subsection (a) of this section and section
955 19a-639e;

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

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

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

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

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

979 (25) On or before June 30, 2028, a birth center, as defined in section
 980 19a-490, that is enrolled as a provider in the Connecticut medical
 981 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)