PA 26-13—sHB 5514
Public Health Committee
Appropriations Committee

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

SUMMARY: This act makes various unrelated changes to the public health statutes as shown in the section-by-section analysis below.
EFFECTIVE DATE: October 1, 2026, unless otherwise noted below.

§ 1 — HEALTH CARE FACILITIES OPERATED BY EDUCATIONAL FACILITIES

Allows an infirmary operated by an educational institution to care for dependent family members of students, faculty, and employees when they are enrolled in the institution's health plan

The act allows an infirmary operated by an educational institution to provide care to dependent family members of students, faculty, and employees when these family members are enrolled in the institution's health plan.

Under prior state law and regulation, these facilities provided evaluation and treatment for routine health problems and, in some cases, short-term overnight accommodations (for example, when someone is recovering from surgery or requires observation) only for students, faculty, and employees (Conn. Agencies Regs., § 19-13-D43a(a)(15)).

§ 2 — WORKING GROUP ON MANAGED RESIDENTIAL COMMUNITIES

Requires the DPH commissioner to establish a working group to advise the department on managed residential communities in the state that provide assisted living services and whether these communities should be licensed by the state

The act requires the Department of Public Health (DPH) commissioner to establish a working group to advise the department on (1) managed residential communities (MRCs) where assisted living services agencies (ALSAs) provide services to residents and (2) whether licensing these MRCs would enable DPH and these communities to improve residents' health, safety, and overall well-being.

Under the act, the working group must at least include:

1. three representatives each of different MRCs and ALSAs in the state;
2. three residents and three relatives of residents receiving assisted living services in an MRC, each from different communities; and
3. one representative of an in-state association of aging services organizations.

The act requires the working group to report its findings and recommendations to the DPH commissioner by January 1, 2027. The commissioner must then report

the information to the Public Health Committee by February 1, 2027, and indicate whether she agrees with each finding and recommendation.
EFFECTIVE DATE: July 1, 2026

Background — MRCs

By law, the state does not license assisted living facilities. Instead, it licenses and regulates ALSAs that provide assisted living services. ALSAs can only provide these services at an MRC. MRCs that wish to provide assisted living services must obtain a DPH license as an ALSA or arrange for the services with a licensed ALSA.

§ 3 — NONPROFIT DISTRIBUTION OF FREE EYEGLASSES

Allows nonprofits that give away free eyeglasses to give them to the person's authorized representative if the person is unavailable to receive them from the organization in-person

Regardless of the state's optician laws, the act allows nonprofit organizations that give free glasses produced by an optician to the person wearing them to give the glasses to the wearer's authorized representative if the wearer is unavailable to receive them in-person from the organization.

Under prior practice, the Connecticut Board of Examiners for Opticians required eyeglasses to be dispensed in-person by a licensed optician.
EFFECTIVE DATE: July 1, 2026

§ 4 — PATIENT NOTICE ON MEDICAL RECORDS RETENTION

Requires health care providers to notify patients in writing at their initial intake about how long the law requires the provider to keep their medical records and how the patient can request copies of them

The act requires health care providers, starting by January 1, 2027, to notify patients in writing at their initial intake, about the amount of time the law requires the provider to keep their medical records and how the patient can request copies of them.

§§ 5-7 — TECHNICAL CHANGES

Makes technical changes to update the name of LeadingAge Connecticut to LeadingAge Connecticut and Rhode Island in statute

The act makes technical changes to statutory provisions referencing Leading Age CT, updating its name to Leading Age Connecticut and Rhode Island to reflect the merging of its Connecticut and Rhode Island associations.
EFFECTIVE DATE: Upon passage

§ 8 — SEWAGE DISPOSAL AND NITROGEN REMOVAL

Requires the DPH and DEEP commissioners, by July 1, 2028, to consult with nitrogen removal experts to establish procedures and standards for reviewing and approving new nitrogen removal technologies for DPH-regulated subsurface sewage disposal systems

The act requires the DPH and Department of Energy and Environmental Protection (DEEP) commissioners, by July 1, 2028, to consult with nitrogen removal experts to do the following:

1. determine nitrogen credit equal to the nitrogen credit values for DEEP-approved nitrogen removal technologies that are published before July 1, 2028, in the technical standards for on-site sewage disposal systems under DPH jurisdiction;
2. determine nitrogen credit equal to the nitrogen credit values for DEEP-approved nitrogen removal technologies that are not published in the technical standards before that date that meet the definition of subsurface sewage disposal systems in state regulation; and
3. establish procedures and standards for reviewing and approving new nitrogen removal technologies, with the procedures and standards supported by independent third-party testing and climate-relevant field data demonstrating the technology's effectiveness in removing nitrogen.

The act requires the DPH commissioner to (1) adopt implementing regulations and (2) publish in the technical standards specifications for nitrogen removal technologies approved according to the procedures and standards.

Under the act, "nitrogen removal technology" is a system that removes nitrogen used in subsurface sewage disposal systems delegated to DPH (see *Background — DPH Sewage Disposal Oversight*), except for alternative on-site sewage treatment systems with daily capacities of up to 10,000 gallons.

EFFECTIVE DATE: Upon passage

Background — DPH Sewage Disposal Oversight

PA 23-207 transferred regulatory authority from DEEP to DPH over small community sewerage systems and household and small commercial subsurface sewage disposal systems with daily capacities of up to 10,000 gallons. By law, the DEEP commissioner must post notice of her intent to amend the regulations to effectuate this transfer on the eRegulations system by July 1, 2026. Before amending the regulations, she must consider the recommendations of a sewage disposal working group established under PA 25-97.

§ 11 — HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENTS

Requires hospitals, when conducting a community health needs assessment, to (1) consider including the nutritional needs of community members with diabetes and congestive heart failure and (2) include these community members' nutrition needs in their assessment to the extent federal law allows

The act requires hospitals, when conducting a community health needs assessment, to consider including the nutritional needs of community members with diabetes and congestive heart failure, if warranted by available data. They

must also, to the extent federal law allows, include these community members' nutrition needs in their assessment.

To maintain tax-exempt status under federal law, a nonprofit hospital must, among other things, (1) conduct a community health needs assessment at least once every three years and (2) adopt an implementation strategy to meet the needs identified in the assessment. Federal regulations set various steps that hospitals must take in completing these requirements (26 C.F.R. § 1.501(r)-3).

Background — Related Act

PA 26-68, §§ 91, 155 & 158, as amended by PA 26-76, § 76, eliminates the Office of Health Strategy (OHS) and transfers from OHS to the Office of the Healthcare Advocate oversight of hospital community benefit program reporting.

§ 12 — BRIDGE PROGRAM FOR EMERGENCY OPIOID USE DISORDER TREATMENT

Generally allows hospitals to (1) administer buprenorphine or methadone to someone who comes to the emergency department with symptoms of opioid use disorder without requiring them to be admitted; (2) offer these patients an opioid antagonist (or prescription for one) when discharged and refer them to outpatient care; and (3) give these patients, when discharged, either a bridging dose or last dose letter (depending on the medication)

Starting January 1, 2027, the act authorizes hospitals, if federal law allows, to administer buprenorphine or methadone to a patient who presents to the emergency department with symptoms of opioid use disorder without requiring the patient to be admitted solely to do so. Under the act, hospitals may do this only if administering the medication is medically indicated and the patient consents to it.

Additionally, the act permits hospitals, if federal law allows, to (1) offer these patients a prescription for, or a supply of, an opioid antagonist (for example, Narcan) when they are discharged from the emergency department (and provide it if they accept the offer) and (2) refer them to community providers or opioid treatment programs that can provide continuity in prescribing buprenorphine or administering methadone. If clinically indicated, hospitals may also give patients a supply of methadone, in compliance with federal regulations on prescribing controlled substances.

Under the act, hospitals must, if federal law allows, give patients administered buprenorphine a bridging prescription for the medication to cover the anticipated time during which they are waiting to be seen by their referred community provider. Hospitals must give patients who receive methadone a last-dose letter to give to their referred treatment program. (A "last-dose letter" is a formal, sealed document that confirms the exact date, time, and amount of the patient's last methadone dose.)

The act specifies that it does not (1) require providers to give these medications when medically contraindicated, (2) limit a treating clinician's ability to exercise professional judgment, or (3) prevent the use of other medications to treat opioid use disorder when it is clinically appropriate and the patient consents to it.

Under the act, "community providers" are health care providers allowed by

federal and state law to prescribe buprenorphine to treat opioid use disorder. "Opioid treatment programs" are those certified by the federal Substance Abuse and Mental Health Services Administration and allowed by state and federal law to administer methadone to treat these disorders.

§ 13 — ENDOMETRIOSIS WORKING GROUP

Establishes an ongoing 20-member endometriosis working group in the Legislative Department to evaluate and make recommendations on endometriosis diagnosis, treatment, research, education, and public awareness

The act establishes a 20-member endometriosis working group within the Legislative Department to evaluate and make recommendations on endometriosis diagnosis, treatment, research, education, and public awareness in Connecticut.

The act requires the working group, starting by January 1, 2027, to annually report to the governor and the Human Services and Public Health committees on its evaluation and recommendations, including any legislation needed to implement them.

EFFECTIVE DATE: Upon passage

Evaluation

The act requires the working group to evaluate the following:

1. the prevalence and impact of endometriosis in Connecticut;
2. barriers to timely and accurate diagnosis;
3. access to evidence-based treatments, such as medical, surgical, and therapeutic interventions;
4. insurance coverage and reimbursement practices for treating the condition;
5. the condition's impact in the workplace, including leave, accommodations, and employment protections;
6. gaps in public and provider education and training; and
7. opportunities to improve data collection, research, and patient outcomes.

Membership

Under the act, the working group's membership includes the (1) insurance and public health commissioners or their designees and (2) co-chairpersons of the state's endometriosis data and biorepository program (see *Background — Endometriosis Data and Biorepository Program*). It also includes 16 appointed members as listed in the table below.

Table: Endometriosis Working Group Appointed Members

Appointing Authority	*Member Qualifications*
House speaker (4)	• One House member • One Connecticut-licensed physician experienced in diagnosing and treating endometriosis • One representative of a federally qualified health center

Appointing Authority	Member Qualifications
	• One state resident diagnosed with endometriosis
Senate president pro tempore (4)	• One Senate member • One Connecticut-licensed physician who is a member of the American College of Obstetricians and Gynecologists • One researcher affiliated with an in-state academic or research institution with expertise in endometriosis • One patient advocate with experience advocating on behalf of people with endometriosis
House minority leader (4)	• One House member • One Connecticut-licensed pediatric or adolescent medicine physician currently practicing in the state • One in-state expert in racial and health equity or representative of a community-based organization serving historically underserved populations • One representative of a state hospital association or a Connecticut hospital administrator
Senate minority leader (4)	• One Senate member • One representative of an in-state school-based health center • One representative of a therapeutic or drug manufacturer experienced in endometriosis-related treatments • One state resident diagnosed with endometriosis

The act staggers appointed members' terms (except for legislators) as determined by the Commission on Women, Children, Seniors, Equity and Opportunity's (CWCSEO) executive director, with six initial appointees serving a two-year term, and the other six serving a three-year term. After that, members serve two-year terms and may be reappointed.

The act requires appointing authorities to make initial appointments by June 13, 2026, and fill any vacancy within 30 days.

Under the act, members serve without compensation but may be reimbursed for their necessary expenses in performing their duties.

Meetings and Leadership

CWCSEO's executive director must schedule and hold the first meeting by July 13, 2026. The working group must appoint a chairperson and vice-chairperson from among its members at the first meeting.

Under the act, the working group must meet at least quarterly and offer opportunities for public comment at the meetings.

The act requires the CWCSEO administrative staff to serve in this capacity for the working group.

Background — Endometriosis Data and Biorepository Program

In 2023, the legislature directed UConn Health and The Jackson Laboratory to create an endometriosis data and biorepository program to promote research on (1)

early detection of endometriosis in adolescents and adults and (2) developing therapeutic strategies to improve clinical management of the condition. The program, EndoRISE, focuses on administering the endometriosis biorepository, public awareness, and clinical education.

§ 14 — ADVISORY COUNCIL ON CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY

Establishes a 20-member advisory council on CAR T-cell therapy and other gene therapies to advise and make recommendations to DPH and other state agencies related to these therapies; requires the council to report annually to the Insurance and Real Estate and Public Health committees

The act establishes a 20-member advisory council on chimeric antigen receptor (CAR) T-cell therapy and other gene therapies within DPH for administrative purposes only. Under the act, the advisory council must advise and make recommendations to DPH and other state agencies related to these therapies, such as on (1) how to deliver them in a safe, equitable, and financially sustainable way; (2) developing related referral and management protocols; and (3) advanced training for clinical providers who offer them.

The act authorizes the council to (1) apply for and accept grants, gifts, bequests, sponsorships, and in-kind donations from federal and interstate agencies, private firms, individuals, and foundations to carry out its responsibilities and (2) enter into a contract or agreement needed to distribute or use any received funds, services, or property according to any conditions placed on them.

Lastly, the act requires the council to annually report to the Insurance and Real Estate and Public Health committees on its findings and recommendations, including (1) its activities, research findings, and recommended legislative proposals and (2) potential funding sources for its activities, including grants, donations, sponsorships, or in-kind donations. The first report is due no later than one year after the council's first meeting.

EFFECTIVE DATE: July 1, 2026

Advisory Council Responsibilities

The act requires the council to advise and make recommendations to DPH and other state agencies on the following:

1. the availability of CAR T-cell therapy and other gene therapies in Connecticut to treat cancer;
2. how to deliver these therapies in a safe, equitable, and financially sustainable way;
3. advanced training for clinical providers who offer these therapies;
4. long-term follow-up and vector safety (mitigating unintended harm from viruses used in gene therapy) for patients receiving these therapies;
5. developing referral and management protocols for these therapies;
6. education on these therapies and protocols for clinicians, patients, and patients' relatives and caregivers;

7. advising patients and their relatives and caregivers on the cost and available insurance coverage for these therapies;
8. opportunities to coordinate with research collaborations, government agencies (for example, the Centers for Medicare and Medicaid Services), accrediting bodies, and national registries on these therapies;
9. developing centers of excellence in Connecticut to deliver these therapies, including requiring centers to be accredited;
10. developing a statewide referral network to ensure all eligible patients are matched with a Connecticut center of excellence;
11. developing safety protocols to address patient complications and other safety concerns;
12. ways to provide psychosocial support to patients and their relatives and caregivers; and
13. ways to track patient outcomes, focusing on equity related to diagnosis, race, ethnicity, geography, and income.

Functions

In doing its work, the act authorizes the advisory council to do the following:

1. consult with experts on CAR T-cell therapy and other gene therapies to treat cancer to develop policy recommendations for improving access to these therapies in Connecticut;
2. hold public hearings and otherwise make public inquiries and solicit public comments to help with a study or survey of people living with cancer who received these therapies, these patients' caregivers, health care providers, and patient advocates; and
3. conduct research and make recommendations to DPH and other state agencies.

Membership

Under the act, the advisory council's membership includes the following state officials, or their designees: (1) the insurance, public health, and social services commissioners and (2) the health information technology officer. The council also includes the following 16 appointed members as shown in the table below.

Table: Appointed Council Members Under the Act

Appointing Authority	***Member Qualifications***
Public Health Committee Senate chairperson (4)	• One hematologist or oncologist serving adults • One specialist in emerging cellular and genetic therapy • One pharmacology expert • One patient advocate for conditions treated by gene therapy
Public Health Committee House chairperson (4)	• One patient who received CAR T-cell therapy • One representative of a Connecticut hospital association • One pediatric hematologist or oncologist • One community health equity advocate

Appointing Authority	Member Qualifications
Public Health Committee Senate ranking member (4)	• One representative of an internationally recognized accreditation body for institutions providing cellular therapies • One representative of a Connecticut health carrier association • One director of a Connecticut cellular therapy program • One representative of the life sciences or biotechnology industries
Public Health Committee House ranking member (4)	• One representative, family member, or caregiver of someone living with cancer who received gene therapy • One advocate for cancer patients in the state • One social worker or patient navigator • One director of a transplant and cellular therapy program in the state

The act requires appointing authorities to make their initial appointments by October 31, 2026, and fill any vacancies. Members serve three-year terms, except for those representing state agencies.

The DPH commissioner must choose the council's acting chairperson to organize its first meeting, which must be scheduled and held by November 30, 2026. At the first meeting, council members must appoint their chairperson and vice chairperson by a majority vote. The act requires the council to meet at least quarterly, either in person or remotely, as the chairperson determines.

Under the act, members are not compensated, but may be reimbursed for necessary expenses incurred in performing their duties.

Background — CAR T-cell therapy

CAR T-cell therapy is an individualized immunotherapy that genetically changes a person's own T-cells to recognize and fight cancer cells. It is often used to treat blood cancers such as leukemia, lymphoma, and multiple myeloma.

§ 18 — MENOPAUSE PROVIDER TOOLKIT

Requires UConn's Health Disparities Institute to (1) develop a menopause toolkit for specified providers who diagnose or treat people with symptoms of menopause, perimenopause, and post-menopause; (2) distribute the toolkit to providers by June 1, 2028; and (3) distribute a revised toolkit as needed by January 1, 2029, based on provider feedback

The act requires UConn Health Center's Health Disparities Institute, within available appropriations, to develop a menopause toolkit that has practical, evidence-based, and culturally appropriate guidance on best practices for screening, identifying, clinically assessing, diagnosing, and treating symptoms of perimenopause, menopause, and post-menopause. Under the act, the toolkit is for Connecticut health care providers who diagnose or treat people with symptoms of these conditions, as the institute determines, including those in the fields of obstetrics, gynecology, family medicine, internal medicine, emergency medicine, psychiatry, mental health, social work, dentistry, dental hygiene, and community health.

The institute must develop the toolkit in consultation with DPH, people who have experienced symptoms of these conditions, and providers who treat them.

The guidance may include:

1. a comprehensive description of the symptoms of perimenopause, menopause, and post-menopause;
2. evidence-based guidelines for identifying and treating these symptoms, including hormone replacement therapy and testosterone therapy;
3. available insurance coverage for the therapies; and
4. short education modules on the guidance that qualifies as continuing education for these providers.

Under the act, the Health Disparities Institute must distribute the toolkit to providers by June 1, 2028. The institute must then evaluate any provider feedback it receives on the toolkit's effectiveness, revise the toolkit as needed to address this feedback, and distribute any revised toolkit to providers by January 1, 2029.

§§ 19-22 — SCHOOL SAFETY PLANS

Sets requirements for health care providers to share certain minors' safety plans with schools

The act regulates the review and sharing of certain minors' "safety plans" (written documents health care providers and patients create collaboratively, outlining coping strategies, activities, and support networks the patient can use to prevent or manage a potential mental health crisis).

Starting April 1, 2027, the act requires each health care provider that prepares a safety plan for a minor patient who received at least 12 consecutive days of inpatient behavioral health care treatment to (1) review it with the minor, if medically appropriate, and (2) ask whether the minor or the minor's parent or legally authorized representative consents to sharing the safety plan with the minor's school. If this consent is given, the provider must (1) get written consent from the minor's parent or legally authorized representative (or the minor if they are at least age 16) and (2) send the plan to the minor's school or school district using a secure messaging system or in a way that complies with the federal Health Insurance Portability and Accountability Act (HIPAA).

Relatedly, the act also requires:

1. school districts or schools to sign up for a related organizational account on a secure messaging system and give at least one designated employee (such as a school nurse, social worker, or psychologist) access to the account;
2. local and regional education boards to give the State Department of Education (SDE) commissioner each school's and school district's secure messaging system address to make available to health care providers; and
3. local and regional education boards to give new designated employees SDE-developed guidance on how to use the secure messaging system.

Additionally, the act makes it a goal of the Statewide Health Information Exchange ("Connie"), within available appropriations, to give schools and school districts a secure messaging system organizational account that designated employees may access to receive these safety plans.

EFFECTIVE DATE: Upon passage, except that the provision on guidance for new

designated employees takes effect July 1, 2027.

Provider Requirements

The act specifies that its provisions do not create a standard of medical care for minor patients or require a health care provider to do the following:

1. create a safety plan;
2. release information to a minor patient's parent or legally authorized representative if state or federal law allows the minor to withhold the information (for example, for a pregnancy, abortion, contraception, HIV, mental health treatment, or any other area of care that the provider promised to keep confidential); or
3. transmit a safety plan or provide any other information to someone in violation of HIPAA.

Secure Messaging Systems

The act requires local and regional education boards, by January 1, 2027, to ensure that each school district or school, as determined by the board, (1) signs up for an organizational account on a "secure messaging system" (for example, one that complies with the federal Office of the National Coordinator for Health Information Technology's Direct Project specifications, see *Background — Direct Project Standards*) and (2) gives at least one designated employee (see below) access to the organizational account to access the safety plans.

Correspondingly, the act makes it a goal of Connie to give, within available appropriations, (1) a secure messaging system organizational account to each board-determined school district and school to receive these safety plans and (2) designated employees access to the accounts (at no cost to schools, school districts, or their designated employees).

Designated Employees

Under the act, a "designated employee" is a school nurse or nurse practitioner, school nurse supervisor, school counselor, school social worker, or school psychologist who the local or regional education board designates to access the safety plans.

The act requires at least one designated employee to be a school nurse supervisor. Designated employees must keep the safety plans in a confidential file separate from any cumulative academic or health record, so long as safety plan information may be used for appropriate interventions under a minor's individualized education program (IEP) or 504 plan (see *Background — IEP and 504 Plans*).

SDE List of Secure Messaging System Addresses

The act requires local and regional education boards to give the SDE

commissioner each school district's and school's secure messaging system address by April 1, 2027. After this date, the education boards must also give the commissioner any address changes within 30 days after receiving them.

The act requires the SDE commissioner to create and maintain a list of these secure messaging system addresses and make it available to the state's health care providers so they can send the safety plans.

Guidance for New Designated Employees

Starting with the 2027-2028 school year, the act requires each local and regional education board to provide guidance about the safety plans to new designated employees. More specifically, SDE must develop guidance and related training materials for the school boards to use that include instruction on using a secure messaging system to access safety plans sent by health care providers under the act.

Background — Direct Project Standards

The Direct Project is part of the Nationwide Health Information Network and specifies technical standards and services for health care providers to securely send authenticated, encrypted health information directly to trusted recipients online.

Background — IEP and 504 Plans

An IEP is a written statement detailing a student's academic achievement level, goals for future achievement, and specialized educational services needed to reach the goals. Federal law requires school boards to develop IEPs for students eligible to receive special education and related services (Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.). Section 504 of the federal Rehabilitation Act of 1973 protects students with mental or physical disabilities from discrimination in public schools (29 U.S.C. § 794). Students who receive school accommodations under this law have them memorialized in a written plan, commonly known as a "504 plan."

§ 32 — STATE EXTREME WEATHER PROTOCOLS

Requires (1) DESPP to develop guidance on extreme hot and cold weather protocols and improvements to public communication of these protocols and (2) DOH to develop ways to improve outreach to unhoused people during extreme weather events

The act requires the Department of Emergency Services and Public Protection (DESPP) Division of Emergency Management and Homeland Security to develop guidance on the following:

1. extreme hot and cold weather protocols that may include weather factors (for example, temperatures and wind chill) that will prompt the state and municipalities to open cooling and warming centers statewide and
2. improvements to public communication when extreme hot and cold weather protocols are activated.

The division must do this by January 1, 2027, and in consultation with municipal leaders and the (1) governor's office; (2) Office of Policy and Management; (3) departments of housing (DOH), mental health and addiction services (DMHAS), and social services (DSS); (4) United Way of Connecticut's 2-1-1 Infoline program; and (5) Connecticut Coalition to End Homelessness.

Additionally by this date, the act requires DOH, in consultation with DMHAS and DSS, to develop ways of improving outreach to unhoused individuals during extreme hot and cold weather events based on an evaluation conducted by DOH and those who provide services to these individuals.

§ 37 — REPEALERS

Repeals the statutory cap on executive director salaries in state agencies' calculations of grants to private agencies that provide employment opportunities, day services, or residential facility services

The act repeals statutory provisions that capped at $125,000 (subject to cost-of-living increases), executive director salaries in the Department of Developmental Services', DMHAS's, DSS's, and other state agencies' calculations of grants to private agencies that provide employment opportunities, day services, or residential facility services.