



General Assembly

February Session, 2026

Raised Bill No. 5514

LCO No. 2693



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 19a-490 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective October*
3 *1, 2026*):

4 (a) "Institution" means a hospital, short-term hospital special hospice,
5 hospice inpatient facility, residential care home, nursing home facility,
6 home health care agency, home health aide agency, behavioral health
7 facility, assisted living services agency, substance abuse treatment
8 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,
9 blood collection facility, source plasma donation center, birth center, an
10 infirmary operated by an educational institution for the care of students
11 enrolled in such institution, [and] faculty and employees of [] such
12 institution, and the dependent family members of such students, faculty
13 and employees, which family members are enrolled in such institution's
14 health plan; a facility engaged in providing services for the prevention,
15 diagnosis, treatment or care of human health conditions, including

16 facilities operated and maintained by any state agency; and a residential
17 facility for persons with intellectual disability licensed pursuant to
18 section 17a-227 and certified to participate in the Title XIX Medicaid
19 program as an intermediate care facility for individuals with intellectual
20 disability. "Institution" does not include any facility for the care and
21 treatment of persons with mental illness or substance use disorder
22 operated or maintained by any state agency, except Whiting Forensic
23 Hospital and the hospital and psychiatric residential treatment facility
24 units of the Albert J. Solnit Children's Center;

25 Sec. 2. Section 46a-11c of the general statutes is repealed and the
26 following is substituted in lieu thereof (*Effective October 1, 2026*):

27 (a) The commissioner, upon receiving a report that a person with
28 intellectual disability allegedly is being or has been abused or neglected,
29 shall make an initial determination whether such person has intellectual
30 disability, shall determine if the report warrants investigation and shall
31 cause, in cases that so warrant, a prompt, thorough evaluation to be
32 made to determine whether the person has intellectual disability and
33 has been abused or neglected. For the purposes of sections 46a-11a to
34 46a-11g, inclusive, the determination of intellectual disability may be
35 made by means of a review of records and shall not require the
36 commissioner to conduct a full psychological examination of the person.
37 Any delay in making such determination of intellectual disability shall
38 not delay the investigation of abuse or neglect or recommendation of
39 provision of protective services. The evaluation shall include a visit to
40 the named person with intellectual disability and consultation with
41 those individuals having knowledge of the facts of the particular case.
42 All state, local and private agencies shall have a duty to cooperate with
43 any investigation conducted by the Department of Developmental
44 Services under this section, including the release of complete records of
45 the named person for review, inspection and copying, except where the
46 person with intellectual disability refuses to permit such records to be
47 released. The commissioner shall have subpoena powers to compel any
48 information related to such investigation. All records of the named

49 person shall be kept confidential by said department. Upon completion
50 of the evaluation of each case, written findings shall be prepared which
51 shall include a determination of whether abuse or neglect has occurred
52 and recommendations as to whether protective services are needed. The
53 commissioner, except in cases where the legal representative, parent or
54 guardian is the alleged or substantiated perpetrator of abuse or neglect
55 or is residing with the alleged or substantiated perpetrator, shall notify
56 the legal representative, if any, and the parent or guardian of the person
57 with intellectual disability if a report of abuse or neglect is made [which]
58 that the commissioner determines warrants investigation. The
59 commissioner, except in cases where the legal representative, parent or
60 guardian is the alleged or substantiated perpetrator of abuse or neglect
61 or is residing with the alleged or substantiated perpetrator, shall
62 provide the legal representative who the commissioner determines is
63 entitled to such information and the parent or guardian with further
64 information upon request. The person filing the report of abuse or
65 neglect shall be notified of the findings upon such person's request.

66 (b) The commissioner, upon receiving a report that a person who
67 receives services from the Department of Social Services' Division of
68 Autism Spectrum Disorder Services, allegedly is being or has been
69 abused or neglected, shall make an initial determination whether such
70 person receives funding or services from said division, shall determine
71 if the report warrants investigation and shall cause, in cases that so
72 warrant, a prompt, thorough evaluation, as described in subsection (b)
73 of section 17a-247f, to be made by the Department of Developmental
74 Services to determine whether the person has been abused or neglected.

75 (c) In cases where there is a death of a person with intellectual
76 disability for whom the Department of Developmental Services has
77 direct or oversight responsibility for medical care, and there is
78 reasonable cause to suspect or believe that such death may be due to
79 abuse or neglect, the commissioner shall conduct an investigation to
80 determine whether abuse or neglect occurred, except as may be
81 otherwise required by court order. The commissioner shall establish

82 protocols for conducting such investigations.

83 (d) The commissioner shall maintain an electronic copy of the reports
84 received of alleged abuse or neglect and all evaluation reports.

85 (e) Neither the original report of alleged abuse or neglect nor the
86 evaluation report of the investigator [which] that includes findings and
87 recommendations shall be (1) deemed a public record for purposes of
88 section 1-210, [The original report of alleged abuse or neglect or the
89 evaluation report of the investigator shall not be] or (2) provided to a
90 legal representative, parent or guardian who is the alleged or
91 substantiated perpetrator of abuse or neglect or is residing with the
92 alleged or substantiated perpetrator. The name of the person making the
93 original report shall not be disclosed to any person unless the person
94 making the original report consents to such disclosure or unless a
95 judicial proceeding results therefrom.

96 Sec. 3. (*Effective July 1, 2026*) (a) As used in this section:

97 (1) "Assisted living services" has the same meaning as provided in
98 section 19a-693 of the general statutes;

99 (2) "Assisted living services agency" has the same meaning as
100 provided in section 19a-693 of the general statutes;

101 (3) "Commissioner" means the Commissioner of Public Health, or the
102 commissioner's designee;

103 (4) "Department" means the Department of Public Health; and

104 (5) "Managed residential community" has the same meaning as
105 provided in section 19a-693 of the general statutes.

106 (b) The Commissioner of Public Health shall establish a working
107 group to advise the Department of Public Health regarding (1) managed
108 residential communities in the state where assisted living services
109 agencies provide assisted living services to the residents of such

110 communities, and (2) whether licensure of such communities by the
111 department would enable the department and such communities to
112 improve the health, safety and overall well-being of such residents. The
113 working group shall include, but need not be limited to, not less than
114 three representatives of different managed residential communities in
115 the state, not less than three representatives of different assisted living
116 services agencies in the state, not less than three residents who are
117 receiving assisted living services in a managed residential community
118 in the state, one each from a different managed residential community,
119 and not less than three relatives of residents who are receiving such
120 services from a managed residential community, one each from a
121 different managed residential community. Not later than January 1,
122 2027, the working group shall report to the commissioner regarding its
123 findings and recommendations.

124 (c) Not later than February 1, 2027, the Commissioner of Public
125 Health shall report, in accordance with the provisions of section 11-4a
126 of the general statutes, to the joint standing committee of the General
127 Assembly having cognizance of matters relating to public health on the
128 findings and recommendations of the working group and, for each
129 finding and recommendation, whether the Department of Public Health
130 is in agreement with such finding and recommendation.

131 Sec. 4. (NEW) (*Effective July 1, 2026*) Notwithstanding the provisions
132 of chapter 381 of the general statutes, a nonprofit organization that
133 delivers optical glasses produced by an optician licensed under said
134 chapter to the ultimate wearer of such glasses at no cost to such wearer
135 may deliver such glasses to an authorized representative of such wearer
136 if such wearer is unavailable to receive the glasses in person from such
137 organization.

138 Sec. 5. (NEW) (*Effective October 1, 2026*) Not later than January 1, 2027,
139 each health care provider shall notify each patient in writing at the time
140 of the initial intake of such patient (1) of the laws concerning the length
141 of time that the provider is required to maintain patient medical records,

142 and (2) of the manner in which the patient may request copies of the
143 patient's medical records from the provider.

144 Sec. 6. Subsection (a) of section 17b-338 of the general statutes is
145 repealed and the following is substituted in lieu thereof (*Effective from*
146 *passage*):

147 (a) There is established a Long-Term Care Advisory Council which
148 shall consist of the following: (1) The executive director of the
149 Commission on Women, Children, Seniors, Equity and Opportunity, or
150 the executive director's designee; (2) the State Nursing Home
151 Ombudsman, or the ombudsman's designee; (3) the president of the
152 Coalition of Presidents of Resident Councils, or the president's designee;
153 (4) the executive director of the Legal Assistance Resource Center of
154 Connecticut, or the executive director's designee; (5) the state president
155 of AARP, or the president's designee; (6) one representative of a
156 bargaining unit for health care employees, appointed by the president
157 of the bargaining unit; (7) the president of LeadingAge Connecticut and
158 Rhode Island, Inc., or the president's designee; (8) the president of the
159 Connecticut Association of Health Care Facilities, or the president's
160 designee; (9) the president of the Connecticut Association of Residential
161 Care Homes, or the president's designee; (10) the president of the
162 Connecticut Hospital Association or the president's designee; (11) the
163 executive director of the Connecticut Assisted Living Association or the
164 executive director's designee; (12) the executive director of the
165 Connecticut Association for Homecare or the executive director's
166 designee; (13) the president of Connecticut Community Care, Inc. or the
167 president's designee; (14) one member of the Connecticut Association of
168 Area Agencies on Aging appointed by the agency; (15) the president of
169 the Connecticut chapter of the Connecticut Alzheimer's Association;
170 (16) one member of the Connecticut Association of Adult Day Centers
171 appointed by the association; (17) the president of the Connecticut
172 Chapter of the American College of Health Care Administrators, or the
173 president's designee; (18) the president of the Connecticut Council for
174 Persons with Disabilities, or the president's designee; (19) the president

175 of the Connecticut Association of Community Action Agencies, or the
176 president's designee; (20) a personal care attendant appointed by the
177 speaker of the House of Representatives; (21) a person who, in a home
178 setting, cares for a person with a disability and is appointed by the
179 president pro tempore of the Senate; (22) three persons with a disability
180 appointed one each by the majority leader of the House of
181 Representatives, the majority leader of the Senate and the minority
182 leader of the House of Representatives; (23) a legislator who is a member
183 of the Long-Term Care Planning Committee; (24) one member who is a
184 nonunion home health aide appointed by the minority leader of the
185 Senate; and (25) the executive director of the nonprofit entity designated
186 by the Governor in accordance with section 46a-10b to serve as the
187 Connecticut protection and advocacy system or the executive director's
188 designee.

189 Sec. 7. Subsection (d) of section 19a-127l of the general statutes is
190 repealed and the following is substituted in lieu thereof (*Effective from*
191 *passage*):

192 (d) The advisory committee shall consist of (1) four members who
193 represent and shall be appointed by the Connecticut Hospital
194 Association, including three members who represent three separate
195 hospitals that are not affiliated of which one such hospital is an
196 academic medical center; (2) one member who represents and shall be
197 appointed by the Connecticut Nursing Association; (3) two members
198 who represent and shall be appointed by the Connecticut Medical
199 Society, including one member who is an active medical care provider;
200 (4) two members who represent and shall be appointed by the
201 Connecticut Business and Industry Association, including one member
202 who represents a large business and one member who represents a
203 small business; (5) one member who represents and shall be appointed
204 by the Home Health Care Association; (6) one member who represents
205 and shall be appointed by the Connecticut Association of Health Care
206 Facilities; (7) one member who represents and shall be appointed by
207 LeadingAge Connecticut and Rhode Island, Inc.; (8) two members who

208 represent and shall be appointed by the AFL-CIO; (9) one member who
209 represents consumers of health care services and who shall be
210 appointed by the Commissioner of Public Health; (10) one member who
211 represents a school of public health and who shall be appointed by the
212 Commissioner of Public Health; (11) the Commissioner of Public Health
213 or said commissioner's designee; (12) the Commissioner of Social
214 Services or said commissioner's designee; (13) the Secretary of the Office
215 of Policy and Management or said secretary's designee; (14) two
216 members who represent licensed health plans and shall be appointed by
217 the Connecticut Association of Health Care Plans; (15) one member who
218 represents and shall be appointed by the federally designated state peer
219 review organization; and (16) one member who represents and shall be
220 appointed by the Connecticut Pharmaceutical Association. The
221 chairperson of the advisory committee shall be the Commissioner of
222 Public Health or said commissioner's designee. The chairperson of the
223 committee, with a vote of the majority of the members present, may
224 appoint ex-officio nonvoting members in specialties not represented
225 among voting members. Vacancies shall be filled by the person who
226 makes the appointment under this subsection.

227 Sec. 8. Subsection (b) of section 19a-515 of the general statutes is
228 repealed and the following is substituted in lieu thereof (*Effective from*
229 *passage*):

230 (b) Each licensee shall complete a minimum of forty hours of
231 continuing education every two years, including, but not limited to,
232 training in (1) Alzheimer's disease and dementia symptoms and care,
233 and (2) infection prevention and control. Such two-year period shall
234 commence on the first date of renewal of the licensee's license after
235 January 1, 2004. The continuing education shall be in areas related to the
236 licensee's practice. Qualifying continuing education activities are
237 courses offered or approved by the Connecticut Association of
238 Healthcare Facilities, LeadingAge Connecticut and Rhode Island, Inc.,
239 the Connecticut Assisted Living Association, the Connecticut Alliance
240 for Subacute Care, Inc., the Connecticut Chapter of the American

241 College of Health Care Administrators, the Association For Long Term
242 Care Financial Managers, the Alzheimer's Association or any accredited
243 college or university, or programs presented or approved by the
244 National Continuing Education Review Service of the National
245 Association of Boards of Examiners of Long Term Care Administrators,
246 the Association for Professionals in Infection Control and Epidemiology
247 or by federal or state departments or agencies.

248 Sec. 9. (NEW) (*Effective October 1, 2026*) Not later than January 1, 2027,
249 and biannually thereafter, each school of nursing in the state that
250 prepares persons for examination under the provisions of chapter 378 of
251 the general statutes shall (1) report the following data for the preceding
252 six-month period on the standardized form developed by the
253 Connecticut State Board of Examiners for Nursing pursuant to section
254 20-90 of the general statutes, as amended by this act: (A) The first-time
255 pass rate of students who took the National Council Licensure
256 Examination, and (B) graduation rates and job placement outcomes for
257 recent graduates, and (2) post such data in a conspicuous location on the
258 school's Internet web site.

259 Sec. 10. Section 20-90 of the general statutes is repealed and the
260 following is substituted in lieu thereof (*Effective October 1, 2026*):

261 (a) The Connecticut State Board of Examiners for Nursing shall have
262 the following duties: (1) Hear and decide matters concerning suspension
263 or revocation of licensure; (2) adjudicate complaints filed against
264 practitioners licensed under this chapter and impose sanctions where
265 appropriate; (3) approve schools of nursing in the state that prepare
266 persons for examination under the provisions of this chapter; [and] (4)
267 consult, [where] when possible, with nationally recognized accrediting
268 agencies when approving schools pursuant to subdivision (3) of this
269 subsection; and (5) evaluate the data reported by such schools pursuant
270 to section 9 of this act and require any corrective action that the board
271 deems necessary based on such evaluation pursuant to subsection (c) of
272 this section. The board may adopt a seal.

273 (b) All schools of nursing in the state that prepare persons for
274 examination under the provisions of this chapter, shall be (1) visited
275 periodically by a representative of the Department of Public Health who
276 shall be a registered nurse or a person experienced in the field of nursing
277 education, and (2) approved by the Connecticut State Board of
278 Examiners for Nursing pursuant to subdivisions (3) and (4) of
279 subsection (a) of this section.

280 (c) Not later than December 1, 2026, the board shall (1) develop (A) a
281 standardized form on which each school of nursing shall report the
282 following data pursuant to section 9 of this act: The first-time pass rates
283 of students taking the National Council Licensure Examination and
284 graduation rates and job placement outcomes for recent graduates, (B)
285 criteria for evaluating whether a school of nursing has consistently
286 fallen below acceptable performance thresholds based on such data, and
287 (C) the types of corrective actions necessary for a school of nursing to
288 achieve an acceptable performance threshold, including, but not limited
289 to, following an improvement plan recommended by the board,
290 enhanced monitoring of such school by the board, limits on new student
291 enrollment at such school and the temporary withdrawal of approval of
292 such school by the board, and (2) post such standardized form, criteria
293 and types of corrective actions on its Internet web site. On and after July
294 1, 2027, the board shall notify any school of nursing that the board
295 determines has fallen below the acceptable performance threshold
296 under this subsection and require that such school take one or more of
297 such corrective actions that it deems necessary to assist such school in
298 achieving an acceptable performance threshold.

299 [(c)] (d) The Department of Public Health shall post a list of all
300 nursing programs and all programs for training licensed practical
301 nurses that are approved by the Connecticut State Board of Examiners
302 for Nursing and maintain the standard for the education of nurses and
303 the training of licensed practical nurses as established by the
304 Commissioner of Public Health on the department's Internet web site.

305 Sec. 11. (*Effective from passage*) The Commissioner of Public Health, in
 306 collaboration with the Commissioner of Energy and Environmental
 307 Protection, shall evaluate the recommendations of the sewage disposal
 308 working group established pursuant to section 49 of public act 25-97 that
 309 are set forth in the working group's final report. Not later than January
 310 1, 2027, the commissioners shall jointly report, in accordance with the
 311 provisions of section 11-4a of the general statutes, to the joint standing
 312 committees of the General Assembly having cognizance of matters
 313 relating to public health and the environment regarding the feasibility
 314 and implications of implementing each of the working group's
 315 recommendations, with a particular emphasis on the recommendation
 316 that nitrogen assessments of sewage disposal systems be required at five
 317 thousand gallons per day for each property within an environmentally
 318 sensitive area and seven thousand five hundred gallons per day for all
 319 other properties with a sewage disposal system that is regulated by the
 320 Department of Public Health, and whether legislation is necessary for
 321 implementation of such recommendations.

322 Sec. 12. Sections 17a-227d and 17a-476a of the general statutes are
 323 repealed. (*Effective October 1, 2026*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2026</i>	19a-490(a)
Sec. 2	<i>October 1, 2026</i>	46a-11c
Sec. 3	<i>July 1, 2026</i>	New section
Sec. 4	<i>July 1, 2026</i>	New section
Sec. 5	<i>October 1, 2026</i>	New section
Sec. 6	<i>from passage</i>	17b-338(a)
Sec. 7	<i>from passage</i>	19a-1271(d)
Sec. 8	<i>from passage</i>	19a-515(b)
Sec. 9	<i>October 1, 2026</i>	New section
Sec. 10	<i>October 1, 2026</i>	20-90
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>October 1, 2026</i>	Repealer section

Statement of Purpose:

To make various revisions to the public health statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]