



Substitute House Bill No. 5515

Public Act No. 26-38

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING ACCESS TO OPIOID OVERDOSE REVERSAL MEDICATION AND VARIOUS REVISIONS TO MENTAL HEALTH AND ADDICTION STATUTES.

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

Section 1. Subsections (c) to (g), inclusive, of section 10-212a of the 2026 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(c) The State Board of Education, in consultation with the Commissioner of Public Health, shall adopt regulations, in accordance with the provisions of chapter 54, determined to be necessary by the board to carry out the provisions of this section, including, but not limited to, regulations that (1) specify conditions under which a coach of intramural and interscholastic athletics may administer medicinal preparations, including controlled drugs specified in the regulations adopted by the commissioner, to a child participating in such intramural and interscholastic athletics, (2) specify conditions and procedures for the administration of medication by school personnel to students, including, but not limited to, (A) the conditions and procedures for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who

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experience allergic reactions and who do not have a prior written authorization for the administration of epinephrine, in accordance with the provisions of subdivision (2) of subsection (d) of this section, and (B) the conditions and procedures for the storage and administration of opioid antagonists by school personnel to students who experience an opioid-related drug overdose, [and who do not have a prior written authorization for the administration of an opioid antagonist,] in accordance with the provisions of subdivision (1) of subsection (g) of this section, and (3) specify conditions for the possession, self-administration or possession and self-administration of medication by students, including permitting a child diagnosed with: (A) Asthma to retain possession of an asthmatic inhaler at all times while attending school for prompt treatment of the child's asthma and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse; and (B) an allergic condition to retain possession of an automatic prefilled cartridge injector or similar automatic injectable equipment at all times, including while attending school or receiving school transportation services, for prompt treatment of the child's allergic condition and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse. The regulations shall require authorization pursuant to: (i) The written order of a physician licensed to practice medicine in this or another state, a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, a podiatrist licensed under chapter 375, or an optometrist licensed under chapter 380; and (ii) the written authorization of a parent or guardian of such child.

(d) (1) (A) With the written authorization of a student's parent or

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guardian, and (B) pursuant to the written order of a qualified medical professional, a school nurse and a school medical advisor, if any, may jointly approve and provide general supervision to an identified paraeducator to administer medication, including, but not limited to, medication administered with a cartridge injector, to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death. Each such paraeducator and any qualified school employee authorized to administer epinephrine in the absence of a school nurse pursuant to policies and procedures adopted by a board of education in accordance with subdivision (2) of subsection (a) of this section shall annually complete the training program described in section 10-212g.

(2) A school nurse or, in the absence of a school nurse, a qualified school employee shall maintain epinephrine for the purpose of emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. A school nurse or a school principal shall select qualified school employees to administer such epinephrine under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. A school nurse or, in the absence of such school nurse, such qualified school employee may administer such epinephrine under this subdivision, provided such administration of epinephrine is in accordance with policies and procedures adopted pursuant to subsection (a) of this section. Such administration of epinephrine by a qualified school employee shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such epinephrine under this subdivision unless such qualified school employee annually completes the training program described in section 10-212g. The parent or guardian of a student may submit, in writing, to the school nurse and school medical

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advisor, if any, that epinephrine shall not be administered to such student under this subdivision.

(3) In the case of a student with a medically diagnosed life-threatening allergic condition, (A) with the written authorization of such student's parent or guardian, and (B) pursuant to the written order of a qualified medical professional, such student may possess, self-administer or possess and self-administer medication, including, but not limited to, medication administered with a cartridge injector, to protect such student against serious harm or death.

(4) For purposes of this subsection, (A) "epinephrine" means an automatic prefilled cartridge injector or similar automatic injectable equipment, a nasal spray or any other medical equipment approved by the United States Food and Drug Administration that is used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions, (B) "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator, and (C) "qualified medical professional" means (i) a physician licensed under chapter 370, (ii) an optometrist licensed to practice optometry under chapter 380, (iii) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (iv) a physician assistant licensed to prescribe in accordance with section 20-12d.

(e) (1) With the written authorization of a student's parent or guardian, and (2) pursuant to a written order of the student's physician licensed under chapter 370 or the student's advanced practice registered nurse licensed under chapter 378, a school nurse or a school principal shall select, and a school nurse shall provide general supervision to, a qualified school employee to administer medication with equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death. Such authorization shall be limited to situations when the

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school nurse is absent or unavailable. No qualified school employee shall administer medication under this subsection unless (A) such qualified school employee annually completes any training required by the school nurse and school medical advisor, if any, in the administration of medication with equipment used to administer glucagon, (B) the school nurse and school medical advisor, if any, have attested, in writing, that such qualified school employee has completed such training, and (C) such qualified school employee voluntarily agrees to serve as a qualified school employee. For purposes of this subsection, "equipment used to administer glucagon" means an injector or injectable equipment, nasal spray or any other medical equipment approved by the United States Food and Drug Administration that is used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes. For purposes of this subsection, "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator.

(f) (1) (A) With the written authorization of a student's parent or guardian, and (B) pursuant to the written order of a physician licensed under chapter 370 or an advanced practice registered nurse licensed under chapter 378, a school nurse and a school medical advisor, if any, shall select, and a school nurse shall provide general supervision to, a qualified school employee to administer antiepileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan. Such authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer medication under this subsection unless (i) such qualified school employee annually completes the training program described in subdivision (2) of this subsection, (ii) the school nurse and school medical advisor, if any, have attested, in writing, that such qualified

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school employee has completed such training, (iii) such qualified school employee receives monthly reviews by the school nurse to confirm such qualified school employee's competency to administer antiepileptic medication under this subsection, and (iv) such qualified school employee voluntarily agrees to serve as a qualified school employee. For purposes of this subsection, "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator.

(2) The Department of Education, in consultation with the School Nurse Advisory Council, established pursuant to section 10-212f, and the Association of School Nurses of Connecticut, shall develop an antiepileptic medication administrating training program. Such training program shall include instruction in (A) an overview of childhood epilepsy and types of seizure disorders, (B) interpretation of individual student's emergency seizure action plan and recognition of individual student's seizure activity, (C) emergency management procedures for seizure activity, including administration techniques for emergency seizure medication, (D) when to activate emergency medical services and postseizure procedures and follow-up, (E) reporting procedures after a student has required such delegated emergency seizure medication, and (F) any other relevant issues or topics related to emergency interventions for students who experience seizures.

(g) (1) A school nurse or [, in the absence of a school nurse,] a qualified school employee may maintain opioid antagonists for the purpose of [emergency first aid] administering an opioid antagonist to [students] a student who [experience] experiences an opioid-related drug overdose. [and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of such opioid antagonist.] A school nurse or a school principal shall select qualified school employees to administer such

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opioid antagonist under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. A school nurse or [, in the absence of such school nurse, such] qualified school employee may administer [such] a legend opioid antagonist under this subdivision, provided such administration of the legend opioid antagonist is in accordance with policies and procedures adopted pursuant to subsection (a) of this section. [Such administration of an opioid antagonist by a qualified school employee shall be limited to situations when the school nurse is absent or unavailable.] No school nurse or qualified school employee shall administer [such] a legend opioid antagonist under this subdivision unless such school nurse or qualified school employee completes a training program in the distribution and administration of [an] a legend opioid antagonist developed or approved by the [Department of Education, Department of Public Health and the Department of Consumer Protection] Departments of Education, Public Health, Consumer Protection and Mental Health and Addiction Services, or under an agreement entered into pursuant to section 21a-286. [The parent or guardian of a student may submit a request, in writing, to the school nurse and school medical advisor, if any, that an opioid antagonist shall not be administered to such student under this subdivision] The provisions of this subsection shall not be construed to prevent a school nurse, qualified school employee or any other person in a school setting from administering a nonlegend opioid antagonist to any person at a school who experiences an opioid-related drug overdose. Any person who administers a nonlegend opioid antagonist to any person at a school shall not be liable to such person or such person's parents, guardians or family members for civil damages for any personal injuries that result from acts or omissions arising from the administration of a nonlegend opioid antagonist pursuant to the provisions of this subsection that may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, wilful or wanton negligence.

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(2) [Not later than October 1, 2022, the] The Department of Education, in consultation with the Departments of Consumer Protection, Mental Health and Addiction Services and Public Health, shall develop guidelines for use by local and regional boards of education on the storage and administration of nonlegend opioid antagonists in schools in accordance with the provisions of this subsection.

(3) For purposes of this subsection, (A) "legend opioid antagonist" means an opioid antagonist that is required by any applicable federal or state law to be dispensed pursuant only to a prescription or is restricted to use by prescribing practitioners only, or means an opioid antagonist that, under federal law, is required to bear either of the following legends: (i) "RX ONLY IN ACCORDANCE WITH GUIDELINES ESTABLISHED IN THE FEDERAL FOOD, DRUG AND COSMETIC ACT"; or (ii) "CAUTION: FEDERAL LAW RESTRICTS THIS DRUG FOR USE BY OR ON THE ORDER OF A LICENSED VETERINARIAN", (B) "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of a drug overdose, [(B)] and (C) "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator, [, and (C) "qualified medical professional" means (i) a physician licensed under chapter 370, (ii) an optometrist licensed to practice optometry under chapter 380, (iii) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (iv) a physician assistant licensed to prescribe in accordance with section 20-12d.]

Sec. 2. Section 17a-714a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section, (1) "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the

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treatment of drug overdose, and (2) "person" has the same meaning as provided in section 21a-240.

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes or dispenses an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

(c) A licensed health care professional may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose. Such licensed health care professional who administers an opioid antagonist in accordance with the provisions of this subsection shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist and shall not be deemed to have violated the standard of care for such licensed health care professional.

(d) (1) Any person may provide a nonlegend opioid antagonist to any person for the purposes of treating or preventing an opioid-related drug overdose. Any person that distributes such a nonlegend opioid antagonist in accordance with the provisions of this subsection shall not be liable for payments or damages in a claim or civil action or subject to criminal prosecution for such distribution or use of such nonlegend opioid antagonist.

(2) Any person who solely distributes a nonlegend opioid antagonist to the public, without compensation or consideration, shall not be required to obtain a permit pursuant to the provisions of section 20-624.

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[[d)] (e) Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

[(e)] (f) Not later than October 1, 2017, each municipality shall amend its local emergency medical services plan, as described in section 19a-181b, to ensure that at least one emergency medical services provider, as defined in the regulations of Connecticut state agencies pertaining to emergency medical services, who is likely to be the first person to arrive on the scene of a medical emergency in the municipality, including, but not limited to, emergency medical services personnel, as defined in section 20-206jj, or a resident state trooper, is equipped with an opioid antagonist and such person has received training, approved by the Commissioner of Public Health, in the administration of an opioid antagonist.

Sec. 3. Subsection (c) of section 28-5a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The Commissioner of Emergency Services and Public Protection shall coordinate with the [Commissioner] Commissioners of Public Health and Mental Health and Addiction Services for the deployment of grief counselors and mental health professionals to provide mental health services to the family members or other individuals with a close association with any victim of a mass shooting. Such deployments shall be made to local community outreach groups in and around the impacted geographical location and to any school or institution of higher education where any victim or perpetrator of a mass shooting

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event was enrolled.

Sec. 4. Section 17a-470 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each state-operated facility for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, shall have an advisory board appointed by the superintendent or director of the facility for terms to be decided by such superintendent or director. The superintendent or director shall appoint at least two persons with lived experience with a behavioral health disorder to the advisory board. [In any case where the present number of members of an advisory board is less than the number of members designated by the superintendent or director of the facility, the superintendent or director shall appoint additional members to such board in accordance with this section in such manner that the terms of an approximately equal number of members shall expire in each odd-numbered year. The superintendent or director shall fill any vacancy that may occur for the unexpired portion of any term. No member shall serve more than two successive terms plus the balance of any unexpired term to which the member had been appointed.] The superintendent or director of the facility shall be an ex-officio member of the advisory board. Each member of an advisory board of a state-operated facility within the Department of Mental Health and Addiction Services assigned a geographical territory shall be a resident of the assigned geographical territory. Members of said advisory boards shall receive no compensation for their services but shall be reimbursed for necessary expenses involved in the performance of their duties. [At least one-third of such members shall be from regional behavioral health action organizations, established pursuant to section 17a-484f, and at least one-third shall be members of the catchment area councils, as provided in section 17a-483, for the catchment areas served by such facility, except that members serving as of October 1, 1977, shall serve out their terms]

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The provisions of this section shall not apply to the Connecticut Valley Hospital Advisory Council established pursuant to section 17a-471a or the oversight board for Whiting Forensic Hospital established pursuant to section 17a-565.

Sec. 5. Section 17a-471 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any advisory board established pursuant to section 17a-470, as amended by this act, shall: Meet with the superintendent or director of the facility periodically to advise him on the programs and policies of the facility; act as a liaison between its facility and the residents of the facility's assigned geographic territory and the state of Connecticut to inform them of the programs and policies of the facility; and issue reports, in a form and manner prescribed by such advisory board, to the Governor and Commissioner of Mental Health and Addiction Services on conditions at the facility and recommendations for changes or improvements in the facility.

Sec. 6. Subsection (a) of section 17a-476 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) Any general hospital, municipality or nonprofit organization in Connecticut may apply to the Department of Mental Health and Addiction Services for funds to establish, expand or maintain psychiatric or mental health services. The application for funds shall be submitted on forms provided by the Department of Mental Health and Addiction Services, and shall be accompanied by (1) a definition of the towns and areas to be served; (2) a plan by means of which the applicant proposes to coordinate its activities with those of other local agencies presently supplying mental health services or contributing in any way to the mental health of the area; (3) a description of the services to be provided, and the methods through which these services will be

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provided; and (4) indication of the methods that will be employed to effect a balance in the use of state and local resources so as to foster local initiative, responsibility and participation. In accordance with subdivision (4) of section 17a-480, the regional behavioral health action organization, established pursuant to section 17a-484f, serving the mental health region in which the applicant is located shall review each such application with the Department of Mental Health and Addiction Services and make recommendations to the department with respect to each such application.

Sec. 7. Section 17a-482 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

As used in this section, subsection (a) of section 17a-476, as amended by this act, and sections 17a-478 to 17a-480, inclusive, as amended by this act, [and section 17a-483,] unless the context otherwise requires: "Catchment area" means any geographical area within the state established as such by the Commissioner of Mental Health and Addiction Services, the boundaries of which may be redesignated by said commissioner when deemed necessary to equalize the population of each area and in such manner as is consistent with the boundaries of the municipalities therein, provided such boundaries of any catchment area shall be entirely within the boundaries of a mental health region established under section 17a-478, as amended by this act; ["council" means the catchment area council established under section 17a-483;] "regional behavioral health action organization" means the organization established pursuant to section 17a-484f; and "provider" means any person who receives income from private practice or any public or private agency which delivers mental health services.

Sec. 8. Subsection (a) of section 17a-450a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

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(a) The Department of Mental Health and Addiction Services shall constitute a successor department to the Department of Mental Health. Whenever the words "Commissioner of Mental Health" are used or referred to in the following general statutes, the words "Commissioner of Mental Health and Addiction Services" shall be substituted in lieu thereof and whenever the words "Department of Mental Health" are used or referred to in the following general statutes, the words "Department of Mental Health and Addiction Services" shall be substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d, 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246, 17a-450, 17a-451, 17a-453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458, 17a-459, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470, as amended by this act, 17a-471, as amended by this act, 17a-472, 17a-473, 17a-474, 17a-476, as amended by this act, 17a-478, as amended by this act, 17a-479, 17a-480, 17a-481, 17a-482, as amended by this act, [17a-483,] 17a-498, as amended by this act, 17a-499, as amended by this act, 17a-502, 17a-506, 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, as amended by this act, 17a-528, as amended by this act, 17a-560, 17a-561, 17a-562, 17a-565, 17a-581, 17a-582, 17a-675, 17-836a, 17b-28, 17b-59a, 17b-222, 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 51-51o, 52-146h and 54-56d.

Sec. 9. Section 17a-478 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

The Commissioner of Mental Health and Addiction Services shall designate mental health regions within the state. Such regions and boundaries thereof may be redesignated by said commissioner as he deems necessary. For the purposes of sections 17a-476, as amended by this act, and 17a-478 to 17a-480, inclusive, as amended by this act, "community mental health services" means comprehensive services, both medical and nonmedical, designed to (1) decrease the prevalence

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and incidence of psychiatric disabilities, emotional disturbance and social disfunctioning, and (2) promote mental health in individuals, groups and institutions and includes, but is not limited to, the following: Outreach and case finding, inpatient treatment, outpatient treatment, partial hospitalization, diagnosis and screening, aftercare and rehabilitation, education, consultation, emergency services, research, evaluation, training and services to the courts. The Commissioner of Mental Health and Addiction Services may enter into such contracts for services as may be required to carry out the provisions of subsection (a) of section 17a-476, as amended by this act, sections 17a-478 to 17a-480, inclusive, as amended by this act, and [sections] section 17a-482, as amended by this act. [and 17a-483.]

Sec. 10. Subsections (b) to (d), inclusive, of section 17a-495 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(b) For the purposes of this section, sections 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-496 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, and 17a-560 to 17a-575, inclusive, the following terms shall have the following meanings: "Business day" means Monday to Friday, inclusive, except when a legal holiday falls on any such day; "hospital for persons with psychiatric disabilities" means any public or private hospital, retreat, institution, house or place in which any person with psychiatric disabilities is received or detained as a patient, but shall not include any correctional institution of this state; "patient" means any person detained and taken care of as a person with psychiatric disabilities; "keeper of a hospital for persons with psychiatric disabilities" means any person, body of persons or corporation which has the immediate superintendence, management and control of a hospital for persons with psychiatric disabilities and the patients therein; "support" includes all necessary food, clothing and medicine and all general expenses of maintaining

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state hospitals for persons with psychiatric disabilities; "indigent person" means any person who has an estate insufficient, in the judgment of the Court of Probate, to provide for his or her support and has no person or persons legally liable who are able to support him or her; "dangerous to himself or herself or others" means there is a substantial risk that physical harm will be inflicted by an individual upon his or her own person or upon another person; "gravely disabled" means that a person, as a result of mental or emotional impairment, is in danger of serious harm as a result of an inability or failure to provide for his or her own basic human needs such as essential food, clothing, shelter or safety and that hospital treatment is necessary and available and that such person is mentally incapable of determining whether or not to accept such treatment because his judgment is impaired by his psychiatric disabilities; "respondent" means a person who is alleged to have psychiatric disabilities and for whom an application for commitment to a hospital for persons with psychiatric disabilities has been filed; "voluntary patient" means any patient sixteen years of age or older who applies in writing to and is admitted to a hospital for persons with psychiatric disabilities as a person with psychiatric disabilities or any patient under sixteen years of age whose parent or legal guardian applies in writing to such hospital for admission of such patient; and "involuntary patient" means any patient hospitalized pursuant to an order of a judge of the Probate Court after an appropriate hearing or a patient hospitalized for emergency diagnosis, observation or treatment upon certification of a qualified physician.

(c) For the purposes of this section and sections 17a-496 to 17a-528, inclusive, as amended by this act, "person with psychiatric disabilities" means any person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment, and specifically excludes a person who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680.

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(d) For the purposes of sections 17a-453, 17a-454, 17a-456, 17a-458 to 17a-464, inclusive, 17a-466 to 17a-469, inclusive, 17a-471, as amended by this act, 17a-474, 17a-476 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, "person with psychiatric disabilities" means any person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment, and specifically includes a person who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680.

Sec. 11. Section 17a-496 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

Any keeper of a hospital for psychiatric disabilities who wilfully violates any of the provisions of this section, sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-497 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be fined not more than two hundred dollars or imprisoned not more than one year or both.

Sec. 12. Subsection (b) of section 17a-497 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(b) Upon the motion of any respondent or his or her counsel, or the probate judge having jurisdiction over such application, filed not later than three days prior to any hearing scheduled on such application, the Probate Court Administrator shall appoint a three-judge court from among the probate judges to hear such application. The judge of the Probate Court having jurisdiction over such application under the provisions of this section shall be a member, provided such judge may disqualify himself in which case all three members of such court shall

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be appointed by the Probate Court Administrator. Such three-judge court when convened shall have all the powers and duties set forth under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, and shall be subject to all of the provisions of law as if it were a single-judge court. No such respondent shall be involuntarily confined without the vote of at least two of the three judges convened hereunder. The judges of such court shall designate a chief judge from among their members. All records for any case before the three-judge court shall be maintained in the Probate Court having jurisdiction over the matter as if the three-judge court had not been appointed.

Sec. 13. Subsection (g) of section 17a-498 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(g) The hospital shall notify each patient at least annually that such patient has a right to a further hearing pursuant to this section. If the patient requests such hearing, it shall be held by the Probate Court for the district in which the hospital is located. Any such request shall be immediately filed with the appropriate court by the hospital. After such request is filed with the Probate Court, it shall proceed in the manner provided in subsections (a), (b), (c) and (f) of this section. In addition, the hospital shall furnish the Probate Court for the district in which the hospital is located on a monthly basis with a list of all patients confined in the hospital involuntarily without release for one year since the last annual review under this section of the patient's commitment or since the original commitment. The hospital shall include in such notification the type of review the patient last received. If the patient's last annual review had a hearing, the Probate Court shall, within fifteen business days thereafter, appoint an impartial physician who is a psychiatrist

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from the list provided by the Commissioner of Mental Health and Addiction Services as set forth in subsection (c) of this section and not connected with the hospital in which the patient is confined or related by blood or marriage to the original applicant or to the respondent, which physician shall see and examine each such patient within fifteen business days after such physician's appointment and make a report forthwith to such court of the condition of the patient on forms provided by the Probate Court Administrator. If the Probate Court concludes that the confinement of any such patient should be reviewed by such court for possible release of the patient, the court, on its own motion, shall proceed in the manner provided in subsections (a), (b), (c) and (f) of this section, except that the examining physician shall be considered one of the physicians required by subsection (c) of this section. If the patient's last annual review did not result in a hearing, and in any event at least every two years, the Probate Court shall, within fifteen business days, proceed with a hearing in the manner provided in subsections (a), (b), (c) and (f) of this section. All costs and expenses, including Probate Court entry fees provided by statute, in conjunction with the annual psychiatric review and the judicial review under this subsection, except costs for physicians appointed pursuant to this subsection, shall be established by, and paid from funds appropriated to, the Judicial Department, except that if funds have not been included in the budget of the Judicial Department for such costs and expenses, such payment shall be made from the Probate Court Administration Fund. Compensation of any physician appointed to conduct the annual psychiatric review, to examine a patient for any hearing held as a result of such annual review or for any other biennial hearing required pursuant to sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be paid by the state from funds appropriated to the Department of Mental Health and Addiction Services in accordance with rates established by the

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Department of Mental Health and Addiction Services.

Sec. 14. Section 17a-499 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

All proceedings of the Probate Court, upon application made under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be in writing and filed in such court, and, whenever a court passes an order for the admission of any person to any state hospital for psychiatric disabilities, the court shall record the order and give a certified copy of such order and of the reports of the physicians to the person by whom such person is to be taken to the hospital, as the warrant for such taking and commitment, and shall also forthwith transmit a like copy to the Commissioner of Mental Health and Addiction Services, and, in the case of a person in the custody of the Commissioner of Correction, to the Commissioner of Correction. Whenever a court passes an order for the commitment of any person to any hospital for psychiatric disabilities, it shall, within three business days, provide the Commissioner of Mental Health and Addiction Services with access to identifying information including, but not limited to, name, address, sex, date of birth and date of commitment on all commitments ordered on and after June 1, 1998. All commitment applications, orders of commitment and commitment papers issued by any court in committing persons with psychiatric disabilities to public or private hospitals for psychiatric disabilities shall be in accordance with a form prescribed by the Probate Court Administrator, which form shall be uniform throughout the state. State hospitals and other hospitals for persons with psychiatric disabilities shall, so far as they are able, upon reasonable request of any officer of a court having the power of commitment, send one or more trained attendants or nurses to attend any hearing concerning the commitment

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of any person with psychiatric disabilities and any such attendant or nurse, when present, shall be designated by the court as the authority to serve commitment process issued under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive.

Sec. 15. Subsection (a) of section 17a-500 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) Each court of probate shall keep a record of the cases relating to persons with psychiatric disabilities coming before it under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, and the disposition of them. It shall also keep on file the original application and certificate of physicians required by said sections, or a microfilm duplicate of such records in accordance with regulations issued by the Probate Court Administrator. All records maintained in the courts of probate under the provisions of said sections shall be sealed and available only to the respondent or his or her counsel unless the Court of Probate, after hearing held with notice to the respondent, determines such records should be disclosed for cause shown.

Sec. 16. Section 17a-501 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

Any person with psychiatric disabilities, the expense of whose support is paid by himself or by another person, may be committed to any institution for the care of persons with psychiatric disabilities designated by the person paying for such support; and any indigent

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person with psychiatric disabilities, not a pauper, committed under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be committed to any state hospital for psychiatric disabilities which is equipped to receive him, at the discretion of the Court of Probate, upon consideration of a request made by the person applying for such commitment.

Sec. 17. Section 17a-504 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

Any person who wilfully and maliciously causes, or attempts to cause, or who conspires with any other person to cause, any person who does not have psychiatric disabilities to be committed to any hospital for psychiatric disabilities, and any person who wilfully certifies falsely to the psychiatric disabilities of any person in any certificate provided for in sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, and any person who, under the provisions of said sections relating to persons with psychiatric disabilities, wilfully reports falsely to any court or judge that any person has psychiatric disabilities, shall be guilty of a class D felony.

Sec. 18. Section 17a-505 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

When any female with psychiatric disabilities is escorted to a state hospital for persons with psychiatric disabilities by a male guard, attendant or other employee of a correctional or reformatory institution, or by a male law enforcement officer, under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this

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act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, the person so escorting her shall be accompanied by an adult member of her family or at least one woman.

Sec. 19. Section 17a-519 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

Each officer or indifferent person making legal service of any order, notice, warrant or other paper under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be entitled to the same compensation as is by law provided for like services in civil causes. Physicians, for examining a person alleged to have psychiatric disabilities and making a certificate as provided by said sections, shall be entitled to a reasonable compensation established by the Commissioner of Mental Health and Addiction Services. The fees of the courts of probate shall be such as are provided by law for similar services. The Superior Court, on an appeal, may tax costs at its discretion.

Sec. 20. Section 17a-525 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

Any person aggrieved by an order, denial or decree of a Probate Court under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, including any relative or friend, on behalf of any person found to have psychiatric disabilities, shall have the right of appeal in accordance with sections 45a-186 to 45a-193, inclusive. On the trial of an appeal, the Superior Court may require the state's attorney or, in the state's attorney's absence, some other practicing attorney of the court to be present for the protection of the

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interests of the state and of the public.

Sec. 21. Subsection (a) of section 17a-528 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(a) When any person is found to have psychiatric disabilities, and is committed to a state hospital for psychiatric disabilities, upon proceedings had under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, all fees and expenses incurred upon the probate commitment proceedings, payment of which is not otherwise provided for under said sections, shall be paid by the state within available appropriations from funds appropriated to the Department of Mental Health and Addiction Services in accordance with rates established by said department; and, if such person is found not to have psychiatric disabilities, such fees and expenses shall be paid by the applicant.

Sec. 22. Subsection (d) of section 45a-656 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2026*):

(d) The conservator of the person shall not have the power or authority to cause the respondent to be committed to any institution for the treatment of the mentally ill except under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 359.

Sec. 23. Subsection (e) of section 45a-677 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October*

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1, 2026):

(e) A plenary guardian or limited guardian shall not have the power or authority: (1) To cause the protected person to be admitted to any institution for treatment of the mentally ill, except in accordance with the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 420b; (2) to cause the protected person to be admitted to any training school or other facility provided for the care and training of persons with intellectual disability if there is a conflict concerning such admission between the guardian and the protected person or next of kin, except in accordance with the provisions of sections 17a-274 and 17a-275; (3) to consent on behalf of the protected person to a sterilization, except in accordance with the provisions of sections 45a-690 to 45a-700, inclusive; (4) to consent on behalf of the protected person to psychosurgery, except in accordance with the provisions of section 17a-543; (5) to consent on behalf of the protected person to the termination of the protected person's parental rights, except in accordance with the provisions of sections 45a-706 to 45a-709, inclusive, 45a-715 to 45a-718, inclusive, 45a-724 to 45a-737, inclusive, and 45a-743 to 45a-757, inclusive; (6) to consent on behalf of the protected person to the performance of any experimental biomedical or behavioral medical procedure or participation in any biomedical or behavioral experiment, unless it (A) is intended to preserve the life or prevent serious impairment of the physical health of the protected person, (B) is intended to assist the protected person to regain the protected person's abilities and has been approved for the protected person by the court, or (C) has been (i) approved by a recognized institutional review board, as defined by 45 CFR 46, 21 CFR 50 and 21 CFR 56, as amended from time to time, which is not a part of the Department of Developmental Services, (ii) endorsed or supported by

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the Department of Developmental Services, and (iii) approved for the protected person by such protected person's primary care physician; (7) to admit the protected person to any residential facility operated by an organization by whom such guardian is employed, except in accordance with the provisions of section 17a-274; (8) to prohibit the marriage or divorce of the protected person; and (9) to consent on behalf of the protected person to an abortion or removal of a body organ, except in accordance with applicable statutory procedures when necessary to preserve the life or prevent serious impairment of the physical or mental health of the protected person.

Sec. 24. Section 17a-483 of the general statutes is repealed. (*Effective October 1, 2026*)