



# House of Representatives

**File No. 752**

General Assembly

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February Session, 2026 **(Reprint of File No. 541)**

Substitute House Bill No. 5515  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
April 30, 2026

**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:

1 Section 1. Subsections (c) to (g), inclusive, of section 10-212a of the  
2 2026 supplement to the general statutes are repealed and the following  
3 is substituted in lieu thereof (*Effective July 1, 2026*):

4 (c) The State Board of Education, in consultation with the  
5 Commissioner of Public Health, shall adopt regulations, in accordance  
6 with the provisions of chapter 54, determined to be necessary by the  
7 board to carry out the provisions of this section, including, but not  
8 limited to, regulations that (1) specify conditions under which a coach  
9 of intramural and interscholastic athletics may administer medicinal  
10 preparations, including controlled drugs specified in the regulations  
11 adopted by the commissioner, to a child participating in such intramural

12 and interscholastic athletics, (2) specify conditions and procedures for  
13 the administration of medication by school personnel to students,  
14 including, but not limited to, (A) the conditions and procedures for the  
15 storage and administration of epinephrine by school personnel to  
16 students for the purpose of emergency first aid to students who  
17 experience allergic reactions and who do not have a prior written  
18 authorization for the administration of epinephrine, in accordance with  
19 the provisions of subdivision (2) of subsection (d) of this section, and (B)  
20 the conditions and procedures for the storage and administration of  
21 opioid antagonists by school personnel to students who experience an  
22 opioid-related drug overdose, [and who do not have a prior written  
23 authorization for the administration of an opioid antagonist,] in  
24 accordance with the provisions of subdivision (1) of subsection (g) of  
25 this section, and (3) specify conditions for the possession, self-  
26 administration or possession and self-administration of medication by  
27 students, including permitting a child diagnosed with: (A) Asthma to  
28 retain possession of an asthmatic inhaler at all times while attending  
29 school for prompt treatment of the child's asthma and to protect the  
30 child against serious harm or death provided a written authorization for  
31 self-administration of medication signed by the child's parent or  
32 guardian and an authorized prescriber is submitted to the school nurse;  
33 and (B) an allergic condition to retain possession of an automatic  
34 prefilled cartridge injector or similar automatic injectable equipment at  
35 all times, including while attending school or receiving school  
36 transportation services, for prompt treatment of the child's allergic  
37 condition and to protect the child against serious harm or death  
38 provided a written authorization for self-administration of medication  
39 signed by the child's parent or guardian and an authorized prescriber is  
40 submitted to the school nurse. The regulations shall require  
41 authorization pursuant to: (i) The written order of a physician licensed  
42 to practice medicine in this or another state, a dentist licensed to practice  
43 dental medicine in this or another state, an advanced practice registered  
44 nurse licensed under chapter 378, a physician assistant licensed under  
45 chapter 370, a podiatrist licensed under chapter 375, or an optometrist  
46 licensed under chapter 380; and (ii) the written authorization of a parent

47 or guardian of such child.

48 (d) (1) (A) With the written authorization of a student's parent or  
49 guardian, and (B) pursuant to the written order of a qualified medical  
50 professional, a school nurse and a school medical advisor, if any, may  
51 jointly approve and provide general supervision to an identified  
52 paraeducator to administer medication, including, but not limited to,  
53 medication administered with a cartridge injector, to a specific student  
54 with a medically diagnosed allergic condition that may require prompt  
55 treatment in order to protect the student against serious harm or death.  
56 Each such paraeducator and any qualified school employee authorized  
57 to administer epinephrine in the absence of a school nurse pursuant to  
58 policies and procedures adopted by a board of education in accordance  
59 with subdivision (2) of subsection (a) of this section shall annually  
60 complete the training program described in section 10-212g.

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

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

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

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

103 (e) (1) With the written authorization of a student's parent or  
104 guardian, and (2) pursuant to a written order of the student's physician  
105 licensed under chapter 370 or the student's advanced practice registered  
106 nurse licensed under chapter 378, a school nurse or a school principal  
107 shall select, and a school nurse shall provide general supervision to, a  
108 qualified school employee to administer medication with equipment  
109 used to administer glucagon to a student with diabetes that may require  
110 prompt treatment in order to protect the student against serious harm  
111 or death. Such authorization shall be limited to situations when the  
112 school nurse is absent or unavailable. No qualified school employee  
113 shall administer medication under this subsection unless (A) such

114 qualified school employee annually completes any training required by  
115 the school nurse and school medical advisor, if any, in the  
116 administration of medication with equipment used to administer  
117 glucagon, (B) the school nurse and school medical advisor, if any, have  
118 attested, in writing, that such qualified school employee has completed  
119 such training, and (C) such qualified school employee voluntarily  
120 agrees to serve as a qualified school employee. For purposes of this  
121 subsection, "equipment used to administer glucagon" means an injector  
122 or injectable equipment, nasal spray or any other medical equipment  
123 approved by the United States Food and Drug Administration that is  
124 used to deliver glucagon in an appropriate dose for emergency first aid  
125 response to diabetes. For purposes of this subsection, "qualified school  
126 employee" means a principal, teacher, licensed athletic trainer, licensed  
127 physical or occupational therapist employed by a school district, coach  
128 or paraeducator.

129 (f) (1) (A) With the written authorization of a student's parent or  
130 guardian, and (B) pursuant to the written order of a physician licensed  
131 under chapter 370 or an advanced practice registered nurse licensed  
132 under chapter 378, a school nurse and a school medical advisor, if any,  
133 shall select, and a school nurse shall provide general supervision to, a  
134 qualified school employee to administer antiepileptic medication,  
135 including by rectal syringe, to a specific student with a medically  
136 diagnosed epileptic condition that requires prompt treatment in  
137 accordance with the student's individual seizure action plan. Such  
138 authorization shall be limited to situations when the school nurse is  
139 absent or unavailable. No qualified school employee shall administer  
140 medication under this subsection unless (i) such qualified school  
141 employee annually completes the training program described in  
142 subdivision (2) of this subsection, (ii) the school nurse and school  
143 medical advisor, if any, have attested, in writing, that such qualified  
144 school employee has completed such training, (iii) such qualified school  
145 employee receives monthly reviews by the school nurse to confirm such  
146 qualified school employee's competency to administer antiepileptic  
147 medication under this subsection, and (iv) such qualified school

148 employee voluntarily agrees to serve as a qualified school employee. For  
149 purposes of this subsection, "qualified school employee" means a  
150 principal, teacher, licensed athletic trainer, licensed physical or  
151 occupational therapist employed by a school district, coach or  
152 paraeducator.

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

167 (g) (1) A school nurse or [, in the absence of a school nurse,] a qualified  
168 school employee may maintain opioid antagonists for the purpose of  
169 [emergency first aid] administering an opioid antagonist to [students] a  
170 student who [experience] experiences an opioid-related drug overdose,  
171 [and do not have a prior written authorization of a parent or guardian  
172 or a prior written order of a qualified medical professional for the  
173 administration of such opioid antagonist.] A school nurse or a school  
174 principal shall select qualified school employees to administer such  
175 opioid antagonist under this subdivision, and there shall be at least one  
176 such qualified school employee on the grounds of the school during  
177 regular school hours in the absence of a school nurse. A school nurse or  
178 [, in the absence of such school nurse, such] qualified school employee  
179 may administer [such] a legend opioid antagonist under this  
180 subdivision, provided such administration of the legend opioid  
181 antagonist is in accordance with policies and procedures adopted

182 pursuant to subsection (a) of this section. [Such administration of an  
183 opioid antagonist by a qualified school employee shall be limited to  
184 situations when the school nurse is absent or unavailable.] No school  
185 nurse or qualified school employee shall administer [such] a legend  
186 opioid antagonist under this subdivision unless such school nurse or  
187 qualified school employee completes a training program in the  
188 distribution and administration of [an] a legend opioid antagonist  
189 developed or approved by the [Department of Education, Department  
190 of Public Health and the Department of Consumer Protection]  
191 Departments of Education, Public Health, Consumer Protection and  
192 Mental Health and Addiction Services, or under an agreement entered  
193 into pursuant to section 21a-286. [The parent or guardian of a student  
194 may submit a request, in writing, to the school nurse and school medical  
195 advisor, if any, that an opioid antagonist shall not be administered to  
196 such student under this subdivision] The provisions of this subsection  
197 shall not be construed to prevent a school nurse, qualified school  
198 employee or any other person in a school setting from administering a  
199 nonlegend opioid antagonist to any person at a school who experiences  
200 an opioid-related drug overdose. Any person who administers a  
201 nonlegend opioid antagonist to any person at a school shall not be liable  
202 to such person or such person's parents, guardians or family members  
203 for civil damages for any personal injuries that result from acts or  
204 omissions arising from the administration of a nonlegend opioid  
205 antagonist pursuant to the provisions of this subsection that may  
206 constitute ordinary negligence. This immunity shall not apply to acts or  
207 omissions constituting gross, wilful or wanton negligence.

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

214 (3) For purposes of this subsection, (A) "legend opioid antagonist"  
215 means an opioid antagonist that is required by any applicable federal or

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

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

236 (a) For purposes of this section, (1) "opioid antagonist" means  
237 naloxone hydrochloride or any other similarly acting and equally safe  
238 drug approved by the federal Food and Drug Administration for the  
239 treatment of drug overdose, and (2) "person" has the same meaning as  
240 provided in section 21a-240.

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

249 to have violated the standard of care for such licensed health care  
250 professional.

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

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

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

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

277 [(e)] (f) Not later than October 1, 2017, each municipality shall amend  
278 its local emergency medical services plan, as described in section 19a-  
279 181b, to ensure that at least one emergency medical services provider,  
280 as defined in the regulations of Connecticut state agencies pertaining to

281 emergency medical services, who is likely to be the first person to arrive  
282 on the scene of a medical emergency in the municipality, including, but  
283 not limited to, emergency medical services personnel, as defined in  
284 section 20-206jj, or a resident state trooper, is equipped with an opioid  
285 antagonist and such person has received training, approved by the  
286 Commissioner of Public Health, in the administration of an opioid  
287 antagonist.

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

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

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

303 Each state-operated facility for the treatment of persons with  
304 psychiatric disabilities or persons with substance use disorders, or both,  
305 shall have an advisory board appointed by the superintendent or  
306 director of the facility for terms to be decided by such superintendent or  
307 director. The superintendent or director shall appoint at least two  
308 persons with lived experience with a behavioral health disorder to the  
309 advisory board. [In any case where the present number of members of  
310 an advisory board is less than the number of members designated by  
311 the superintendent or director of the facility, the superintendent or  
312 director shall appoint additional members to such board in accordance

313 with this section in such manner that the terms of an approximately  
314 equal number of members shall expire in each odd-numbered year. The  
315 superintendent or director shall fill any vacancy that may occur for the  
316 unexpired portion of any term. No member shall serve more than two  
317 successive terms plus the balance of any unexpired term to which the  
318 member had been appointed.] The superintendent or director of the  
319 facility shall be an ex-officio member of the advisory board. Each  
320 member of an advisory board of a state-operated facility within the  
321 Department of Mental Health and Addiction Services assigned a  
322 geographical territory shall be a resident of the assigned geographical  
323 territory. Members of said advisory boards shall receive no  
324 compensation for their services but shall be reimbursed for necessary  
325 expenses involved in the performance of their duties. [At least one-third  
326 of such members shall be from regional behavioral health action  
327 organizations, established pursuant to section 17a-484f, and at least one-  
328 third shall be members of the catchment area councils, as provided in  
329 section 17a-483, for the catchment areas served by such facility, except  
330 that members serving as of October 1, 1977, shall serve out their terms]  
331 The provisions of this section shall not apply to the Connecticut Valley  
332 Hospital Advisory Council established pursuant to section 17a-471a or  
333 the oversight board for Whiting Forensic Hospital established pursuant  
334 to section 17a-565.

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

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

347 Sec. 6. Subsection (a) of section 17a-476 of the general statutes is  
348 repealed and the following is substituted in lieu thereof (*Effective October*  
349 *1, 2026*):

350 (a) Any general hospital, municipality or nonprofit organization in  
351 Connecticut may apply to the Department of Mental Health and  
352 Addiction Services for funds to establish, expand or maintain  
353 psychiatric or mental health services. The application for funds shall be  
354 submitted on forms provided by the Department of Mental Health and  
355 Addiction Services, and shall be accompanied by (1) a definition of the  
356 towns and areas to be served; (2) a plan by means of which the applicant  
357 proposes to coordinate its activities with those of other local agencies  
358 presently supplying mental health services or contributing in any way  
359 to the mental health of the area; (3) a description of the services to be  
360 provided, and the methods through which these services will be  
361 provided; and (4) indication of the methods that will be employed to  
362 effect a balance in the use of state and local resources so as to foster local  
363 initiative, responsibility and participation. In accordance with  
364 subdivision (4) of section 17a-480, the regional behavioral health action  
365 organization, established pursuant to section 17a-484f, serving the  
366 mental health region in which the applicant is located shall review each  
367 such application with the Department of Mental Health and Addiction  
368 Services and make recommendations to the department with respect to  
369 each such application.

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

372 As used in this section, subsection (a) of section 17a-476, as amended  
373 by this act, and sections 17a-478 to 17a-480, inclusive, as amended by  
374 this act, [and section 17a-483,] unless the context otherwise requires:  
375 "Catchment area" means any geographical area within the state  
376 established as such by the Commissioner of Mental Health and  
377 Addiction Services, the boundaries of which may be redesignated by  
378 said commissioner when deemed necessary to equalize the population  
379 of each area and in such manner as is consistent with the boundaries of

380 the municipalities therein, provided such boundaries of any catchment  
381 area shall be entirely within the boundaries of a mental health region  
382 established under section 17a-478, as amended by this act; ["council"  
383 means the catchment area council established under section 17a-483;]  
384 "regional behavioral health action organization" means the organization  
385 established pursuant to section 17a-484f; and "provider" means any  
386 person who receives income from private practice or any public or  
387 private agency which delivers mental health services.

388 Sec. 8. Subsection (a) of section 17a-450a of the general statutes is  
389 repealed and the following is substituted in lieu thereof (*Effective October*  
390 *1, 2026*):

391 (a) The Department of Mental Health and Addiction Services shall  
392 constitute a successor department to the Department of Mental Health.  
393 Whenever the words "Commissioner of Mental Health" are used or  
394 referred to in the following general statutes, the words "Commissioner  
395 of Mental Health and Addiction Services" shall be substituted in lieu  
396 thereof and whenever the words "Department of Mental Health" are  
397 used or referred to in the following general statutes, the words  
398 "Department of Mental Health and Addiction Services" shall be  
399 substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d,  
400 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246, 17a-  
401 450, 17a-451, 17a-453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458, 17a-  
402 459, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470, as amended by  
403 this act, 17a-471, as amended by this act, 17a-472, 17a-473, 17a-474, 17a-  
404 476, as amended by this act, 17a-478, as amended by this act, 17a-479,  
405 17a-480, 17a-481, 17a-482, as amended by this act, [17a-483,] 17a-498, as  
406 amended by this act, 17a-499, as amended by this act, 17a-502, 17a-506,  
407 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, as amended by this act, 17a-  
408 528, as amended by this act, 17a-560, 17a-561, 17a-562, 17a-565, 17a-581,  
409 17a-582, 17a-675, 17-836a, 17b-28, 17b-59a, 17b-222, 17b-223, 17b-225,  
410 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, 19a-576, 19a-583,  
411 20-14i, 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 51-51o, 52-146h  
412 and 54-56d.

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

415 The Commissioner of Mental Health and Addiction Services shall  
416 designate mental health regions within the state. Such regions and  
417 boundaries thereof may be redesignated by said commissioner as he  
418 deems necessary. For the purposes of sections 17a-476, as amended by  
419 this act, and 17a-478 to 17a-480, inclusive, as amended by this act,  
420 "community mental health services" means comprehensive services,  
421 both medical and nonmedical, designed to (1) decrease the prevalence  
422 and incidence of psychiatric disabilities, emotional disturbance and  
423 social disfunctioning, and (2) promote mental health in individuals,  
424 groups and institutions and includes, but is not limited to, the following:  
425 Outreach and case finding, inpatient treatment, outpatient treatment,  
426 partial hospitalization, diagnosis and screening, aftercare and  
427 rehabilitation, education, consultation, emergency services, research,  
428 evaluation, training and services to the courts. The Commissioner of  
429 Mental Health and Addiction Services may enter into such contracts for  
430 services as may be required to carry out the provisions of subsection (a)  
431 of section 17a-476, as amended by this act, sections 17a-478 to 17a-480,  
432 inclusive, as amended by this act, and [sections] section 17a-482, as  
433 amended by this act. [and 17a-483.]

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

437 (b) For the purposes of this section, sections 17a-450 to [17a-483] 17a-  
438 482, inclusive, as amended by this act, 17a-496 to 17a-528, inclusive, as  
439 amended by this act, 17a-540 to 17a-550, inclusive, and 17a-560 to 17a-  
440 575, inclusive, the following terms shall have the following meanings:  
441 "Business day" means Monday to Friday, inclusive, except when a legal  
442 holiday falls on any such day; "hospital for persons with psychiatric  
443 disabilities" means any public or private hospital, retreat, institution,  
444 house or place in which any person with psychiatric disabilities is  
445 received or detained as a patient, but shall not include any correctional

446 institution of this state; "patient" means any person detained and taken  
447 care of as a person with psychiatric disabilities; "keeper of a hospital for  
448 persons with psychiatric disabilities" means any person, body of  
449 persons or corporation which has the immediate superintendence,  
450 management and control of a hospital for persons with psychiatric  
451 disabilities and the patients therein; "support" includes all necessary  
452 food, clothing and medicine and all general expenses of maintaining  
453 state hospitals for persons with psychiatric disabilities; "indigent  
454 person" means any person who has an estate insufficient, in the  
455 judgment of the Court of Probate, to provide for his or her support and  
456 has no person or persons legally liable who are able to support him or  
457 her; "dangerous to himself or herself or others" means there is a  
458 substantial risk that physical harm will be inflicted by an individual  
459 upon his or her own person or upon another person; "gravely disabled"  
460 means that a person, as a result of mental or emotional impairment, is  
461 in danger of serious harm as a result of an inability or failure to provide  
462 for his or her own basic human needs such as essential food, clothing,  
463 shelter or safety and that hospital treatment is necessary and available  
464 and that such person is mentally incapable of determining whether or  
465 not to accept such treatment because his judgment is impaired by his  
466 psychiatric disabilities; "respondent" means a person who is alleged to  
467 have psychiatric disabilities and for whom an application for  
468 commitment to a hospital for persons with psychiatric disabilities has  
469 been filed; "voluntary patient" means any patient sixteen years of age or  
470 older who applies in writing to and is admitted to a hospital for persons  
471 with psychiatric disabilities as a person with psychiatric disabilities or  
472 any patient under sixteen years of age whose parent or legal guardian  
473 applies in writing to such hospital for admission of such patient; and  
474 "involuntary patient" means any patient hospitalized pursuant to an  
475 order of a judge of the Probate Court after an appropriate hearing or a  
476 patient hospitalized for emergency diagnosis, observation or treatment  
477 upon certification of a qualified physician.

478 (c) For the purposes of this section and sections 17a-496 to 17a-528,  
479 inclusive, as amended by this act, "person with psychiatric disabilities"

480 means any person who has a mental or emotional condition which has  
481 substantial adverse effects on his or her ability to function and who  
482 requires care and treatment, and specifically excludes a person who is  
483 an alcohol-dependent person or a drug-dependent person, as defined in  
484 section 17a-680.

485 (d) For the purposes of sections 17a-453, 17a-454, 17a-456, 17a-458 to  
486 17a-464, inclusive, 17a-466 to 17a-469, inclusive, 17a-471, as amended by  
487 this act, 17a-474, 17a-476 to [17a-483] 17a-482, inclusive, as amended by  
488 this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and  
489 17a-615 to 17a-618, inclusive, "person with psychiatric disabilities"  
490 means any person who has a mental or emotional condition which has  
491 substantial adverse effects on his or her ability to function and who  
492 requires care and treatment, and specifically includes a person who is  
493 an alcohol-dependent person or a drug-dependent person, as defined in  
494 section 17a-680.

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

497 Any keeper of a hospital for psychiatric disabilities who wilfully  
498 violates any of the provisions of this section, sections 17a-75 to 17a-83,  
499 inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by this act,  
500 17a-497 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550,  
501 inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618,  
502 inclusive, shall be fined not more than two hundred dollars or  
503 imprisoned not more than one year or both.

504 Sec. 12. Subsection (b) of section 17a-497 of the general statutes is  
505 repealed and the following is substituted in lieu thereof (*Effective October*  
506 *1, 2026*):

507 (b) Upon the motion of any respondent or his or her counsel, or the  
508 probate judge having jurisdiction over such application, filed not later  
509 than three days prior to any hearing scheduled on such application, the  
510 Probate Court Administrator shall appoint a three-judge court from  
511 among the probate judges to hear such application. The judge of the

512 Probate Court having jurisdiction over such application under the  
513 provisions of this section shall be a member, provided such judge may  
514 disqualify himself in which case all three members of such court shall  
515 be appointed by the Probate Court Administrator. Such three-judge  
516 court when convened shall have all the powers and duties set forth  
517 under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482,  
518 inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as  
519 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,  
520 inclusive, and 17a-615 to 17a-618, inclusive, and shall be subject to all of  
521 the provisions of law as if it were a single-judge court. No such  
522 respondent shall be involuntarily confined without the vote of at least  
523 two of the three judges convened hereunder. The judges of such court  
524 shall designate a chief judge from among their members. All records for  
525 any case before the three-judge court shall be maintained in the Probate  
526 Court having jurisdiction over the matter as if the three-judge court had  
527 not been appointed.

528 Sec. 13. Subsection (g) of section 17a-498 of the general statutes is  
529 repealed and the following is substituted in lieu thereof (*Effective October*  
530 *1, 2026*):

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

546 from the list provided by the Commissioner of Mental Health and  
547 Addiction Services as set forth in subsection (c) of this section and not  
548 connected with the hospital in which the patient is confined or related  
549 by blood or marriage to the original applicant or to the respondent,  
550 which physician shall see and examine each such patient within fifteen  
551 business days after such physician's appointment and make a report  
552 forthwith to such court of the condition of the patient on forms provided  
553 by the Probate Court Administrator. If the Probate Court concludes that  
554 the confinement of any such patient should be reviewed by such court  
555 for possible release of the patient, the court, on its own motion, shall  
556 proceed in the manner provided in subsections (a), (b), (c) and (f) of this  
557 section, except that the examining physician shall be considered one of  
558 the physicians required by subsection (c) of this section. If the patient's  
559 last annual review did not result in a hearing, and in any event at least  
560 every two years, the Probate Court shall, within fifteen business days,  
561 proceed with a hearing in the manner provided in subsections (a), (b),  
562 (c) and (f) of this section. All costs and expenses, including Probate  
563 Court entry fees provided by statute, in conjunction with the annual  
564 psychiatric review and the judicial review under this subsection, except  
565 costs for physicians appointed pursuant to this subsection, shall be  
566 established by, and paid from funds appropriated to, the Judicial  
567 Department, except that if funds have not been included in the budget  
568 of the Judicial Department for such costs and expenses, such payment  
569 shall be made from the Probate Court Administration Fund.  
570 Compensation of any physician appointed to conduct the annual  
571 psychiatric review, to examine a patient for any hearing held as a result  
572 of such annual review or for any other biennial hearing required  
573 pursuant to sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-  
574 482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as  
575 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,  
576 inclusive, and 17a-615 to 17a-618, inclusive, shall be paid by the state  
577 from funds appropriated to the Department of Mental Health and  
578 Addiction Services in accordance with rates established by the  
579 Department of Mental Health and Addiction Services.

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

582 All proceedings of the Probate Court, upon application made under  
583 the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-  
584 483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528,  
585 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560  
586 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be in  
587 writing and filed in such court, and, whenever a court passes an order  
588 for the admission of any person to any state hospital for psychiatric  
589 disabilities, the court shall record the order and give a certified copy of  
590 such order and of the reports of the physicians to the person by whom  
591 such person is to be taken to the hospital, as the warrant for such taking  
592 and commitment, and shall also forthwith transmit a like copy to the  
593 Commissioner of Mental Health and Addiction Services, and, in the case  
594 of a person in the custody of the Commissioner of Correction, to the  
595 Commissioner of Correction. Whenever a court passes an order for the  
596 commitment of any person to any hospital for psychiatric disabilities, it  
597 shall, within three business days, provide the Commissioner of Mental  
598 Health and Addiction Services with access to identifying information  
599 including, but not limited to, name, address, sex, date of birth and date  
600 of commitment on all commitments ordered on and after June 1, 1998.  
601 All commitment applications, orders of commitment and commitment  
602 papers issued by any court in committing persons with psychiatric  
603 disabilities to public or private hospitals for psychiatric disabilities shall  
604 be in accordance with a form prescribed by the Probate Court  
605 Administrator, which form shall be uniform throughout the state. State  
606 hospitals and other hospitals for persons with psychiatric disabilities  
607 shall, so far as they are able, upon reasonable request of any officer of a  
608 court having the power of commitment, send one or more trained  
609 attendants or nurses to attend any hearing concerning the commitment  
610 of any person with psychiatric disabilities and any such attendant or  
611 nurse, when present, shall be designated by the court as the authority to  
612 serve commitment process issued under the provisions of sections 17a-  
613 75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as

614 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this  
615 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-  
616 615 to 17a-618, inclusive.

617 Sec. 15. Subsection (a) of section 17a-500 of the general statutes is  
618 repealed and the following is substituted in lieu thereof (*Effective October*  
619 *1, 2026*):

620 (a) Each court of probate shall keep a record of the cases relating to  
621 persons with psychiatric disabilities coming before it under sections  
622 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as  
623 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this  
624 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-  
625 615 to 17a-618, inclusive, and the disposition of them. It shall also keep  
626 on file the original application and certificate of physicians required by  
627 said sections, or a microfilm duplicate of such records in accordance  
628 with regulations issued by the Probate Court Administrator. All records  
629 maintained in the courts of probate under the provisions of said sections  
630 shall be sealed and available only to the respondent or his or her counsel  
631 unless the Court of Probate, after hearing held with notice to the  
632 respondent, determines such records should be disclosed for cause  
633 shown.

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

636 Any person with psychiatric disabilities, the expense of whose  
637 support is paid by himself or by another person, may be committed to  
638 any institution for the care of persons with psychiatric disabilities  
639 designated by the person paying for such support; and any indigent  
640 person with psychiatric disabilities, not a pauper, committed under the  
641 provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483]  
642 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive,  
643 as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,  
644 inclusive, and 17a-615 to 17a-618, inclusive, shall be committed to any  
645 state hospital for psychiatric disabilities which is equipped to receive

646 him, at the discretion of the Court of Probate, upon consideration of a  
647 request made by the person applying for such commitment.

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

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

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

664 When any female with psychiatric disabilities is escorted to a state  
665 hospital for persons with psychiatric disabilities by a male guard,  
666 attendant or other employee of a correctional or reformatory institution,  
667 or by a male law enforcement officer, under the provisions of sections  
668 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as  
669 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this  
670 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-  
671 615 to 17a-618, inclusive, the person so escorting her shall be  
672 accompanied by an adult member of her family or at least one woman.

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

675 Each officer or indifferent person making legal service of any order,  
676 notice, warrant or other paper under the provisions of sections 17a-75 to

677 17a-83, inclusive, 17a-450 to [17a-483] 17a-482, inclusive, as amended by  
678 this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to  
679 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618,  
680 inclusive, shall be entitled to the same compensation as is by law  
681 provided for like services in civil causes. Physicians, for examining a  
682 person alleged to have psychiatric disabilities and making a certificate  
683 as provided by said sections, shall be entitled to a reasonable  
684 compensation established by the Commissioner of Mental Health and  
685 Addiction Services. The fees of the courts of probate shall be such as are  
686 provided by law for similar services. The Superior Court, on an appeal,  
687 may tax costs at its discretion.

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

690 Any person aggrieved by an order, denial or decree of a Probate  
691 Court under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-483]  
692 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive,  
693 as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,  
694 inclusive, and 17a-615 to 17a-618, inclusive, including any relative or  
695 friend, on behalf of any person found to have psychiatric disabilities,  
696 shall have the right of appeal in accordance with sections 45a-186 to 45a-  
697 193, inclusive. On the trial of an appeal, the Superior Court may require  
698 the state's attorney or, in the state's attorney's absence, some other  
699 practicing attorney of the court to be present for the protection of the  
700 interests of the state and of the public.

701 Sec. 21. Subsection (a) of section 17a-528 of the general statutes is  
702 repealed and the following is substituted in lieu thereof (*Effective October*  
703 *1, 2026*):

704 (a) When any person is found to have psychiatric disabilities, and is  
705 committed to a state hospital for psychiatric disabilities, upon  
706 proceedings had under sections 17a-75 to 17a-83, inclusive, 17a-450 to  
707 [17a-483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528,  
708 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560

709 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, all fees and  
710 expenses incurred upon the probate commitment proceedings, payment  
711 of which is not otherwise provided for under said sections, shall be paid  
712 by the state within available appropriations from funds appropriated to  
713 the Department of Mental Health and Addiction Services in accordance  
714 with rates established by said department; and, if such person is found  
715 not to have psychiatric disabilities, such fees and expenses shall be paid  
716 by the applicant.

717 Sec. 22. Subsection (d) of section 45a-656 of the general statutes is  
718 repealed and the following is substituted in lieu thereof (*Effective October*  
719 *1, 2026*):

720 (d) The conservator of the person shall not have the power or  
721 authority to cause the respondent to be committed to any institution for  
722 the treatment of the mentally ill except under the provisions of sections  
723 17a-75 to 17a-83, inclusive, 17a-456 to [17a-483] 17a-482, inclusive, as  
724 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this  
725 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, 17a-615  
726 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 359.

727 Sec. 23. Subsection (e) of section 45a-677 of the general statutes is  
728 repealed and the following is substituted in lieu thereof (*Effective October*  
729 *1, 2026*):

730 (e) A plenary guardian or limited guardian shall not have the power  
731 or authority: (1) To cause the protected person to be admitted to any  
732 institution for treatment of the mentally ill, except in accordance with  
733 the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to [17a-  
734 483] 17a-482, inclusive, as amended by this act, 17a-495 to 17a-528,  
735 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560  
736 to 17a-575, inclusive, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-  
737 664, inclusive, and chapter 420b; (2) to cause the protected person to be  
738 admitted to any training school or other facility provided for the care  
739 and training of persons with intellectual disability if there is a conflict  
740 concerning such admission between the guardian and the protected

741 person or next of kin, except in accordance with the provisions of  
742 sections 17a-274 and 17a-275; (3) to consent on behalf of the protected  
743 person to a sterilization, except in accordance with the provisions of  
744 sections 45a-690 to 45a-700, inclusive; (4) to consent on behalf of the  
745 protected person to psychosurgery, except in accordance with the  
746 provisions of section 17a-543; (5) to consent on behalf of the protected  
747 person to the termination of the protected person's parental rights,  
748 except in accordance with the provisions of sections 45a-706 to 45a-709,  
749 inclusive, 45a-715 to 45a-718, inclusive, 45a-724 to 45a-737, inclusive,  
750 and 45a-743 to 45a-757, inclusive; (6) to consent on behalf of the  
751 protected person to the performance of any experimental biomedical or  
752 behavioral medical procedure or participation in any biomedical or  
753 behavioral experiment, unless it (A) is intended to preserve the life or  
754 prevent serious impairment of the physical health of the protected  
755 person, (B) is intended to assist the protected person to regain the  
756 protected person's abilities and has been approved for the protected  
757 person by the court, or (C) has been (i) approved by a recognized  
758 institutional review board, as defined by 45 CFR 46, 21 CFR 50 and 21  
759 CFR 56, as amended from time to time, which is not a part of the  
760 Department of Developmental Services, (ii) endorsed or supported by  
761 the Department of Developmental Services, and (iii) approved for the  
762 protected person by such protected person's primary care physician; (7)  
763 to admit the protected person to any residential facility operated by an  
764 organization by whom such guardian is employed, except in accordance  
765 with the provisions of section 17a-274; (8) to prohibit the marriage or  
766 divorce of the protected person; and (9) to consent on behalf of the  
767 protected person to an abortion or removal of a body organ, except in  
768 accordance with applicable statutory procedures when necessary to  
769 preserve the life or prevent serious impairment of the physical or mental  
770 health of the protected person.

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

|   |                        |                   |
|---|------------------------|-------------------|
| This act shall take effect as follows and shall amend the following sections: |                        |                   |
| Section 1   | <i>July 1, 2026</i>    | 10-212a(c) to (g) |
| Sec. 2  | <i>from passage</i>    | 17a-714a          |
| Sec. 3  | <i>from passage</i>    | 28-5a(c)          |
| Sec. 4  | <i>from passage</i>    | 17a-470           |
| Sec. 5  | <i>from passage</i>    | 17a-471           |
| Sec. 6  | <i>October 1, 2026</i> | 17a-476(a)        |
| Sec. 7  | <i>October 1, 2026</i> | 17a-482           |
| Sec. 8  | <i>October 1, 2026</i> | 17a-450a(a)       |
| Sec. 9  | <i>October 1, 2026</i> | 17a-478           |
| Sec. 10   | <i>October 1, 2026</i> | 17a-495(b) to (d) |
| Sec. 11   | <i>October 1, 2026</i> | 17a-496           |
| Sec. 12   | <i>October 1, 2026</i> | 17a-497(b)        |
| Sec. 13   | <i>October 1, 2026</i> | 17a-498(g)        |
| Sec. 14   | <i>October 1, 2026</i> | 17a-499           |
| Sec. 15   | <i>October 1, 2026</i> | 17a-500(a)        |
| Sec. 16   | <i>October 1, 2026</i> | 17a-501           |
| Sec. 17   | <i>October 1, 2026</i> | 17a-504           |
| Sec. 18   | <i>October 1, 2026</i> | 17a-505           |
| Sec. 19   | <i>October 1, 2026</i> | 17a-519           |
| Sec. 20   | <i>October 1, 2026</i> | 17a-525           |
| Sec. 21   | <i>October 1, 2026</i> | 17a-528(a)        |
| Sec. 22   | <i>October 1, 2026</i> | 45a-656(d)        |
| Sec. 23   | <i>October 1, 2026</i> | 45a-677(e)        |
| Sec. 24   | <i>October 1, 2026</i> | Repealer section  |

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

| Agency Affected               | Fund-Effect                 | FY 26 \$  | FY 27 \$  |
|-------------------------------|-----------------------------|-----------|-----------|
| Resources of the General Fund | GF - Potential Revenue Loss | See Below | See Below |

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill makes changes to opioid antagonist administration in schools and by school personnel, as well as by the general public, resulting in a potential revenue loss to the General Fund as described below.

**Section 2** removes the permitting requirement from certain distributors of nonlegend drugs resulting in a potential revenue loss to the General Fund beginning in FY 26 to the extent fewer nonlegend drug permits are applied for.<sup>1</sup> In FY 25 there were over 2,000 application and renewal requests for a nonlegend drug permit.

The bill makes additional changes that have no fiscal impact as they are clarifying and procedural in nature.

House "A" makes clarifying, technical and conforming changes and has no fiscal impact.

<sup>1</sup>The application fee for a nonlegend drug permit is \$140 and the renewal fee is \$100.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of permits applied for.

**OLR Bill Analysis****sHB 5515 (as amended by House "A")\******AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING ACCESS TO OPIOID OVERDOSE REVERSAL MEDICATION.*****SUMMARY**

This bill expands the instances an opioid antagonist (used to treat opioid overdose, such as Narcan) may be administered to students in public schools. It updates education statutes on administering opioid antagonists to reflect federal Food and Drug Administration changes to these medications' designation. Prior to 2023, all opioid antagonists were legend drugs, meaning a prescription was required to access them, but this bill makes changes to reflect the recent availability of a non-legend (over-the-counter) version. (The non-legend version is a nasal spray whereas legend versions are typically administered by injection.)

The bill also more broadly allows any person (for example, an individual, governmental entity, or business) to give someone a non-legend opioid antagonist to treat or prevent an opioid drug overdose, including in a school, and gives them immunity from civil and criminal liability for doing so. The bill exempts anyone who distributes these medications for free from needing a non-legend drug permit to do so. Existing law already generally immunizes anyone who, in good faith, believes that another person is experiencing an opioid-related drug overdose and administers an opioid antagonist to the other person.

Additionally, the bill:

1. requires the Department of Emergency Services and Public Protection (DESPP) to coordinate with the Department of Mental Health and Addiction Services (DMHAS), in addition to the Department of Public Health (DPH) as under current law, when deploying behavioral health professionals after mass shootings;

2. updates the membership requirements of certain DMHAS advisory boards to reflect current practice; and
3. repeals a statutory provision establishing catchment area councils (community councils that help plan mental health services in a geographic area) and makes related technical changes, removing statutory references to these councils (in practice, their functions are now performed by Regional Behavioral Health Action Organizations).

Lastly, the bill makes minor and technical changes.

\*House Amendment "A" defines "person" for the purposes of the underlying bill and adds provisions on (1) deploying behavioral health professionals after mass shootings, (2) advisory boards for DMHAS-operated facilities, and (3) repealing catchment area councils.

EFFECTIVE DATE: July 1, 2026, except the provisions on the (1) general non-legend opioid antagonist immunity, deploying mental health professionals after mass shootings, and advisory boards for DMHAS-operated facilities are effective upon passage and (2) catchment area councils are effective October 1, 2026.

### **OPIOID ANTAGONIST IN SCHOOLS**

Under current law, only school nurses or, in their absence, a qualified school employee who has completed a training program may administer an opioid antagonist to students who do not have prior written authorization from a parent, guardian, or qualified medical professional.

#### ***Non-legend***

The bill allows any person to administer a non-legend opioid antagonist to a student experiencing an opioid drug overdose. It gives a person who administers a non-legend opioid antagonist immunity from civil liability for any injuries that may result from actions that are considered ordinary negligence. However, this immunity does not apply to acts or omissions that constitute gross, willful, or wanton

negligence.

Under current law, the Department of Education (SDE) must consult with DPH and the Department of Consumer Protection (DCP) to develop guidelines on storing and administering opioid antagonists in schools. The bill also requires SDE to consult with DMHAS and limits these guidelines to non-legend opioid antagonists.

### ***Legend***

The bill generally extends current law's requirements to the administration of legend opioid antagonists, while expanding the circumstances in which they may be administered. It allows a qualified school employee to administer the medication to a student experiencing an opioid drug overdose at any time, regardless of any prior approvals. It also removes the option for a student's parent or guardian to request that the student not be given an opioid antagonist.

Under current law, the training program that nurses and qualified employees must complete is one developed by SDE, DPH, and DCP. The bill instead allows the program to be approved or developed by these departments, along with DMHAS.

### **DEPLOYING BEHAVIORAL HEALTH PROFESSIONALS AFTER MASS SHOOTINGS**

The bill requires the DESPP commissioner to coordinate with the DMHAS commissioner, in addition to the DPH commissioner as under current law, when deploying grief counselors and mental health professionals to provide mental health services to mass shooting victims' family members and other people with a close association to them. By law, these deployments must be made to (1) local community outreach groups in and around the impacted geographic location and (2) any school or higher education institution where a mass shooting victim or perpetrator was enrolled.

### **DMHAS ADVISORY BOARDS**

#### ***Advisory Boards for State-Operated Facilities***

Existing law requires all hospitals and facilities DMHAS operates (partially or wholly) that treat people with psychiatric disabilities or substance use disorders (or both) to have an advisory board that includes members with lived experience of behavioral health disorders (see BACKGROUND). The bill exempts from this requirement the Connecticut Valley Hospital advisory council and Whiting Forensic Hospital oversight board.

By law, facilities must have their superintendent or director make advisory board member appointments, at least two of whom must have lived experience with behavioral health disorders. The bill eliminates current law's requirement that the superintendent or director appoint additional board members when the current membership is less than the number of members they designated and to fill vacancies.

It also eliminates the requirement under current law that (1) appointed members' terms be staggered so that an approximately equal number of member terms expire in odd-numbered years; (2) members serve no more than two successive terms in addition to any unexpired term they were appointed to fill; and (3) at least one-third of members each represent regional behavioral health action organizations and catchment area councils, which the bill repeals.

The bill also makes related minor and technical changes.

## **BACKGROUND**

### ***DMHAS-Operated Facilities and Advisory Boards***

By law, DMHAS-operated facilities generally include the Capitol Region Mental Health Center, the Connecticut Valley Hospital (including its Addictions and General Psychiatric divisions), the Whiting Forensic Hospital, the Connecticut Mental Health Center, the Franklin S. DuBois Center, the Greater Bridgeport Community Mental Health Center, and River Valley Services (CGS § 17a-458).

A DMHAS-operated facility's advisory board must (1) periodically meet with the facility superintendent or director to advise on the

facility’s programs and policies, (2) act as a liaison between the facility and residents of its assigned geographic area, and (3) issue reports to the governor and DMHAS commissioner on facility conditions and make recommendations for changes or improvements (CGS § 17a-471).

**Related Bill**

sHB 5517 (File 529), favorably reported by the Public Health Committee, has the same provisions on (1) deploying behavioral health professionals after mass shootings, (2) advisory boards for DMHAS-operated facilities, and (3) repealing catchment area councils.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 0 (03/23/2026)