



General Assembly

Amendment

January Session, 2025

LCO No. 7974



Offered by:

SEN. LOONEY, 11th Dist.
SEN. DUFF, 25th Dist.
SEN. ANWAR, 3rd Dist.
SEN. COHEN, 12th Dist.

SEN. MCCRORY, 2nd Dist.
SEN. WINFIELD, 10th Dist.
SEN. MARONEY, 14th Dist.

To: Subst. Senate Bill No. 7

File No. 604

Cal. No. 329

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

1 Strike sections 3 to 12, inclusive, in their entirety and insert the
2 following in lieu thereof:

3 "Sec. 3. (NEW) (*Effective July 1, 2025*) As used in this section and
4 sections 4 to 11, inclusive, of this act:

5 (1) "Emergency medical services" means (A) medical screening,
6 examination and evaluation by a physician or any other licensed health
7 care provider acting independently or, as required by applicable law,
8 under the supervision of a physician, to determine if an emergency
9 medical condition or active labor exists and, if so, the care, treatment
10 and surgery that is (i) necessary to relieve or eliminate the emergency
11 medical condition, and (ii) within the scope of the facility's license where
12 the physician or provider is practicing, provided such care, treatment or

13 surgery is within the scope of practice of such physician or provider,
14 and (B) if it is determined that the emergency medical condition that
15 exists is a pregnancy complication, all reproductive health care services
16 related to the pregnancy complication, including, but not limited to,
17 miscarriage management and the treatment of an ectopic pregnancy,
18 that are (i) necessary to relieve or eliminate the emergency medical
19 condition, and (ii) within the scope of the facility's license where the
20 physician or health care provider is providing such services, provided
21 such services are within the scope of practice of such physician or
22 provider.

23 (2) "Emergency medical condition" means a medical condition
24 manifesting itself by acute or severe symptoms, including, but not
25 limited to, severe pain, where the absence of immediate medical
26 attention could reasonably be expected to result in any of the following:

27 (A) Placement of the patient's life or health in serious jeopardy;

28 (B) Serious impairment to bodily functions; or

29 (C) Serious dysfunction of any bodily organ or part.

30 (3) "Active labor" means a labor at a time at which either of the
31 following is true:

32 (A) There is inadequate time to safely transfer the patient to another
33 hospital prior to delivery; or

34 (B) A transfer may pose a threat to the health and safety of the patient
35 or the fetus.

36 (4) "Hospital" has the same meaning as provided in section 19a-490
37 of the general statutes.

38 (5) "Medical hazard" means a material deterioration in, or jeopardy
39 to, a patient's medical condition or expected chances for recovery.

40 (6) "Qualified personnel" means a physician or other licensed health

41 care provider acting within the scope of such person's licensure who has
42 the necessary licensure, training, education and experience to provide
43 the emergency medical services necessary to stabilize a patient.

44 (7) "Consultation" means the rendering of an opinion or advice,
45 prescribing treatment or the rendering of a decision regarding
46 hospitalization or transfer by telephone or other means of
47 communication, when determined to be medically necessary, jointly by
48 the (A) treating physician or other qualified personnel acting within the
49 scope of such personnel's licensure either independently or, when
50 required by law, under the supervision of a physician, and (B)
51 consulting physician, that includes, but is not limited to, a review of the
52 patient's medical record and examination and treatment of the patient
53 in person, by telephone or through telehealth by a consulting physician
54 or other qualified personnel acting within the scope of such personnel's
55 licensure either independently or, when required by law, under the
56 supervision of a consulting physician, which physician or qualified
57 personnel is qualified to give an opinion or render the necessary
58 treatment to stabilize the patient.

59 (8) "Stabilized" means the patient's medical condition is such that,
60 within reasonable medical probability in the opinion of the treating
61 physician or any other qualified personnel acting within the scope of
62 such personnel's licensure either independently or, when required by
63 law, under the supervision of a treating physician, no medical hazard is
64 likely to result from, or occur during, the transfer or discharge of the
65 patient as provided in section 5 or 6 of this act or any other relevant
66 provision of the general statutes.

67 Sec. 4. (NEW) (*Effective July 1, 2025*) (a) Each hospital licensed
68 pursuant to chapter 368v of the general statutes that maintains and
69 operates (1) an emergency department to provide emergency medical
70 services to the public, or (2) a freestanding emergency department, as
71 defined in section 19a-493d of the general statutes, shall provide
72 emergency medical services to any person requesting such services, or
73 for whom such services are requested by an individual with authority

74 to act on behalf of the person, who has a medical condition that places
75 the person in danger of loss of life or serious injury or illness when the
76 hospital has appropriate facilities and qualified personnel available to
77 provide such services.

78 (b) A hospital shall render emergency medical services to a person
79 without first questioning such person or any other individual regarding
80 such person's ability to pay for such services. A hospital may follow
81 reasonable registration processes for persons for whom an examination
82 is required under this section, including, but not limited to, inquiring as
83 to whether the person has health insurance and, if so, details regarding
84 such health insurance, provided such inquiry does not delay an
85 evaluation of such person or the provision of emergency medical
86 services to such person. Such reasonable registration processes may not
87 unduly discourage persons from remaining at the hospital for further
88 evaluation.

89 Sec. 5. (NEW) (*Effective July 1, 2025*) (a) A hospital shall not transfer
90 any person needing emergency medical services to another hospital for
91 any nonmedical reason, including, but not limited to, the person's
92 inability to pay for any emergency medical services, unless each of the
93 following conditions are met:

94 (1) A physician has examined and evaluated the person prior to
95 transfer, including, if necessary, by engaging in a consultation. A
96 request for consultation shall be made by the treating physician or by
97 other qualified personnel acting within the scope of such personnel's
98 licensure either independently or, when required by law, under the
99 supervision of a treating physician, provided the request by such
100 qualified personnel is made with the contemporaneous approval of the
101 treating physician.

102 (2) The person has been provided with emergency medical services,
103 which may include an abortion if an abortion was medically necessary
104 to stabilize the patient, and it can be determined by the hospital, within
105 reasonable medical probability, that such person's emergency medical

106 condition has been stabilized and the transfer or delay caused by the
107 transfer will not create a medical hazard to such person.

108 (3) A physician at the transferring hospital has notified the receiving
109 hospital and obtained consent to the transfer of the person from a
110 physician at the receiving hospital and confirmation by the receiving
111 hospital that the person meets the receiving hospital's admissions
112 criteria relating to appropriate bed, personnel and equipment necessary
113 to treat the person.

114 (4) The transferring hospital has provided for appropriate personnel
115 and equipment that a reasonable and prudent physician in the same or
116 similar locality exercising ordinary care would use to affect the transfer.

117 (5) All of the person's pertinent medical records and copies of all of
118 the appropriate diagnostic test results that are reasonably available have
119 been compiled for transfer with the person. Transfer of medical records
120 may be accomplished by a transfer of physical records or by confirming
121 that the receiving hospital has access to the patient's electronic medical
122 records from the transferring hospital.

123 (6) The records transferred with the person shall include a transfer
124 summary signed by the transferring physician that contains relevant
125 transfer information available to the transferring hospital at the time of
126 transfer. The form of the transfer summary shall, at a minimum, contain
127 (A) the person's name, address, sex, race, age, insurance status,
128 presenting symptoms and medical condition, (B) the name and business
129 address of the transferring physician or emergency department
130 personnel authorizing the transfer, (C) the declaration of the signor that
131 the signor is assured, within reasonable medical probability, that the
132 transfer creates no medical hazard to the patient, (D) the time and date
133 of the transfer, (E) the reason for the transfer, (F) the time and date the
134 person was first presented at the transferring hospital, and (G) the name
135 of the physician at the receiving hospital consenting to the transfer and
136 the time and date of the consent. Neither the transferring physician nor
137 the transferring hospital shall be required to duplicate, in the transfer

138 summary, information contained in medical records transferred with
139 the person.

140 (7) The hospital shall ask the patient if the patient has a preferred
141 contact person to be notified about the transfer and, prior to the transfer,
142 the hospital shall make a reasonable attempt to contact such person and
143 alert them about the proposed transfer. If the patient is not able to
144 respond, the hospital shall make a reasonable effort to ascertain the
145 identity of the preferred contact person or the next of kin and alert such
146 person about the transfer. The hospital shall document in the patient's
147 medical record any attempt to contact a preferred contact person or next
148 of kin.

149 (b) Nothing in this section shall be construed to prohibit the transfer
150 or discharge of a patient when the patient or the patient's authorized
151 representative, including a parent or guardian of the patient, requests a
152 transfer or discharge and gives informed consent to the transfer or
153 discharge against medical advice.

154 (c) The Department of Public Health shall adopt regulations, in
155 accordance with the provisions of chapter 54 of the general statutes, to
156 implement the provisions of this section.

157 Sec. 6. (NEW) (*Effective July 1, 2025*) (a) A receiving hospital shall
158 accept the transfer of a person from a transferring hospital to the extent
159 required pursuant to section 5 of this act or any contract or other legal
160 obligation the receiving hospital has to care for the person.

161 (b) The receiving hospital shall provide personnel and equipment
162 reasonably required by the applicable standard of practice and the
163 regulations adopted pursuant to section 5 of this act to care for the
164 transferred patient.

165 (c) Any hospital that has suffered a financial loss as a direct result of
166 a hospital's improper transfer of a person or refusal to accept a person
167 for whom the hospital has a legal obligation to provide care may, in a
168 civil action against the participating hospital, obtain damages for such

169 financial loss and such equitable relief as is appropriate.

170 (d) Nothing in this section shall be construed to require a hospital to
171 receive a person from a transferring hospital and make arrangements
172 for the care of a person for whom the hospital does not have a legal
173 obligation to provide care.

174 Sec. 7. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of Public
175 Health shall require as a condition of licensure of a hospital, pursuant
176 to section 19a-491 of the general statutes, that each hospital adopt, in
177 collaboration with the medical staff of the hospital, policies and transfer
178 protocols consistent with sections 3 to 11, inclusive, of this act and the
179 regulations adopted pursuant to section 5 of this act.

180 (b) The commissioner shall require as a condition of licensure of a
181 hospital, pursuant to section 19a-491 of the general statutes, that each
182 hospital communicate, both orally and in writing, to each person who
183 presents to the hospital's emergency department, or such person's
184 authorized representative, if any such representative is present and the
185 person is unable to understand oral or written communication, of the
186 reasons for the transfer or refusal to provide emergency medical services
187 and of the person's right to receive such services to stabilize an
188 emergency medical condition prior to transfer to another hospital or
189 health care facility or discharge without regard to ability to pay.
190 Nothing in this subsection shall be construed to require notification of
191 the reasons for the transfer in advance of the transfer when (1) a person
192 is unaccompanied, (2) the hospital has made a reasonable effort to locate
193 an authorized representative of the person, and (3) due to the person's
194 physical or mental condition, notification is not possible. Each hospital
195 shall prominently post a sign in its emergency department informing
196 the public of their rights under sections 3 to 11, inclusive, of this act.
197 Both the written communication and sign required under this
198 subsection shall include the contact information for the Department of
199 Public Health and identify the department as the state agency to contact
200 if a person wishes to complain about the hospital's conduct.

201 (c) Not later than thirty days after the adoption of regulations
202 pursuant to section 5 of this act, each hospital shall submit its policies
203 and protocols adopted pursuant to subsection (a) of this section to the
204 Department of Public Health. Each hospital shall submit any revisions
205 to such policies or protocols to the department not later than thirty days
206 prior to the effective date of such revisions.

207 Sec. 8. (NEW) (*Effective July 1, 2025*) (a) Each hospital shall maintain
208 records of each transfer of a person made or received, including the
209 transfer summary described in subdivision (6) of subsection (a) of
210 section 5 of this act, for a period of not less than three years following
211 the date of the transfer.

212 (b) Each hospital making or receiving transfers of persons shall file
213 with the Department of Public Health annual reports, in a form and
214 manner prescribed by the Commissioner of Public Health, that shall
215 describe the aggregate number of transfers made and received, the
216 insurance status of each person transferred and the reasons for such
217 transfers.

218 (c) Each receiving hospital administrator, physician and licensed
219 emergency department health care personnel at the receiving hospital,
220 and each licensed emergency medical services personnel, as defined in
221 section 19a-175 of the general statutes, effectuating the transfer of a
222 person who knows of an apparent violation of any provision of sections
223 3 to 10, inclusive, of this act or the regulations adopted pursuant to
224 section 5 of this act, shall, and each transferring hospital administrator,
225 physician and other provider involved in the transfer at such hospital
226 may, report such violation to the Department of Public Health, in a form
227 and manner prescribed by the Commissioner of Public Health, not later
228 than fourteen days after the occurrence of such violation. When two or
229 more persons required to report a violation have joint knowledge of an
230 apparent violation, a single report may be made by a member of the
231 hospital personnel selected by mutual agreement in accordance with
232 hospital protocols. Any person required to report a violation who
233 disagrees with the content of a proposed joint report shall report

234 individually.

235 (d) No hospital, state agency or person shall retaliate against,
236 penalize, institute a civil action against or recover monetary relief from,
237 or otherwise cause any injury to, any physician, other hospital personnel
238 or emergency medical services personnel for reporting in good faith an
239 apparent violation of any provision of sections 3 to 10, inclusive, of this
240 act or the regulations adopted pursuant to section 5 of this act to the
241 Department of Public Health, the hospital, a member of the hospital's
242 medical staff or any other interested party or government agency.

243 Sec. 9. (NEW) (*Effective July 1, 2025*) (a) Except as otherwise provided
244 in sections 3 to 10, inclusive, of this act, the Commissioner of Public
245 Health shall investigate each alleged violation of said sections and the
246 regulations adopted pursuant to section 5 of this act unless the
247 commissioner concludes that the allegation does not include facts
248 requiring further investigation or is otherwise unmeritorious.

249 (b) The Commissioner of Public Health may take any action
250 authorized by sections 19a-494 and 19a-494a of the general statutes
251 against a hospital or authorized by section 19a-17 of the general statutes
252 against a licensed health care provider for a violation of any provision
253 of sections 3 to 10, inclusive, of this act.

254 Sec. 10. (NEW) (*Effective July 1, 2025*) (a) A hospital shall not base the
255 provision of emergency medical services to a person, in whole or in part,
256 upon, or discriminate against a person based upon, the person's
257 ethnicity, citizenship, age, preexisting medical condition, insurance
258 status, economic status, ability to pay for medical services, sex, race,
259 color, religion, disability, genetic information, marital status, sexual
260 orientation, gender identity or expression, primary language or
261 immigration status, except to the extent that a circumstance such as age,
262 sex, pregnancy, medical condition related to childbirth, preexisting
263 medical condition or physical or mental disability is medically
264 significant to the provision of appropriate medical care to the patient.
265 Each hospital shall adopt a policy to implement the provisions of this

266 section.

267 (b) Unless otherwise permitted by contract, each hospital shall
268 prohibit each physician who serves on an on-call basis in the hospital's
269 emergency department from refusing to respond to a call on the basis of
270 the person's ethnicity, citizenship, age, preexisting medical condition,
271 insurance status, economic status, ability to pay for medical services,
272 sex, race, color, religion, disability, current medical condition, genetic
273 information, marital status, sexual orientation, primary language or
274 immigration status, except to the extent that a circumstance such as age,
275 sex, preexisting medical condition or physical or mental disability is
276 medically significant to the provision of appropriate medical care to the
277 patient. Nothing in this section shall be construed to require any
278 physician to serve on an on-call basis for a hospital.

279 Sec. 11. (NEW) (*Effective July 1, 2025*) (a) Any individual harmed by a
280 violation of any provision of sections 3 to 10, inclusive, of this act may
281 bring, not later than two years after the occurrence of such violation, a
282 civil action against a hospital for such violation.

283 (b) Any hospital found to have violated any provision of sections 3 to
284 10, inclusive, of this act shall be liable for compensatory damages, with
285 costs and such reasonable attorney's fees as may be allowed by the court.
286 In the case of a health care provider who has been subjected to
287 retaliation or other disciplinary action in violation of any provision of
288 sections 3 to 10, inclusive, of this act, the hospital shall also be liable for
289 the full amount of gross loss of wages in addition to any compensatory
290 damages for which the hospital is liable under this subsection.

291 (c) The court may also provide injunctive relief to prevent further
292 violations of any provision of sections 3 to 10, inclusive, of this act.

293 (d) Nothing in this section shall preclude any other causes of action
294 authorized by law or prevent the state or any professional licensing
295 board from taking any action authorized by the general statutes or
296 regulations of Connecticut state agencies against the hospital or an

297 individual health care provider."

298 Strike sections 16, 17, 19 and 21 in their entirety and renumber the
299 remaining sections and internal references accordingly