



House of Representatives

General Assembly

File No. 39

February Session, 2026

Substitute House Bill No. 5239

House of Representatives, March 17, 2026

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING THE INDEPENDENT MORTALITY REVIEW BOARD AND FATALITY REVIEW BOARD.

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

1 Section 1. Subsection (b) of section 17a-210 of the 2026 supplement to
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective from passage*):

4 (b) In the event of the death of a person with intellectual disability for
5 whom the department has direct or oversight responsibility for medical
6 care, the commissioner, or the commissioner's designee, shall [ensure
7 that] conduct a comprehensive and timely review of the events, overall
8 care, quality of life issues and medical care preceding such death. [is
9 conducted by the department and shall, as requested, provide
10 information and assistance] The commissioner, or the commissioner's
11 designee, shall, if required by section 2 of this act, refer the case to the
12 Independent Mortality Review Board established [by Executive Order

13 No. 57 of Governor Dannel P. Malloy. The commissioner shall report to
14 the board and the board shall review any death: (1) Involving an
15 allegation of abuse or neglect; (2) for which the Office of the Chief
16 Medical Examiner or local medical examiner has accepted jurisdiction;
17 (3) in which an autopsy was performed; (4) which was sudden and
18 unexpected; or (5) in which the commissioner's review raises questions
19 about the appropriateness of care. The department's mortality review
20 process and the Independent Mortality Review Board shall operate in
21 accordance with the peer review provisions established under section
22 19a-17b for medical review teams and confidentiality of records
23 provisions established under section 19a-25 for the Department of
24 Public Health] pursuant to section 2 of this act. Each health care
25 provider, as defined in section 19a-17b, shall, at the request of the
26 commissioner, and to the extent permissible under the Health Insurance
27 Portability and Accountability Act of 1996, P.L. 104-191, as amended
28 from time to time, and any other federal law, provide any information
29 deemed necessary by the commissioner to complete a review pursuant
30 to the provisions of this subsection, provided the commissioner, when
31 making such a request, identifies any provision of said act that allows a
32 health care provider to provide such information to the commissioner.

33 Sec. 2. (NEW) (*Effective from passage*) (a) There is established, within
34 the Department of Developmental Services, an Independent Mortality
35 Review Board. The Commissioner of Developmental Services, or the
36 commissioner's designee, shall report to the board and the board shall
37 review any death of a person with intellectual disability for whom the
38 department has direct or oversight responsibility for medical care: (1)
39 Involving an allegation of abuse or neglect; (2) for which the Office of
40 the Chief Medical Examiner or local medical examiner has accepted
41 jurisdiction; (3) that was sudden and unexpected and for which the
42 commissioner, or the commissioner's designee, determines that an
43 independent investigation by the board is necessary; or (4) for which the
44 comprehensive and timely review conducted pursuant to section 17a-
45 210 of the general statutes, as amended by this act, raises questions
46 about the appropriateness of care.

47 (b) The Commissioner of Developmental Services, or the
48 commissioner's designee, shall serve as chairperson of the Independent
49 Mortality Review Board.

50 (c) The Independent Mortality Review Board shall be constituted by
51 the Commissioner of Developmental Services and may include, but
52 need not be limited to, any of the following members depending on the
53 death of the person being reviewed:

54 (1) The Department of Developmental Services' director of quality
55 and systems improvement, or the director's designee;

56 (2) The Department of Developmental Services' director of
57 investigations, or the director's designee;

58 (3) The Chief Medical Examiner, or the Chief Medical Examiner's
59 designee;

60 (4) A medical doctor appointed by the Commissioner of
61 Developmental Services;

62 (5) The Commissioner of Public Health, or the commissioner's
63 designee;

64 (6) The executive director of the nonprofit entity designated by the
65 Governor in accordance with section 46a-10b of the general statutes to
66 serve as the Connecticut protection and advocacy system, or the
67 executive director's designee;

68 (7) A private provider representative appointed by the Commissioner
69 of Developmental Services; and

70 (8) Any additional members the chairperson deems beneficial to
71 serve as a member of the board, provided that a majority of members on
72 the board are not employees of the Department of Developmental
73 Services.

74 (d) The Independent Mortality Review Board may request
75 documentation and information as may be necessary for their review

76 pursuant to section 17a-210 of the general statutes, as amended by this
 77 act. The department's mortality review process and the Independent
 78 Mortality Review Board shall operate in accordance with the peer
 79 review provisions for medical review teams established under section
 80 19a-17b of the general statutes and confidentiality of records provisions
 81 established under section 19a-25 of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17a-210(b)
Sec. 2	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In the second sentence of Section 2(a), "of a person with intellectual disability for whom the department has direct or oversight responsibility for medical care" was added for clarity and consistency with Section 1, in Section 2(a)(3), "for which" was added before "the commissioner" for clarity, in Section 2(a)(4) "in which" was changed to "for which" for consistency, and in Section 2(c), "shall be constituted by the Commissioner of Developmental Services and" was added for clarity, and "individual" was changed to "person" for consistency.

PH *Joint Favorable Subst.*

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: None

Municipal Impact: None

Explanation

The bill consolidates the Fatality Review Board into the Independent Mortality Review Board and makes other technical and clarifying changes which do not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5239*****AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING THE INDEPENDENT MORTALITY REVIEW BOARD AND FATALITY REVIEW BOARD.*****SUMMARY**

This bill makes changes to the Department of Developmental Services (DDS) Independent Mortality Review Board (IMRB) by removing a statutory reference to Executive Order 57. This 2017 executive order established two boards that review and investigate certain deaths of people with intellectual disabilities under DDS care (i.e. Independent Mortality Review Board and Fatality Review Board (FRB), see BACKGROUND). In doing so, the bill appears to eliminate the FRB and merge its functions with the IMRB. (In practice, the responsibilities of the two boards overlap.)

The bill specifically establishes the IMRB in statute and codifies, with changes, the IMRB's membership. More specifically, it allows, rather than requires, specified people to serve as board members, depending on the case under review. It also allows the board's chairperson to add any members to the IMRB he or she deems beneficial, so long as the majority of the board's members are not DDS employees.

As under current law, the bill subjects DDS and IMRB mortality processes to existing law's confidentiality and peer review requirements.

The bill also makes minor and technical changes, such as allowing the DDS commissioner's designee to perform board-related functions.

EFFECTIVE DATE: Upon passage

INDEPENDENT MORTALITY REVIEW BOARD***Membership***

The bill codifies the board's membership in a way that is similar to its current membership under Executive Order 57. But it allows, rather than requires, the following individuals to serve as board members, depending on the case under review:

1. the DDS directors of quality and systems improvement and investigations, or their designees;
2. the chief medical examiner, or his designee;
3. a physician appointed by the DDS commissioner;
4. the public health commissioner, or her designee;
5. the Disability Rights CT executive director or her designee; and
6. a representative of private providers, appointed by the DDS commissioner.

Under the bill, the board chairperson may also add any board members he or she deems beneficial, so long as the majority of board members are not DDS employees. The bill designates the DDS commissioner or his designee as the chairperson, instead of requiring the commissioner to appoint the chairperson from among the board's members as under the executive order.

Responsibilities

By law, DDS must investigate the deaths of people for which it has direct or oversight responsibility for their medical care. Similar to current law, the bill requires the DDS commissioner to report to the IMRB any death in which (1) the department raises questions about the client's care, (2) abuse or neglect has been alleged, (3) the Office of Chief Medical Examiner or a local medical examiner has accepted jurisdiction, or (4) the death was unexpected and the commissioner or his designee determines that an independent investigation by the board is needed. The board must then investigate each report and may request

necessary documentation and information to do so.

BACKGROUND

Fatality Review Board

Executive Order 57 (2017) established a DDS FRB to investigate unexpected deaths of people under DDS care that the commissioner believes warrant an independent investigation. The commissioner may refer a particular case to the FRB before the IMRB completes its review. The FRB is chaired by the DDS commissioner, and includes the following members appointed by the governor:

1. one law enforcement professional with a background in forensic investigations,
2. one developmental services professional,
3. the Chief State’s Attorney or his designee,
4. two medical professionals,
5. one expert in teaching forensic investigation techniques, and
6. the Disability Rights CT executive director.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 31 Nay 0 (03/02/2026)