



Senate

General Assembly

File No. 566

February Session, 2026

Senate Bill No. 451

Senate, April 9, 2026

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT ESTABLISHING AN ADVISORY COUNCIL ON CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY AND OTHER GENE THERAPIES.

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

1 Section 1. (NEW) (*Effective July 1, 2026*) (a) There is established an
2 advisory council on chimeric antigen receptor T-cell therapy and other
3 gene therapies. The council shall advise and make recommendations to
4 the Department of Public Health and other state agencies, as
5 appropriate, regarding (1) the availability of chimeric antigen receptor
6 T-cell therapy and other gene therapies in the state for the treatment of
7 cancer, (2) safe, equitable and financially sustainable delivery of such
8 therapies, (3) advanced training for clinical providers of such therapies,
9 (4) long-term follow-up and vector safety for patients receiving such
10 therapies, (5) the development of referral and management protocols for
11 such therapies, (6) education for clinicians, patients and patients'
12 relatives and caregivers regarding such therapies and such protocols, (7)
13 advising patients and their relatives and caregivers regarding the cost
14 and availability of insurance coverage for such therapies, (8)

15 opportunities for coordinating with research collaborations,
16 government agencies, including, but not limited to, the Centers for
17 Medicare and Medicaid Services, accrediting bodies and national
18 registries regarding such therapies, (9) the development of centers of
19 excellence in the state for the delivery of such therapies, including, but
20 not limited to, requiring accreditation of such centers, (10) the
21 development of a state-wide referral network to ensure all eligible
22 patients are matched with a center of excellence in the state, (11) the
23 development of safety protocols to address complications experienced
24 by patients receiving such therapies and other safety concerns, (12)
25 methods of providing psychosocial support to patients receiving such
26 therapies and their relatives and caregivers, and (13) methods of
27 tracking patient outcomes with a focus on equity as it relates to
28 diagnosis, race, ethnicity, geography and income.

29 (b) The council may perform the following functions:

30 (1) Consult with experts on chimeric antigen receptor T-cell therapy
31 and other gene therapies for the treatment of cancer to develop policy
32 recommendations for improving patient access to such therapies in the
33 state;

34 (2) Hold public hearings and otherwise make inquiries of and solicit
35 comments from the general public to assist with a study or survey of
36 persons living with cancer who have received such therapies, such
37 persons' caregivers and health care providers and patient advocates;
38 and

39 (3) Research and make recommendations to the Department of Public
40 Health and other state agencies.

41 (c) The council shall consist of the following members:

42 (1) The Commissioner of Public Health, or the commissioner's
43 designee;

44 (2) The Insurance Commissioner, or the commissioner's designee,
45 who may be the representative of a health carrier;

46 (3) The Commissioner of Social Services, or the commissioner's
47 designee;

48 (4) The health information technology officer, designated in
49 accordance with section 19a-754a of the general statutes, or the officer's
50 designee;

51 (5) The chairpersons and ranking members of the joint standing
52 committee of the General Assembly having cognizance of matters
53 relating to public health, or their designees;

54 (6) The chairpersons and ranking members of the joint standing
55 committee of the General Assembly having cognizance of matters
56 relating to human services, or their designees;

57 (7) Four appointed by the Senate chairperson of the joint standing
58 committee of the General Assembly having cognizance of matters
59 relating to public health, one of whom shall be a hematologist or
60 oncologist providing services to adults, one of whom shall be a specialist
61 in emerging cellular and genetic therapy, one of whom shall be an
62 expert in pharmacology and one of whom shall be an advocate for
63 patients with a condition that is treated by gene therapy;

64 (8) Four appointed by the House chairperson of the joint standing
65 committee of the General Assembly having cognizance of matters
66 relating to public health, one of whom shall be a patient who has
67 received chimeric antigen receptor T-cell therapy, one of whom shall be
68 a representative of an association of hospitals in the state, one of whom
69 shall be a pediatric hematologist or oncologist and one of whom shall be
70 a community health equity advocate;

71 (9) Four appointed by the Senate ranking member of the joint
72 standing committee of the General Assembly having cognizance of
73 matters relating to public health, one of whom shall be a representative
74 of an internationally recognized accreditation body for institutions
75 providing cellular therapies, one of whom shall be a representative of
76 an association of health carriers in the state, one of whom shall be the

77 director of a cellular therapy program in the state and one of whom shall
78 be a representative of the life sciences or biotechnology industry; and

79 (10) Four appointed by the House ranking member of the joint
80 standing committee of the General Assembly having cognizance of
81 matters relating to public health, one of whom shall be a representative,
82 family member or caregiver of a person living with cancer who has
83 received gene therapy, one of whom shall be an advocate for cancer
84 patients in the state, one of whom shall be a social worker or patient
85 navigator and one of whom shall be a director of a transplant and
86 cellular therapy program in the state.

87 (d) All initial appointments to the council shall be made not later than
88 October 31, 2026. Except for members of the council who represent state
89 agencies, members shall serve for a term of three years and any vacancy
90 shall be filled by the appointing authority. The members shall receive
91 no compensation for their services but may be reimbursed for any
92 necessary expenses incurred in the performance of their duties. The
93 Commissioner of Public Health shall select an acting chairperson of the
94 council from its members for the purpose of organizing the first council
95 meeting. Such chairperson shall schedule and convene the first meeting,
96 which shall be held not later than November 30, 2026. The members of
97 the council shall appoint, by majority vote, a chairperson and vice-
98 chairperson during the first meeting of the council. Thereafter, the
99 council shall meet not less than quarterly in person or on a remote
100 platform, as determined by the chairperson.

101 (e) The council shall be within the Department of Public Health for
102 administrative purposes only.

103 (f) Not later than one year after the date of its first meeting, and
104 annually thereafter, the council shall report, in accordance with the
105 provisions of section 11-4a of the general statutes, to the joint standing
106 committees of the General Assembly having cognizance of matters
107 relating to public health and insurance regarding its findings and
108 recommendations, including, but not limited to, (1) the council's
109 activities, research findings and any recommendations for proposed

110 legislative changes, and (2) any potential sources of funding for the
111 council's activities, including, but not limited to, grants, donations,
112 sponsorships or in-kind donations.

113 (g) The council may (1) apply for and accept grants, gifts, bequests,
114 sponsorships and in-kind donations of funds from federal and interstate
115 agencies, private firms, individuals and foundations for the purpose of
116 carrying out its responsibilities, and (2) enter into any contracts or
117 agreements, in accordance with any established procedures, as may be
118 necessary for the distribution or use of any received funds, services or
119 property in accordance with any requirements to fulfill any conditions
120 of a grant, gift, bequest, sponsorship or in-kind donation.

| | | |
|---|--------------|-------------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | July 1, 2026 | New section |

PH *Joint Favorable*

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 27 \$ | FY 28 \$ |
|------------------------|---------------------|-----------------|-----------------|
| Public Health, Dept. | GF - Potential Cost | Minimal | Minimal |

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill establishes an advisory council on chimeric antigen receptor (CAR) T-cell therapy and other gene therapies within the Department of Public Health (DPH) for administrative purposes only. The bill results in a minimal potential cost to DPH beginning in FY 27, as council members may be reimbursed for necessary expenses incurred in performing their duties.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**SB 451*****AN ACT ESTABLISHING AN ADVISORY COUNCIL ON CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY AND OTHER GENE THERAPIES.*****SUMMARY**

This bill establishes a 28-member advisory council on chimeric antigen receptor (CAR) T-cell therapy and other gene therapies within the Department of Public Health (DPH) for administrative purposes only. Under the bill, the advisory council must advise and make recommendations to DPH and other state agencies related to these therapies, such as on (1) how to deliver them in a safe, equitable, and financially sustainable way; (2) developing related referral and management protocols; and (3) advanced training for clinical providers who offer them.

The bill authorizes the council to (1) apply for and accept grants, gifts, bequests, sponsorships, and in-kind donations from federal and interstate agencies, private firms, individuals, and foundations to carry out its responsibilities and (2) enter into a contract or agreement needed to distribute or use any received funds, services, or property according to any conditions placed on them.

Lastly, the bill requires the council to annually report to the Insurance and Real Estate and Public Health committees on its findings and recommendations, including (1) its activities, research findings, and recommended legislative proposals and (2) potential funding sources for its activities, including grants, donations, sponsorships, or in-kind donations. The first report is due no later than one year after the date of the council's first meeting.

EFFECTIVE DATE: July 1, 2026

ADVISORY COUNCIL***Responsibilities***

The bill requires the council to advise and make recommendations to DPH and other state agencies on the following:

1. the availability of CAR T-cell therapy and other gene therapies in Connecticut to treat cancer;
2. how to deliver these therapies in a safe, equitable, and financially sustainable way;
3. advanced training for clinical providers who offer these therapies;
4. long-term follow-up and vector safety (mitigating unintended harm from viruses used in gene therapy) for patients receiving these therapies;
5. developing referral and management protocols for these therapies;
6. education on these therapies and protocols for clinicians, patients, and patients' relatives and caregivers;
7. advising patients and their relatives and caregivers on the cost and available insurance coverage for these therapies;
8. opportunities to coordinate with research collaborations, government agencies (for example, the Centers for Medicare and Medicaid Services), accrediting bodies, and national registries on these therapies;
9. developing centers of excellence in Connecticut to deliver these therapies, including requiring centers to be accredited;
10. developing a statewide referral network to ensure all patients are matched with a Connecticut center of excellence;
11. developing safety protocols to address patient complications and

other safety concerns;

12. ways to provide psychosocial support to patients and their relatives and caregivers; and
13. ways to track patient outcomes, focusing on equity related to diagnosis, race, ethnicity, geography, and income.

Functions

In doing its work, the bill authorizes the advisory council to do the following:

1. consult with experts on CAR T-cell therapy and other gene therapies to treat cancer to develop policy recommendations for improving access to these therapies in Connecticut;
2. hold public hearings and otherwise make public inquiries and solicit public comments to help with a study or survey of people living with cancer who received these therapies, these patients’ caregivers, health care providers, and patient advocates; and
3. conduct research and make recommendations to DPH and other state agencies.

Membership

Under the bill, the advisory council’s membership includes the following state officials, or their designees: (1) the insurance, public health, and social services commissioners; (2) the health information technology officer; and (3) the chairpersons and ranking members of the Human Services and Public Health committees. The council also includes the following 16 appointed members as shown in the table below.

Table: Appointed Council Members Under the Bill

| <i>Appointing Authority</i> | <i>Member Qualifications</i> |
|---|---|
| Public Health Committee Senate chairperson (4) | <ul style="list-style-type: none"> • One hematologist or oncologist serving adults • One specialist in emerging cellular and genetic therapy • One pharmacology expert |

| <i>Appointing Authority</i> | <i>Member Qualifications</i> |
|---|---|
| | <ul style="list-style-type: none"> • One patient advocate for conditions treated by gene therapy |
| Public Health Committee House chairperson (4) | <ul style="list-style-type: none"> • One patient who received CAR T-cell therapy • One representative of a Connecticut hospital association • One pediatric hematologist or oncologist • One community health equity advocate |
| Public Health Committee Senate ranking member (4) | <ul style="list-style-type: none"> • One representative of an internationally recognized accreditation body for institutions providing cellular therapies • One representative of a Connecticut health carrier association • One director of a Connecticut cellular therapy program • One representative of the life sciences or biotechnology industries |
| Public Health Committee House ranking member (4) | <ul style="list-style-type: none"> • One representative, family member, or caregiver of someone living with cancer who received gene therapy • One advocate for cancer patients in the state • One social worker or patient navigator • One director of a transplant and cellular therapy program in the state |

The bill requires appointing authorities to make their initial appointments by October 31, 2026, and fill any vacancies. Members serve three-year terms, except for those representing state agencies.

The DPH commissioner must choose the council’s acting chairperson to organize its first meeting, which must be scheduled and held by November 30, 2026. At the first meeting, council members must appoint their chairperson and vice chairperson by a majority vote. The bill requires the council to meet at least quarterly, either in person or remotely, as the chairperson determines.

Under the bill, members are not compensated, but may be reimbursed for necessary expenses incurred in performing their duties.

BACKGROUND

CAR T-cell therapy

CAR T-cell therapy is an individualized immunotherapy that

genetically changes a person’s own T-cells to recognize and fight cancer cells that is often used to treat blood cancers such as leukemia, lymphoma, and multiple myeloma.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 27 Nay 5 (03/23/2026)