

Public Health Committee JOINT FAVORABLE REPORT

Bill No: HB-5169

AN ACT REQUIRING THE ESTABLISHMENT OF AN ALERT IN THE STATE-WIDE HEALTH INFORMATION EXCHANGE REGARDING PATIENTS WITH A HISTORY OF VIOLENCE OR COMBATIVE BEHAVIOR TOWARD A HEALTH

Title: CARE PROVIDER.

Vote Date: 3/3/2026

Vote Action: Joint Favorable

PH Date: 2/18/2026

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To provide for the safety of patients and healthcare workers, HB 5169 requires DPH to develop a flagging system using the Health Information Exchange (CONNIE) to inform hospitals with electronic records of patients who have exhibited violent behavior in other hospital settings. The required start date for this program is January 1, 2027

SUBSTITUTE LANGUAGE (IF APPLICABLE):

There is no substitute language for this bill.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, MD, Commissioner, CT Department of Public Health (DPH)

Since DPH does not administer the State-wide Health Information Exchange, DPH lacks the subject matter expertise and statutory authority to develop this system. If this legislation moves forward, DPH believes that a different agency would be more appropriate for the development of this system.

Nancy Navaretta, Commissioner, CT Department of Mental Health and Addiction Services (DMHAS)

As written, HB 5169 does not define “violence or combative behavior,” which appears to leave the determination to individual providers. Connecticut General Statutes §53a-167c clearly defines conduct that constitutes assault on health care personnel. It may be helpful to incorporate clearer statutory definitions or reference existing legal standards to promote consistency and reduce subjectivity. Additionally, an alert alone may not provide sufficient clinical context. Incidents of aggressive or combative behavior may occur under a wide range of circumstances, including acute medical illness, intoxication, delirium, untreated psychiatric symptoms, cognitive impairment, or crisis situations. Without safeguards, there is the potential that such a system could unintentionally contribute to stigma, care avoidance, or barriers to community-based services, particularly for individuals with behavioral health conditions who are otherwise stable.

Natasha Pierre, Victim Advocate, State of Connecticut.

Violence against healthcare workers, often in workplaces such as residential care facilities, hospitals and the like, have initiated defined policies and procedures for preventing and reporting incidents of workplace violence. While some changes have been made, including notification of patients’ criminal backgrounds, more protections should include notification to healthcare workers of specific, previous known violence committed by a patient against a healthcare worker to ensure the healthcare worker can respond safely while providing healthcare services to individuals in the community. HB 5169 will enable healthcare workers to triage their appointments for safety prior to the visit and take any precautions that may be necessary to provide services in the community safely.

NATURE AND SOURCES OF SUPPORT:

Wendy Garvin Mayo, DNP, APRN, Connecticut Nurse Wellness Project

Workplace violence is not only a safety issue, but also a wellness issue. Exposure to verbal aggression, intimidation, and physical harm contributes directly to stress, burnout, emotional exhaustion, and moral distress within the profession. It negatively impacts mental and emotional wellness and undermines psychological safety in healthcare environments. When nurses do not feel safe at work, it affects retention, engagement, and ultimately patient outcomes.

Kimberly Sandor, MSN, RN, FNP, Executive Director, CT Nurses Association

H.B. 5169 closes a communication gap by establishing a structured alert within the State-Wide Health Information Exchange. The bill does not deny care. It does not criminalize illness. It strengthens situational awareness. With advance knowledge, healthcare teams can adjust staffing, involve security, modify the care environment, and implement proactive de-escalation strategies. Systems can prepare instead of react. HB 5169 changes a poor reporting dynamic by creating an immediate, visible response. Requiring a notation in the patient’s chart when violence occurs ensures the incident is formally documented and clearly communicated to the care team. H.B. 5169 represents a meaningful step towards creating safe workplace environments where nurses and healthcare providers can provide the care and support they are trained to offer their patients.

Gretchen Shugarts, MA, Commission Analyst II, Commission on Racial Equality in Public Health (CREPH)

CREPH recommends the language in this bill be more fully developed to avoid any unintended consequences with the implementation of a state-wide alert system. In particular, the bill should establish clear thresholds for the type of behavior that is reportable, as well as other factors that may contribute to an individual being flagged, such as the number and severity of incidents, and what would be considered a "history of violence". The safety of healthcare workers is incredibly important and measures to protect them should be put in place. However, given the potential risks of racial biases in healthcare settings coupled with the possible impact of such an alert on the patient, we respectfully request the committee exercise caution when developing the language for this bill.

John Brady Executive Vice President, AFT Connecticut

HB 5169 requires the development of a method of alerting health care providers regarding any patient who has been reported in the Statewide Health Information Exchange as being violent with or displaying combative behavior toward a health care provider. Doctors, nurses, social workers and other healthcare providers face five times the risk of assault as compared to workers in other industries. HB 5169 would be helpful in alerting healthcare providers when patients move from one system to another and could help decrease incidences of workplace violence and increase retention of valuable professionals.

Others in Support

Christine Andreozzi, Nurse Manager
Stacy Rich, RN, Elara Caring
Tracy Wodatch, President, CT Assn of Healthcare at Home
Cassandra Esposito, President, CT Nurses Association

NATURE AND SOURCES OF OPPOSITION:

Connecticut State Medical Society (CSMS)

HB 5169 does not define what constitutes "violent" or "combative" behavior, and that lack of clarity raises significant concerns. If a patient yells, swears, or becomes agitated after receiving difficult medical news, is that considered combative behavior? If a patient is experiencing a mental health crisis or panic attack and acts out verbally, would that be labeled violent or combative? If a patient with dementia or other cognitive impairment becomes confused and argumentative, would that be considered violent or combative? Without clear definitions or objective thresholds, there is a risk that normal emotional reactions, symptoms of mental illness, or cognitive conditions could be treated the same as true threats or acts of physical violence. That could lead to inconsistent reporting and unintended consequences for vulnerable patient populations. It is also unclear whether patients will have a process to challenge or correct a notation if they believe it is inaccurate. There are also practical concerns about how the system would operate. The bill applies to providers with electronic health record systems "capable of connecting" to the state-wide health information exchange, but physician practices use many different Electronic Health Records (EHR) platforms and may not know whether their systems meet that definition.

Connecticut Hospital Association (CHA)

It is important to state that CHA fully embraces the need to create and maintain safe working environments for healthcare workers and is supportive of analyzing every possible solution to

ensure the wellbeing of the healthcare workforce. Connecticut hospitals prioritize employee well-being and safe care environments. HB 5169 is a unique approach to addressing patient-on-worker violence that, while certainly well-intentioned, is likely unworkable in practice unless a variety of legal and operational challenges are addressed. If HB 5169 moves forward, we urge that the bill be revised to expressly include important considerations that DPH would be required to review as threshold issues before determining whether this type of reporting system is feasible.

Reported by: Dave Rackliffe, Asst. Clerk

Date: 3/5/2026