

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No:** HB-5514 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH

**Title:** STATUTES.

**Vote Date:** 3/23/2026

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/13/2026

**File No.:** 540

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## **SPONSORS OF BILL:**

The Public Health Committee

## **REASONS FOR BILL:**

This bill makes several unrelated revisions to the state's public health statutes. In general, it:

1. Permits infirmaries and other health care facilities operated by educational institutions to provide care to dependent family members of students, faculty, and staff, provided those dependents are enrolled in the institution's health plan.
2. Prohibits the Department of Developmental Services (DDS) from notifying or providing copies of original or investigative reports of alleged abuse or neglect to a parent or guardian if that individual is, or resides with, the alleged perpetrator.
3. Requires the commissioner of the Department of Public Health (DPH) to establish a working group to provide recommendations on managed residential communities (MRCs) in Connecticut that offer assisted living services, including whether such communities should be subject to state licensure.
4. Allows nonprofit organizations that distribute free eyeglasses to provide them to a recipient's authorized representative if the recipient is unavailable to receive them in person, notwithstanding existing optician laws.
5. Requires health care providers, beginning January 1, 2027, to inform patients in writing at the time of initial intake how long medical records must be retained under law and how patients may request copies.
6. Updates statutory references to reflect the name change from LeadingAge Connecticut to LeadingAge Connecticut and Rhode Island).
7. Requires the Board of Examiners for Nursing, by December 1, 2026, to develop a standardized reporting form for nursing schools to submit the National Council

Licensure Examination (NCLEX) passage rates and related data. Then requires schools to report this information semiannually beginning January 1, 2027.

8. Requires the DPH in collaboration with the Department of Energy and Environmental Protection (DEEP), to evaluate recommendations from the sewage disposal working group established under PA 25-97 and report to the Environment and Public Health Committees by January 1, 2027, on the feasibility and implications of implementing those recommendations, particularly those related to nitrogen assessments.
9. Eliminates statutory provisions that cap, at \$125,000, the salary of executive directors used in calculating certain state grants to private agencies providing employment, day, or residential services under DDS, DMHAS, DSS, and other state agencies.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Commissioner Manisha Juthani MD, Connecticut Department of Public Health:**

Commissioner Juthani, in her testimony, explains and comments on certain sections of the bill. She states that Section 1 would allow an infirmary operated by an educational institution to care for the dependent family members of students, faculty, and employees when such dependent family members are enrolled in the institution's health plan. She says the department met with the proponents of this provision last fall and is happy to support this change to provide care for dependent family members.

The commissioner explained that in Section 3, DPH is establishing a working group to make recommendations on the licensure of managed residential communities (MRCs) where assisted living services are provided. "A 2021 State Auditors report made 22 recommendations to improve oversight of Assisted Living and Managed Residential Communities. DPH has either implemented the recommended policies or is in the process of updating regulations to implement the recommendations that are within the department's statutory authority." She explains, however, that many of the recommendations made by the auditors would require significant statutory changes. She agrees that a working group would be helpful in identifying these changes. Dr. Juthani emphasizes that the department also looks forward to further discussion regarding the exact structure of the working group.

Regarding Section 4, the commissioner, applauds the Lieutenant Governor's office for its work to allow a nonprofit organization to deliver glasses to the wearer's authorized representative.

With respect to Sections 9 and 10, the commissioner explains that since the department already receives information from NCLEX and National Council of State Boards of Nursing (NCSBN), the language is unclear on what other criteria and performance measures may be contemplated. Therefore, the department would need to work with the board to determine those measures and adopt them into regulations. She adds that the current language also lacks clear authority to compel data production and enforcement.

The commissioner concluded that regarding Section 11, the department was happy to participate in the working group and collaborate with a diverse group of stakeholders and appreciated the flexibility to fully evaluate the recommendations and report to the Public Health and Environment Committees on the progress.

## **NATURE AND SOURCES OF SUPPORT:**

### **Connecticut Hospital Association (CHA):**

The Connecticut Hospital Association (CHA) supports the bill and offers suggestions to improve implementation of Section 5. It notes that patients should be informed about their rights pertaining to medical records, including how to ask for a copy. CHA believes the goal of the bill could be satisfied by including the listed information within the Health Insurance Portability and Accountability Act (HIPAA). It states that that method would allow for consistent access to the information but not require a major system change or use of paper documents, since not all providers are HIPAA entities. CHA points out that using the "Notice of Privacy Practices" (NPP) should be an option for compliance, but not the only requirement. It also believes that the law should apply to health information services or systems, including the statewide Health Information Exchange (CONNIE). In its testimony, CHA submits the revisions and additional language it feels the bill needs.

### **Michael Pardales, Provost & Vice President Academic Affairs, Goodwin University:**

Mr. Pardales testifies on behalf of Goodwin University and strongly supports the bill's intent to modernize Connecticut's nursing education statutes. However, Goodwin proposes substitute language changes to Sections 9 and 10 in Mr. Pardales' full testimony.

### **Kimberly Sandor, MSN, RN, FNP, Executive Director, Connecticut Nurses Association:**

Ms. Sandor's organization, which represents nurses across all specialty areas and practice settings, supports the bill's intent, but suggests some changes that it feels would align state oversight with nationally recognized accreditation standards already used to evaluate nursing programs and federal department of education requirements related to post graduation employment.

### **Mag Morelli - President of LeadingAge Connecticut & Rhode Island**

Ms. Morelli testifying on Sections 6, 7 and 8 of the bill, noted that as of the beginning of this year, LeadingAge Connecticut consolidated the Connecticut and Rhode Island state associations into one organization and changed its name to LeadingAge Connecticut & Rhode Island. She states that as a result, a request was made to reflect the changes in the statutes that reference the association.

Ms. Morelli says the organization also appreciates Section 3 of the bill and requests that the working group include representation from associations that represent assisted living providers, including her own. She notes that Connecticut's current regulatory model licenses the assisted living services agency (ALSA) and places requirements, rather than licensure where services are delivered.

She says LeadingAge is happy that DPH is proposing an advisory working group before recommending licensure as there are many advantages to Connecticut's current assisted living regulatory model that should be carefully considered before any changes are proposed. She points out that an assisted living services agency is currently able to serve residents in a variety of settings, including HUD affordable housing sites that received federal assisted

living conversion grants, the four assisted living demonstration projects that provide affordable assisted living for their residents, and continuing care retirement communities (CCRCs). These independent living apartments or cottages are often registered as part of a managed residential community so that ALSA services can be provided to residents in their homes, rather than requiring them to move to another designated location.

Regarding Section 5, LeadingAge questions whether imposing this additional administrative requirement on health care providers is necessary since they are already providing the necessary HIPAA information. Under HIPAA, providers are required to provide every new patient with a Notice of Privacy Practices (NPP). LeadingAge says that imposing an additional, state-specific notice requirement on the same topic is redundant and may create confusion for both providers and patients.

**Salvatore Diaz, DNP, MSN, RN, CNE Director of Allied Health Career Pathways and Academic Partnerships:**

As a registered nurse, Mr. Dias supports the intent of bill and respectfully offers similar recommendations as others who testified.

There were also two additional testimonies in support of Sections 4 and 12 of the bill.

**NATURE AND SOURCES OF OPPOSITION:**

**Tina Loarte Rodriguez, DNP, RN, CPPS, FADLN - Executive Director, Connecticut Center for Nursing Workforce:**

Ms. Rodriguez testified that the Connecticut Center for Nursing Workforce supports the legislature's goal of strengthening transparency and accountability in nursing education programs but not in its current form. She points out that while the intent of Sections 9 and 10 are understandable, aspects of the proposed reporting structure may create unintended challenges. She provides three policy approaches in her testimony that she thinks would better accomplish the goals of the bill.

**Ruth Grobe - Secretary of the Citizens Coalition for Equal Access (CC=A):**

Ms. Ruth is requesting an addition to the bill to include a requirement for medical facilities to report their compliance efforts in disability access to the Department of Public Health (DPH) or a requirement for the DPH to do inspections with fines attached to non-compliance. She suggests the changes to the general statutes.

**Ben Shaiken - Director of Public Policy and Advocacy at the Connecticut Community Nonprofit Alliance:**

Mr. Shaiken testifies that The Alliance, is a statewide association of community nonprofits that supports Section 12 of the bill that repeals statutory salary caps for salaries that may be paid for using DDS and DMHAS funds for nonprofits that contract with those departments. He notes that some providers are running organizations the size of small hospitals and capping salaries prevents community nonprofit organizations from attracting top-tier talent. Mr. Shaiken adds that no other state agency that contracts with nonprofits to provide health and

human services and contracting system outside of the human services, has a statutory cap on executive director salaries.

**Reported by: Diane Young-Rodney**

**Date: March 27, 2026**