



General Assembly

Substitute Bill No. 5514

February Session, 2026



AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

1 Section 1. Subsection (a) of section 19a-490 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective October*
3 *1, 2026*):

4 (a) "Institution" means a hospital, short-term hospital special hospice,
5 hospice inpatient facility, residential care home, nursing home facility,
6 home health care agency, home health aide agency, behavioral health
7 facility, assisted living services agency, substance abuse treatment
8 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,
9 blood collection facility, source plasma donation center, birth center, an
10 infirmary operated by an educational institution for the care of students
11 enrolled in [, and] such institution, faculty and employees of [,] such
12 institution, and the dependent family members of such students, faculty
13 and employees, which family members are enrolled in such institution's
14 health plan; a facility engaged in providing services for the prevention,
15 diagnosis, treatment or care of human health conditions, including
16 facilities operated and maintained by any state agency; and a residential
17 facility for persons with intellectual disability licensed pursuant to
18 section 17a-227 and certified to participate in the Title XIX Medicaid
19 program as an intermediate care facility for individuals with intellectual

20 disability. "Institution" does not include any facility for the care and
21 treatment of persons with mental illness or substance use disorder
22 operated or maintained by any state agency, except Whiting Forensic
23 Hospital and the hospital and psychiatric residential treatment facility
24 units of the Albert J. Solnit Children's Center;

25 Sec. 2. Section 46a-11c of the general statutes is repealed and the
26 following is substituted in lieu thereof (*Effective October 1, 2026*):

27 (a) The commissioner, upon receiving a report that a person with
28 intellectual disability allegedly is being or has been abused or neglected,
29 shall make an initial determination whether such person has intellectual
30 disability, shall determine if the report warrants investigation and shall
31 cause, in cases that so warrant, a prompt, thorough evaluation to be
32 made to determine whether the person has intellectual disability and
33 has been abused or neglected. For the purposes of sections 46a-11a to
34 46a-11g, inclusive, the determination of intellectual disability may be
35 made by means of a review of records and shall not require the
36 commissioner to conduct a full psychological examination of the person.
37 Any delay in making such determination of intellectual disability shall
38 not delay the investigation of abuse or neglect or recommendation of
39 provision of protective services. The evaluation shall include a visit to
40 the named person with intellectual disability and consultation with
41 those individuals having knowledge of the facts of the particular case.
42 All state, local and private agencies shall have a duty to cooperate with
43 any investigation conducted by the Department of Developmental
44 Services under this section, including the release of complete records of
45 the named person for review, inspection and copying, except where the
46 person with intellectual disability refuses to permit such records to be
47 released. The commissioner shall have subpoena powers to compel any
48 information related to such investigation. All records of the named
49 person shall be kept confidential by said department. Upon completion
50 of the evaluation of each case, written findings shall be prepared which
51 shall include a determination of whether abuse or neglect has occurred
52 and recommendations as to whether protective services are needed. The
53 commissioner, except in cases where the legal representative, parent or

54 guardian is the alleged or substantiated perpetrator of abuse or neglect
55 or is residing with the alleged or substantiated perpetrator, shall notify
56 the legal representative, if any, and the parent or guardian of the person
57 with intellectual disability if a report of abuse or neglect is made [which]
58 that the commissioner determines warrants investigation. The
59 commissioner, except in cases where the legal representative, parent or
60 guardian is the alleged or substantiated perpetrator of abuse or neglect
61 or is residing with the alleged or substantiated perpetrator, shall
62 provide the legal representative who the commissioner determines is
63 entitled to such information and the parent or guardian with further
64 information upon request. The person filing the report of abuse or
65 neglect shall be notified of the findings upon such person's request.

66 (b) The commissioner, upon receiving a report that a person who
67 receives services from the Department of Social Services' Division of
68 Autism Spectrum Disorder Services, allegedly is being or has been
69 abused or neglected, shall make an initial determination whether such
70 person receives funding or services from said division, shall determine
71 if the report warrants investigation and shall cause, in cases that so
72 warrant, a prompt, thorough evaluation, as described in subsection (b)
73 of section 17a-247f, to be made by the Department of Developmental
74 Services to determine whether the person has been abused or neglected.

75 (c) In cases where there is a death of a person with intellectual
76 disability for whom the Department of Developmental Services has
77 direct or oversight responsibility for medical care, and there is
78 reasonable cause to suspect or believe that such death may be due to
79 abuse or neglect, the commissioner shall conduct an investigation to
80 determine whether abuse or neglect occurred, except as may be
81 otherwise required by court order. The commissioner shall establish
82 protocols for conducting such investigations.

83 (d) The commissioner shall maintain an electronic copy of the reports
84 received of alleged abuse or neglect and all evaluation reports.

85 (e) Neither the original report of alleged abuse or neglect nor the

86 evaluation report of the investigator [which] that includes findings and
87 recommendations shall be (1) deemed a public record for purposes of
88 section 1-210, [The original report of alleged abuse or neglect or the
89 evaluation report of the investigator shall not be] or (2) provided to a
90 legal representative, parent or guardian who is the alleged or
91 substantiated perpetrator of abuse or neglect or is residing with the
92 alleged or substantiated perpetrator. The name of the person making the
93 original report shall not be disclosed to any person unless the person
94 making the original report consents to such disclosure or unless a
95 judicial proceeding results therefrom.

96 Sec. 3. (Effective July 1, 2026) (a) As used in this section:

97 (1) "Assisted living services" has the same meaning as provided in
98 section 19a-693 of the general statutes;

99 (2) "Assisted living services agency" has the same meaning as
100 provided in section 19a-693 of the general statutes;

101 (3) "Commissioner" means the Commissioner of Public Health, or the
102 commissioner's designee;

103 (4) "Department" means the Department of Public Health; and

104 (5) "Managed residential community" has the same meaning as
105 provided in section 19a-693 of the general statutes.

106 (b) The Commissioner of Public Health shall establish a working
107 group to advise the Department of Public Health regarding (1) managed
108 residential communities in the state where assisted living services
109 agencies provide assisted living services to the residents of such
110 communities, and (2) whether licensure of such communities by the
111 department would enable the department and such communities to
112 improve the health, safety and overall well-being of such residents. The
113 working group shall include, but need not be limited to, not less than
114 three representatives of different managed residential communities in
115 the state, not less than three representatives of different assisted living

116 services agencies in the state, not less than three residents who are
117 receiving assisted living services in a managed residential community
118 in the state, one each from a different managed residential community,
119 not less than three relatives of residents who are receiving such services
120 from a managed residential community, one each from a different
121 managed residential community, and a representative of an association
122 of aging services organizations in the state. Not later than January 1,
123 2027, the working group shall report to the commissioner regarding its
124 findings and recommendations.

125 (c) Not later than February 1, 2027, the Commissioner of Public
126 Health shall report, in accordance with the provisions of section 11-4a
127 of the general statutes, to the joint standing committee of the General
128 Assembly having cognizance of matters relating to public health on the
129 findings and recommendations of the working group and, for each
130 finding and recommendation, whether the Department of Public Health
131 is in agreement with such finding and recommendation.

132 Sec. 4. (NEW) (*Effective July 1, 2026*) Notwithstanding the provisions
133 of chapter 381 of the general statutes, a nonprofit organization that
134 delivers optical glasses produced by an optician licensed under said
135 chapter to the ultimate wearer of such glasses at no cost to such wearer
136 may deliver such glasses to an authorized representative of such wearer
137 if such wearer is unavailable to receive the glasses in person from such
138 organization.

139 Sec. 5. (NEW) (*Effective October 1, 2026*) Not later than January 1, 2027,
140 each health care provider shall notify each patient, in writing, at the time
141 of the initial intake of such patient (1) of the laws concerning the length
142 of time that the provider is required to maintain patient medical records,
143 and (2) of the manner in which the patient may request copies of the
144 patient's medical records from the provider.

145 Sec. 6. Subsection (a) of section 17b-338 of the general statutes is
146 repealed and the following is substituted in lieu thereof (*Effective from*
147 *passage*):

148 (a) There is established a Long-Term Care Advisory Council which
149 shall consist of the following: (1) The executive director of the
150 Commission on Women, Children, Seniors, Equity and Opportunity, or
151 the executive director's designee; (2) the State Nursing Home
152 Ombudsman, or the ombudsman's designee; (3) the president of the
153 Coalition of Presidents of Resident Councils, or the president's designee;
154 (4) the executive director of the Legal Assistance Resource Center of
155 Connecticut, or the executive director's designee; (5) the state president
156 of AARP, or the president's designee; (6) one representative of a
157 bargaining unit for health care employees, appointed by the president
158 of the bargaining unit; (7) the president of LeadingAge Connecticut and
159 Rhode Island, Inc., or the president's designee; (8) the president of the
160 Connecticut Association of Health Care Facilities, or the president's
161 designee; (9) the president of the Connecticut Association of Residential
162 Care Homes, or the president's designee; (10) the president of the
163 Connecticut Hospital Association or the president's designee; (11) the
164 executive director of the Connecticut Assisted Living Association or the
165 executive director's designee; (12) the executive director of the
166 Connecticut Association for Homecare or the executive director's
167 designee; (13) the president of Connecticut Community Care, Inc. or the
168 president's designee; (14) one member of the Connecticut Association of
169 Area Agencies on Aging appointed by the agency; (15) the president of
170 the Connecticut chapter of the Connecticut Alzheimer's Association;
171 (16) one member of the Connecticut Association of Adult Day Centers
172 appointed by the association; (17) the president of the Connecticut
173 Chapter of the American College of Health Care Administrators, or the
174 president's designee; (18) the president of the Connecticut Council for
175 Persons with Disabilities, or the president's designee; (19) the president
176 of the Connecticut Association of Community Action Agencies, or the
177 president's designee; (20) a personal care attendant appointed by the
178 speaker of the House of Representatives; (21) a person who, in a home
179 setting, cares for a person with a disability and is appointed by the
180 president pro tempore of the Senate; (22) three persons with a disability
181 appointed one each by the majority leader of the House of
182 Representatives, the majority leader of the Senate and the minority

183 leader of the House of Representatives; (23) a legislator who is a member
184 of the Long-Term Care Planning Committee; (24) one member who is a
185 nonunion home health aide appointed by the minority leader of the
186 Senate; and (25) the executive director of the nonprofit entity designated
187 by the Governor in accordance with section 46a-10b to serve as the
188 Connecticut protection and advocacy system or the executive director's
189 designee.

190 Sec. 7. Subsection (d) of section 19a-127l of the general statutes is
191 repealed and the following is substituted in lieu thereof (*Effective from*
192 *passage*):

193 (d) The advisory committee shall consist of (1) four members who
194 represent and shall be appointed by the Connecticut Hospital
195 Association, including three members who represent three separate
196 hospitals that are not affiliated of which one such hospital is an
197 academic medical center; (2) one member who represents and shall be
198 appointed by the Connecticut Nursing Association; (3) two members
199 who represent and shall be appointed by the Connecticut Medical
200 Society, including one member who is an active medical care provider;
201 (4) two members who represent and shall be appointed by the
202 Connecticut Business and Industry Association, including one member
203 who represents a large business and one member who represents a
204 small business; (5) one member who represents and shall be appointed
205 by the Home Health Care Association; (6) one member who represents
206 and shall be appointed by the Connecticut Association of Health Care
207 Facilities; (7) one member who represents and shall be appointed by
208 LeadingAge Connecticut and Rhode Island, Inc.; (8) two members who
209 represent and shall be appointed by the AFL-CIO; (9) one member who
210 represents consumers of health care services and who shall be
211 appointed by the Commissioner of Public Health; (10) one member who
212 represents a school of public health and who shall be appointed by the
213 Commissioner of Public Health; (11) the Commissioner of Public Health
214 or said commissioner's designee; (12) the Commissioner of Social
215 Services or said commissioner's designee; (13) the Secretary of the Office
216 of Policy and Management or said secretary's designee; (14) two

217 members who represent licensed health plans and shall be appointed by
218 the Connecticut Association of Health Care Plans; (15) one member who
219 represents and shall be appointed by the federally designated state peer
220 review organization; and (16) one member who represents and shall be
221 appointed by the Connecticut Pharmaceutical Association. The
222 chairperson of the advisory committee shall be the Commissioner of
223 Public Health or said commissioner's designee. The chairperson of the
224 committee, with a vote of the majority of the members present, may
225 appoint ex-officio nonvoting members in specialties not represented
226 among voting members. Vacancies shall be filled by the person who
227 makes the appointment under this subsection.

228 Sec. 8. Subsection (b) of section 19a-515 of the general statutes is
229 repealed and the following is substituted in lieu thereof (*Effective from*
230 *passage*):

231 (b) Each licensee shall complete a minimum of forty hours of
232 continuing education every two years, including, but not limited to,
233 training in (1) Alzheimer's disease and dementia symptoms and care,
234 and (2) infection prevention and control. Such two-year period shall
235 commence on the first date of renewal of the licensee's license after
236 January 1, 2004. The continuing education shall be in areas related to the
237 licensee's practice. Qualifying continuing education activities are
238 courses offered or approved by the Connecticut Association of
239 Healthcare Facilities, LeadingAge Connecticut and Rhode Island, Inc.,
240 the Connecticut Assisted Living Association, the Connecticut Alliance
241 for Subacute Care, Inc., the Connecticut Chapter of the American
242 College of Health Care Administrators, the Association For Long Term
243 Care Financial Managers, the Alzheimer's Association or any accredited
244 college or university, or programs presented or approved by the
245 National Continuing Education Review Service of the National
246 Association of Boards of Examiners of Long Term Care Administrators,
247 the Association for Professionals in Infection Control and Epidemiology
248 or by federal or state departments or agencies.

249 Sec. 9. (NEW) (*Effective October 1, 2026*) Not later than January 1, 2027,

250 and annually thereafter, each school of nursing in the state that prepares
251 persons for examination under the provisions of chapter 378 of the
252 general statutes shall (1) report the following data for the preceding
253 calendar year on the standardized form developed by the Connecticut
254 State Board of Examiners for Nursing pursuant to section 20-90 of the
255 general statutes, as amended by this act: (A) The pass rates of students
256 who took the National Council Licensure Examination for the first time
257 and of students who are repeat takers of said examination, and (B)
258 graduation rates and job placement outcomes for recent graduates, and
259 (2) post such data in a conspicuous location on the school's Internet web
260 site.

261 Sec. 10. Section 20-90 of the general statutes is repealed and the
262 following is substituted in lieu thereof (*Effective October 1, 2026*):

263 (a) The Connecticut State Board of Examiners for Nursing shall have
264 the following duties: (1) Hear and decide matters concerning suspension
265 or revocation of licensure; (2) adjudicate complaints filed against
266 practitioners licensed under this chapter and impose sanctions where
267 appropriate; (3) approve schools of nursing in the state that prepare
268 persons for examination under the provisions of this chapter; [and] (4)
269 consult, [where] when possible, with nationally recognized accrediting
270 agencies when approving schools pursuant to subdivision (3) of this
271 subsection; and (5) evaluate the data reported by such schools pursuant
272 to section 9 of this act and require any corrective action that the board
273 deems necessary based on such evaluation pursuant to subsection (c) of
274 this section. The board may adopt a seal.

275 (b) All schools of nursing in the state that prepare persons for
276 examination under the provisions of this chapter, shall be (1) visited
277 periodically by a representative of the Department of Public Health who
278 shall be a registered nurse or a person experienced in the field of nursing
279 education, and (2) approved by the Connecticut State Board of
280 Examiners for Nursing pursuant to subdivisions (3) and (4) of
281 subsection (a) of this section.

282 (c) Not later than December 1, 2026, the board shall (1) develop (A) a
283 standardized form on which each school of nursing shall report the
284 following data pursuant to section 9 of this act: The first-time and
285 repeater pass rates of students taking the National Council Licensure
286 Examination and graduation rates and job placement outcomes for
287 recent graduates, (B) criteria for evaluating whether a school of nursing
288 has consistently fallen below acceptable performance thresholds based
289 on such data, which shall include, but need not be limited to, a criterion
290 that the examination pass rate for the most recent calendar year or the
291 mean examination pass rate for the three most recent calendar years
292 shall meet at least one of the following standards based on the total
293 number of students who took the examination: (i) Eighty per cent or
294 greater for all first-time takers of the examination; (ii) eighty per cent or
295 greater for all first-time and repeat takers of the examination; or (iii) at
296 or above the national or territorial mean rate based on the nursing
297 program type, and (C) the types of corrective actions necessary for a
298 school of nursing to achieve an acceptable performance threshold,
299 including, but not limited to, following an improvement plan
300 recommended by the board, enhanced monitoring of such school by the
301 board, limits on new student enrollment at such school and the
302 temporary withdrawal of approval of such school by the board, and (2)
303 post such standardized form, criteria and types of corrective actions on
304 its Internet web site. On and after July 1, 2027, the board shall notify any
305 school of nursing that the board determines has fallen below the
306 acceptable performance threshold under this subsection and require
307 that such school take one or more of such corrective actions that it deems
308 necessary to assist such school in achieving an acceptable performance
309 threshold.

310 [(c)] (d) The Department of Public Health shall post a list of all
311 nursing programs and all programs for training licensed practical
312 nurses that are approved by the Connecticut State Board of Examiners
313 for Nursing and maintain the standard for the education of nurses and
314 the training of licensed practical nurses as established by the
315 Commissioner of Public Health on the department's Internet web site.

316 Sec. 11. (*Effective from passage*) The Commissioner of Public Health, in
 317 collaboration with the Commissioner of Energy and Environmental
 318 Protection, shall evaluate the recommendations of the sewage disposal
 319 working group established pursuant to section 49 of public act 25-97 that
 320 are set forth in the working group's final report. Not later than January
 321 1, 2027, the commissioners shall jointly report, in accordance with the
 322 provisions of section 11-4a of the general statutes, to the joint standing
 323 committees of the General Assembly having cognizance of matters
 324 relating to public health and the environment regarding the feasibility
 325 and implications of implementing each of the working group's
 326 recommendations, with a particular emphasis on the recommendation
 327 that nitrogen assessments of sewage disposal systems be required at five
 328 thousand gallons per day for each property within an environmentally
 329 sensitive area and seven thousand five hundred gallons per day for all
 330 other properties with a sewage disposal system that is regulated by the
 331 Department of Public Health, and whether legislation is necessary for
 332 implementation of such recommendations.

333 Sec. 12. Sections 17a-227d and 17a-476a of the general statutes are
 334 repealed. (*Effective October 1, 2026*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2026</i>	19a-490(a)
Sec. 2	<i>October 1, 2026</i>	46a-11c
Sec. 3	<i>July 1, 2026</i>	New section
Sec. 4	<i>July 1, 2026</i>	New section
Sec. 5	<i>October 1, 2026</i>	New section
Sec. 6	<i>from passage</i>	17b-338(a)
Sec. 7	<i>from passage</i>	19a-1271(d)
Sec. 8	<i>from passage</i>	19a-515(b)
Sec. 9	<i>October 1, 2026</i>	New section
Sec. 10	<i>October 1, 2026</i>	20-90
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>October 1, 2026</i>	Repealer section

PH *Joint Favorable Subst.*