OLR Bill Analysis

sSB 295

AN ACT CONCERNING STATE LAW PROTECTIONS FOR HEALTH CARE PROVIDERS AND PATIENTS RELATED TO THE PROVISION OF A LEGALLY PROTECTED HEALTH CARE ACTIVITY.

TABLE OF CONTENTS:

SUMMARY

This bill makes various changes related to reproductive and gender-affirming health care services, such as (1) replacing various statutory references to these terms with the umbrella term "legally protected health care activity" and (2) expanding existing protections, and adding new ones, for providers or patients. The bill also makes various minor, technical, and conforming changes. A section-by-section analysis follows.

EFFECTIVE DATE: October 1, 2026

§§ 1, 4-7 & 9-11 — LEGALLY PROTECTED HEALTH CARE ACTIVITY

Replaces various statutory references to reproductive health care services and gender-affirming health care services with the umbrella term "legally protected health care activity"; broadens the definition of "reproductive health care services" that is part of this new term

The bill replaces various statutory references to reproductive health care services and gender-affirming health care services with the term "legally protected health care activity." Under the bill, this activity is any of the following, as long as the services are allowed under and provided in line with Connecticut law:

1. any person's receipt or attempted receipt of reproductive or

gender-affirming health care services;

2. the provision, attempted provision, or insurance coverage of these services that are provided under the applicable standard of care by a Connecticut-licensed health care provider who is physically present in the state, regardless of where the patient is located; and

3. any act or omission done to aid or encourage, or attempt to aid or encourage, anyone in the receipt or attempted receipt of reproductive or gender-affirming health care services.

The bill broadens the definition of "reproductive health care services" that is part of the new umbrella term. Under current law, these services are all medical, surgical, counseling, or referral services relating to the human reproductive system, including relating to pregnancy, assisted reproduction, contraception, or pregnancy termination. The bill broadens the service types to include supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature relating to the human reproductive system. It also specifies that this includes services related to pregnancy loss.

By law, unchanged by the bill, "gender-affirming health care services" means all supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medications, that treat gender dysphoria and gender incongruence. It does not include any practice or treatment administered to someone under age 18 to change the person's sexual orientation or gender identity, including efforts to change gender expression or to eliminate or reduce sexual or romantic attraction or feelings towards people of the same gender ("conversion therapy").

Standard of Care and Contractual Rights Unaffected

The bill specifies that the term "legally protected health care activity" does not impact or change the standard of care for medical professionals

or contractual rights of contracting parties under state law.

Substitution of Terminology

The following table briefly describes the laws in which the bill substitutes legally protected health care activity for reproductive and gender-affirming health care services.

Existing Laws with Substituted Terminology Under the Bill

Sec.	*Brief Summary*
1	Generally allows for civil lawsuits to be brought by people against whom there was an out-of-state judgment based on allegedly providing or receiving, helping another person to provide or receive, or providing material support for this activity, to recover certain costs.
4	Generally prohibits health care providers, payors, or information processors (or their business associates) from disclosing protected information relating to this activity in a proceeding without the patient's (or authorized representative's) written consent.
5 & 6	Generally prohibits court officers from issuing summonses for out-of-state criminal cases or subpoenas for out-of-state civil actions or proceedings relating to this activity.
7	Generally prohibits public agencies, or people acting on their behalf, from giving information or using resources to support an interstate investigation or proceeding seeking to impose criminal or civil liability relating to this activity.
9 & 11	Generally protects health care providers from being disciplined or adversely affected by Connecticut licensing agencies due to other jurisdictions' disciplinary actions against them due to involvement with this activity.
10	Generally protects health care providers from being disciplined or adversely affected by institutional employers due to their involvement with this activity, if that involvement occurred before they started to work for the institution or outside the scope of their employment with the institution.

The bill makes other changes to some of these laws (see below).

§ 1 — CIVIL ACTIONS RELATED TO OUT-OF-STATE JUDGMENTS

Specifies the scope of a law allowing for lawsuits to recover certain costs due to out-of-state judgments relating to reproductive or gender-affirming health care services

Existing law allows for a lawsuit to be brought by someone against whom there was an out-of-state judgment based on allegedly providing or receiving, helping another person to provide or receive, or providing

material support for reproductive or gender-affirming health care services (now "legally protected health care activity" under the bill). The bill specifies that this law applies to judgments from other states, federal courts, or any other jurisdiction based on another state's laws.

Under existing law, the lawsuit allows these individuals to recover certain costs they incurred defending the out-of-state action and bringing an action under this law. Among other limitations, this cause of action is unavailable if no part of the acts that formed the basis for liability occurred in Connecticut.

§ 2 — CONNECTICUT LAW AS GOVERNING LAW

Generally requires Connecticut law to govern in any case in the state related to a legally protected health care activity

Except as required by federal law, the bill provides that Connecticut law must govern in any in-state case related to a legally protected health care activity. This applies despite any contrary Connecticut law provisions on conflict of laws.

§ 3 — LIMITATION ON EVIDENCE AND SUBPOENAS

Generally (1) prohibits evidence of involvement in a legally protected health care activity from being offered to prove someone's wrongdoing if it relates to the person receiving the services being out of state at the time and (2) allows someone subject to a subpoena related to a legally protected health care activity to move to modify or squash it under court rules

Under the bill, except as required by federal law, evidence of someone's involvement in legally protected health care activity generally cannot be offered as evidence to prove the individual's wrongdoing if it relates to the fact that the person receiving the services was in another state at the time. This applies in a civil, criminal, professional, or other context.

The bill also generally allows someone subject to a subpoena related to a legally protected health care activity to move to modify or squash it under court rules, in addition to any other reason, theory, or argument. This applies to subpoenas related to allegedly providing or receiving, helping someone to provide or receive, or giving material support for the activity, and those for related vicarious, joint, several, or conspiracy liability.

These provisions do not prevent a party from offering this evidence, or prevent compliance with a subpoena, in cases relating to the medical standard of care or parties' contractual rights under state law, if the evidence is offered against a party to the case. This includes private lawsuits or cases brought by a state agency (in a civil, criminal, or administrative context) against a licensed health care provider or health care facility under state law.

These provisions on evidence and subpoenas do not affect any other applicable privilege, right, or confidentiality protection.

§ 4 — LIMITS ON SHARING INFORMATION WITHOUT CONSENT

Specifies that the existing prohibition on sharing patient information (relating to reproductive or gender-affirming health care services) in certain proceedings applies to subpoena responses; adds protected health information in "designated record sets" under HIPAA to that prohibition; expands allowable disclosures to DPH without patient consent

Existing law prohibits, with certain exceptions, covered entities under the Health Insurance Portability and Accountability Act (HIPAA) (generally, health care providers, plans or payors, and clearinghouses) and their business associates from disclosing specified information about reproductive and gender-affirming health care services (now "legally protected health care activity") without written consent from the patient or patient's authorized legal representative. This prohibition applies to disclosure in a civil lawsuit (or a preliminary proceeding), or a probate, legislative, or administrative proceeding. The bill further specifies that the prohibition only applies to subpoena responses in these proceedings.

The bill adds to the generally prohibited disclosures any protected health information relating to a legally protected health care activity that is in a "designated record set" for a patient. Under HIPAA regulations, these are records kept by or for a covered entity for certain purposes, such as a provider's medical or billing records or records used in whole or part to make decisions about individuals.

The bill expands an exemption to the prohibitions under the bill and existing law, by allowing disclosures to the Department of Public Health

(DPH) in connection with an investigation, inspection, or survey of a DPH-licensed institution. (The law already exempts disclosures to DPH in connection with the investigation of a complaint.) It also specifies that the existing exemption in cases of known or suspected abuse (such as child or elder abuse) applies when that abuse is illegal under state law.

§ 8 — GOVERNOR'S EXTRADITION AUTHORITY

Limits the circumstances in which the governor can extradite someone when the other state's charges relate to a legally protected health care activity

Except as required by federal law, the bill limits the governor's discretion to extradite individuals charged in another state due to engaging in a legally protected health care activity. Specifically, he may do so only if the demanding state's executive authority alleges in writing that the individual was physically in that state at the time of the alleged offense and then fled from that state.

Existing law limits the governor's discretion to extradite individuals accused of performing acts in Connecticut that result in crimes in another state. He may only do so if the acts would also be punishable under Connecticut law had their consequences, as claimed by the demanding state, taken effect in this state.

§§ 9 & 11 — LIMITS ON STATE DISCIPLINARY ACTIONS

Generally prohibits DPH and DCP from taking certain actions based on a federal entity's adverse actions related to a legally protected health care activity

Existing law generally prohibits, as applicable, DPH, DPH professional licensing boards and commissions, the Department of Consumer Protection (DCP), and the Commission of Pharmacy from denying a credential or disciplining a credentialed health care provider or person (for example, a pharmacist) due to disciplinary actions in other U.S. jurisdictions solely based on the provider's or person's alleged participation in reproductive or gender-affirming health care services (now "legally protected health care activity"). These prohibitions generally restrict what actions they can take based on pending disciplinary actions, unresolved complaints, or disciplinary actions by professional disciplinary agencies in other states; the District of Columbia; or U.S. commonwealths, territories, or possessions.

The bill extends these restrictions to actions based on a federal agency's pending disciplinary action, unresolved complaint, or disciplinary action. It also specifies that these restrictions apply to actions based on other jurisdictions' other adverse actions, not just pending disciplinary actions, unresolved complaints, or disciplinary actions.

As under existing law, these restrictions do not apply if the providers' or persons' underlying conduct, had it occurred in Connecticut, would be subject to discipline under state law.

§ 10 — LIMITATIONS ON HEALTH CARE EMPLOYER ACTIONS

Generally prohibits institutional health care employers from taking certain actions based on a federal entity's adverse actions related to a legally protected health care activity

Existing law generally prohibits DPH-licensed health care institutions from revoking, suspending, or refusing to issue or renew credentials or privileges; issuing a reprimand; penalizing; or taking any other adverse action related to credentialing or privileging (1) based solely on a health care provider's alleged participation in reproductive or gender-affirming health care services ("legally protected health care activity" under the bill) or (2) due to pending disciplinary actions, unresolved complaints, or disciplinary actions by professional disciplinary agencies in other U.S. jurisdictions based solely on this alleged participation. For the prohibition to apply, the provider's involvement in this activity must have happened before starting to work for the institution or outside the scope of his or her employment with the institution.

The bill extends this prohibition to actions that are based on (1) federal agencies' actions or (2) any of these jurisdictions' other adverse actions, not just their pending disciplinary actions, unresolved complaints, or disciplinary actions.

As under existing law, these restrictions do not apply if the provider's underlying conduct (1) violates the standard of care for their profession, (2) is illegal under Connecticut law, or (3) occurs within the scope of employment and violates the institution's (legally valid) policies or

rules.

§§ 12-15 — ADDRESS CONFIDENTIALITY PROGRAM

Expands the state's address confidentiality program by allowing, under certain conditions, participation by people engaged in providing, facilitating, or promoting a legally protected health care activity

By law, the address confidentiality program, administered by the secretary of the state (SOTS), allows certain people (such as victims of specified crimes) to receive a substitute mailing address to keep their residential address confidential due to safety concerns (see BACKGROUND).

The bill expands the program by allowing participation, under certain conditions, by people engaged in providing, facilitating, or promoting a legally protected health care activity. Unlike for other program applicants, the bill does not require an application assistant's help for these people when applying.

Under the bill, SOTS must certify an application from one of these applicants if it is filed on the prescribed form and includes the following:

1. documentation that the person is set to start working, or is currently working or volunteering, at an entity that provides, facilitates, or promotes a legally protected health care activity, and

2. a statement made under penalty of false statement that the applicant (a) is engaged in providing, facilitating, or promoting such an activity, (b) the employing entity has been the target of threats, harassment, or violence within the past year relating to its involvement in this activity, and (c) the applicant fears for his or her safety.

The application must also include other information required of all program applicants, such as the addresses and phone numbers to remain confidential.

§§ 16-18 — PRESCRIPTION IDENTIFIERS

Upon a prescribing practitioner's request and to the extent allowed by federal law, requires prescriptions for drugs related to a legally protected health care activity to include the health care facility's name rather than the prescriber's

Under the bill, upon a prescribing practitioner's request, a written or electronic prescription for drugs related to a legally protected health care activity must include the prescribing and dispensing health care practice's or facility's name and address rather than the prescriber's name and signature. For labels of prescription drugs dispensed at pharmacies, the bill specifies that this applies (1) whether the practitioner's request was written, electronic, or verbal and (2) to drugs that are not controlled substances.

These provisions apply only to the extent allowed by federal law.

§ 19 — CHILD CUSTODY OR PROTECTION

Places limits on courts in relation to child custody or abuse matters due to parents or guardians allowing their child to receive or seek a legally protected health care activity

The bill prohibits Connecticut courts from enforcing or applying in a pending case another state's law that would authorize a child's removal due to the child's parent or guardian allowing the child to receive or seek a legally protected health care activity.

It also prohibits Connecticut courts from admitting or considering as evidence an abuse finding against a parent or guardian due to their allowing the child to receive or seek a legally protected health care activity, unless the parent's or guardian's conduct would be considered abuse under Connecticut law if it occurred here. This applies to cases involving the parent or guardian or any of their children.

These provisions do not change any state requirements relating to mandated reporting of child abuse or neglect.

BACKGROUND

Address Confidentiality Program

By law, once an applicant to the address confidentiality program is certified by SOTS, he or she receives a substitute address. SOTS, as the participant's legal agent, receives any mail and service of process sent

to that substitute address and forwards it to the participant's confidential address free of charge.

Participants may generally have (1) their street address omitted from voter registries, (2) correspondence from state or municipal agencies sent to their substitute address, and (3) their marriage records kept confidential. Participants may renew their certification every four years. SOTS may cancel a participant's certification under certain circumstances, but the participants may reapply at any time (CGS § 54-240 et seq. and Conn. Agencies Regs. § 54-240a-1 et seq.).

Related Bills

sHB 5516, reported favorably by the Public Health Committee, generally prohibits health care entities from (1) limiting their health care providers' ability to give patients medically accurate information and counseling about reproductive or gender-affirming health care services or (2) taking adverse action against their providers solely for giving this information or counseling.

sHB 5555, reported favorably by the Government Administration and Elections Committee, expands the state's address confidentiality program by allowing, under certain conditions, participation by people engaged in providing, facilitating, or promoting a legally protected health care activity.

sSB 227, §§ 2-5 (File 216), reported favorably by the General Law Committee, (1) expands current prohibitions on DCP and the Commission on Pharmacy taking certain actions based on other jurisdictions' actions related to reproductive and gender-affirming health care and (2) generally requires a prescription order for a drug related to reproductive or gender-affirming health care, at the prescriber's request, to include the practice's or facility's name rather than the prescriber's name.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Substitute
Yea 30 Nay 11 (03/23/2026)