
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

Appointing Authority	Member Qualifications
	<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)