



General Assembly

Amendment

February Session, 2026

LCO No. 4812



Offered by:

REP. MCCARTHY VAHEY, 133rd Dist.

SEN. ANWAR, 3rd Dist.

To: House Bill No. 5514

File No. 540

Cal. No. 359

"AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (a) of section 19a-490 of the general statutes is
4 repealed and the following is substituted in lieu thereof (*Effective October*
5 *1, 2026*):

6 (a) "Institution" means a hospital, short-term hospital special hospice,
7 hospice inpatient facility, residential care home, nursing home facility,
8 home health care agency, home health aide agency, behavioral health
9 facility, assisted living services agency, substance abuse treatment
10 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,
11 blood collection facility, source plasma donation center, birth center, an
12 infirmary operated by an educational institution for the care of students
13 enrolled in [, and] such institution, faculty and employees of [,] such
14 institution, and the dependent family members of such students, faculty

15 and employees, which family members are enrolled in such institution's
16 health plan; a facility engaged in providing services for the prevention,
17 diagnosis, treatment or care of human health conditions, including
18 facilities operated and maintained by any state agency; and a residential
19 facility for persons with intellectual disability licensed pursuant to
20 section 17a-227 and certified to participate in the Title XIX Medicaid
21 program as an intermediate care facility for individuals with intellectual
22 disability. "Institution" does not include any facility for the care and
23 treatment of persons with mental illness or substance use disorder
24 operated or maintained by any state agency, except Whiting Forensic
25 Hospital and the hospital and psychiatric residential treatment facility
26 units of the Albert J. Solnit Children's Center;

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 Section 46a-11c of the general statutes is repealed and the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

29 (a) The commissioner, upon receiving a report that a person with
30 intellectual disability allegedly is being or has been abused or neglected,
31 shall make an initial determination whether such person has intellectual
32 disability, shall determine if the report warrants investigation and shall
33 cause, in cases that so warrant, a prompt, thorough evaluation to be
34 made to determine whether the person has intellectual disability and
35 has been abused or neglected. For the purposes of sections 46a-11a to
36 46a-11g, inclusive, the determination of intellectual disability may be
37 made by means of a review of records and shall not require the
38 commissioner to conduct a full psychological examination of the person.
39 Any delay in making such determination of intellectual disability shall
40 not delay the investigation of abuse or neglect or recommendation of
41 provision of protective services. The evaluation shall include a visit to
42 the named person with intellectual disability and consultation with
43 those individuals having knowledge of the facts of the particular case.
44 All state, local and private agencies shall have a duty to cooperate with
45 any investigation conducted by the Department of Developmental
46 Services under this section, including the release of complete records of
47 the named person for review, inspection and copying, except where the

48 person with intellectual disability refuses to permit such records to be
49 released. The commissioner shall have subpoena powers to compel any
50 information related to such investigation. All records of the named
51 person shall be kept confidential by said department. Upon completion
52 of the evaluation of each case, written findings shall be prepared which
53 shall include a determination of whether abuse or neglect has occurred
54 and recommendations as to whether protective services are needed. The
55 commissioner, except in cases where the legal representative, parent or
56 guardian is the alleged or substantiated perpetrator of abuse or neglect
57 or is residing with the alleged or substantiated perpetrator, shall notify
58 the legal representative, if any, and the parent or guardian of the person
59 with intellectual disability if a report of abuse or neglect is made [which]
60 that the commissioner determines warrants investigation. The
61 commissioner, except in cases where the legal representative, parent or
62 guardian is the alleged or substantiated perpetrator of abuse or neglect
63 or is residing with the alleged or substantiated perpetrator, shall
64 provide the legal representative who the commissioner determines is
65 entitled to such information and the parent or guardian with further
66 information upon request. The person filing the report of abuse or
67 neglect shall be notified of the findings upon such person's request.

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

77 (c) In cases where there is a death of a person with intellectual
78 disability for whom the Department of Developmental Services has
79 direct or oversight responsibility for medical care, and there is
80 reasonable cause to suspect or believe that such death may be due to

81 abuse or neglect, the commissioner shall conduct an investigation to
82 determine whether abuse or neglect occurred, except as may be
83 otherwise required by court order. The commissioner shall establish
84 protocols for conducting such investigations.

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

87 (e) Neither the original report of alleged abuse or neglect nor the
88 evaluation report of the investigator [which] that includes findings and
89 recommendations shall be (1) deemed a public record for purposes of
90 section 1-210, [The original report of alleged abuse or neglect or the
91 evaluation report of the investigator shall not be] or (2) provided to a
92 legal representative, parent or guardian who is the alleged or
93 substantiated perpetrator of abuse or neglect or is residing with the
94 alleged or substantiated perpetrator. The name of the person making the
95 original report shall not be disclosed to any person unless the person
96 making the original report consents to such disclosure or unless a
97 judicial proceeding results therefrom.

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

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

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

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

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

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

108 (b) The Commissioner of Public Health shall establish a working
109 group to advise the Department of Public Health regarding (1) managed

110 residential communities in the state where assisted living services
111 agencies provide assisted living services to the residents of such
112 communities, and (2) whether licensure of such communities by the
113 department would enable the department and such communities to
114 improve the health, safety and overall well-being of such residents. The
115 working group shall include, but need not be limited to, not less than
116 three representatives of different managed residential communities in
117 the state, not less than three representatives of different assisted living
118 services agencies in the state, not less than three residents who are
119 receiving assisted living services in a managed residential community
120 in the state, one each from a different managed residential community,
121 not less than three relatives of residents who are receiving such services
122 from a managed residential community, one each from a different
123 managed residential community, and a representative of an association
124 of aging services organizations in the state. Not later than January 1,
125 2027, the working group shall report to the commissioner regarding its
126 findings and recommendations.

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

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

141 Sec. 5. (NEW) (*Effective October 1, 2026*) Not later than January 1, 2027,
142 each health care provider shall notify each patient, in writing, at the time

143 of the initial intake of such patient (1) of the laws concerning the length
144 of time that the provider is required to maintain patient medical records,
145 and (2) of the manner in which the patient may request copies of the
146 patient's medical records from the provider.

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

150 (a) There is established a Long-Term Care Advisory Council which
151 shall consist of the following: (1) The executive director of the
152 Commission on Women, Children, Seniors, Equity and Opportunity, or
153 the executive director's designee; (2) the State Nursing Home
154 Ombudsman, or the ombudsman's designee; (3) the president of the
155 Coalition of Presidents of Resident Councils, or the president's designee;
156 (4) the executive director of the Legal Assistance Resource Center of
157 Connecticut, or the executive director's designee; (5) the state president
158 of AARP, or the president's designee; (6) one representative of a
159 bargaining unit for health care employees, appointed by the president
160 of the bargaining unit; (7) the president of LeadingAge Connecticut and
161 Rhode Island, Inc., or the president's designee; (8) the president of the
162 Connecticut Association of Health Care Facilities, or the president's
163 designee; (9) the president of the Connecticut Association of Residential
164 Care Homes, or the president's designee; (10) the president of the
165 Connecticut Hospital Association or the president's designee; (11) the
166 executive director of the Connecticut Assisted Living Association or the
167 executive director's designee; (12) the executive director of the
168 Connecticut Association for Homecare or the executive director's
169 designee; (13) the president of Connecticut Community Care, Inc. or the
170 president's designee; (14) one member of the Connecticut Association of
171 Area Agencies on Aging appointed by the agency; (15) the president of
172 the Connecticut chapter of the Connecticut Alzheimer's Association;
173 (16) one member of the Connecticut Association of Adult Day Centers
174 appointed by the association; (17) the president of the Connecticut
175 Chapter of the American College of Health Care Administrators, or the

176 president's designee; (18) the president of the Connecticut Council for
177 Persons with Disabilities, or the president's designee; (19) the president
178 of the Connecticut Association of Community Action Agencies, or the
179 president's designee; (20) a personal care attendant appointed by the
180 speaker of the House of Representatives; (21) a person who, in a home
181 setting, cares for a person with a disability and is appointed by the
182 president pro tempore of the Senate; (22) three persons with a disability
183 appointed one each by the majority leader of the House of
184 Representatives, the majority leader of the Senate and the minority
185 leader of the House of Representatives; (23) a legislator who is a member
186 of the Long-Term Care Planning Committee; (24) one member who is a
187 nonunion home health aide appointed by the minority leader of the
188 Senate; and (25) the executive director of the nonprofit entity designated
189 by the Governor in accordance with section 46a-10b to serve as the
190 Connecticut protection and advocacy system or the executive director's
191 designee.

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

195 (d) The advisory committee shall consist of (1) four members who
196 represent and shall be appointed by the Connecticut Hospital
197 Association, including three members who represent three separate
198 hospitals that are not affiliated of which one such hospital is an
199 academic medical center; (2) one member who represents and shall be
200 appointed by the Connecticut Nursing Association; (3) two members
201 who represent and shall be appointed by the Connecticut Medical
202 Society, including one member who is an active medical care provider;
203 (4) two members who represent and shall be appointed by the
204 Connecticut Business and Industry Association, including one member
205 who represents a large business and one member who represents a
206 small business; (5) one member who represents and shall be appointed
207 by the Home Health Care Association; (6) one member who represents
208 and shall be appointed by the Connecticut Association of Health Care

209 Facilities; (7) one member who represents and shall be appointed by
210 LeadingAge Connecticut and Rhode Island, Inc.; (8) two members who
211 represent and shall be appointed by the AFL-CIO; (9) one member who
212 represents consumers of health care services and who shall be
213 appointed by the Commissioner of Public Health; (10) one member who
214 represents a school of public health and who shall be appointed by the
215 Commissioner of Public Health; (11) the Commissioner of Public Health
216 or said commissioner's designee; (12) the Commissioner of Social
217 Services or said commissioner's designee; (13) the Secretary of the Office
218 of Policy and Management or said secretary's designee; (14) two
219 members who represent licensed health plans and shall be appointed by
220 the Connecticut Association of Health Care Plans; (15) one member who
221 represents and shall be appointed by the federally designated state peer
222 review organization; and (16) one member who represents and shall be
223 appointed by the Connecticut Pharmaceutical Association. The
224 chairperson of the advisory committee shall be the Commissioner of
225 Public Health or said commissioner's designee. The chairperson of the
226 committee, with a vote of the majority of the members present, may
227 appoint ex-officio nonvoting members in specialties not represented
228 among voting members. Vacancies shall be filled by the person who
229 makes the appointment under this subsection.

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

233 (b) Each licensee shall complete a minimum of forty hours of
234 continuing education every two years, including, but not limited to,
235 training in (1) Alzheimer's disease and dementia symptoms and care,
236 and (2) infection prevention and control. Such two-year period shall
237 commence on the first date of renewal of the licensee's license after
238 January 1, 2004. The continuing education shall be in areas related to the
239 licensee's practice. Qualifying continuing education activities are
240 courses offered or approved by the Connecticut Association of
241 Healthcare Facilities, LeadingAge Connecticut and Rhode Island, Inc.,

242 the Connecticut Assisted Living Association, the Connecticut Alliance
243 for Subacute Care, Inc., the Connecticut Chapter of the American
244 College of Health Care Administrators, the Association For Long Term
245 Care Financial Managers, the Alzheimer's Association or any accredited
246 college or university, or programs presented or approved by the
247 National Continuing Education Review Service of the National
248 Association of Boards of Examiners of Long Term Care Administrators,
249 the Association for Professionals in Infection Control and Epidemiology
250 or by federal or state departments or agencies.

251 Sec. 9. Subsection (g) of section 22a-430 of the 2026 supplement to the
252 general statutes is repealed and the following is substituted in lieu
253 thereof (*Effective from passage*):

254 (g) (1) The commissioner shall, by regulation adopted prior to
255 October 1, 1977, establish and define categories of discharges that
256 constitute household and small commercial subsurface sewage disposal
257 systems for which the commissioner shall delegate to the Commissioner
258 of Public Health the authority to issue permits or approvals and to hold
259 public hearings in accordance with this section, on and after said date.
260 Not later than July 1, 2026, but only after the working group has
261 convened pursuant to section 49 of public act 25-97* and consideration
262 of the recommendations provided by such working group pursuant to
263 said section, the commissioner shall post a notice of intent to amend
264 such regulations on the eRegulations System to establish and define
265 categories of discharges that constitute small community sewerage
266 systems and household and small commercial subsurface sewage
267 disposal systems. The Commissioner of Public Health shall adopt
268 regulations, in accordance with the provisions of chapter 54, to establish
269 minimum requirements for small community sewerage systems and
270 household and small commercial subsurface sewage disposal systems
271 and procedures for the issuance of such permits or approvals by the
272 local director of health or an environmental health specialist registered
273 pursuant to chapter 395. The commissioner shall issue and update
274 technical standards applicable to the design, installation, engineering

275 and operation of on-site sewage disposal systems under the jurisdiction
276 of the Department of Public Health. Such technical standards shall not
277 be considered regulations of Connecticut state agencies, as defined in
278 section 4-166. The commissioner may implement policies and
279 procedures necessary to implement the provisions of this subsection
280 while in the process of adopting such policies and procedures as
281 regulations, provided notice of intent to adopt regulations is published
282 on the eRegulations System not later than twenty days after the date of
283 implementation of such policies and procedures. Policies and
284 procedures implemented pursuant to this subsection shall be valid until
285 the time final regulations are adopted in accordance with the provisions
286 of chapter 54. As used in this subsection, small community sewerage
287 systems and household and small commercial disposal systems shall
288 include those subsurface sewage disposal systems with a capacity of ten
289 thousand gallons per day or less. Notwithstanding any provision of the
290 general statutes (1) the regulations adopted by the commissioner
291 pursuant to this subsection that are in effect as of July 1, 2017, shall apply
292 to household and small commercial subsurface sewage disposal
293 systems with a capacity of seven thousand five hundred gallons per day
294 or less, and (2) the regulations adopted by the commissioner pursuant
295 to this subsection that are in effect on or after July 1, 2026, shall apply to
296 small community sewerage systems, household systems and small
297 commercial subsurface sewerage disposal systems with a capacity of ten
298 thousand gallons per day or less. Any permit denied by the
299 Commissioner of Public Health, or a director of health or registered
300 environmental health specialist shall be subject to hearing and appeal in
301 the manner provided in section 19a-229. Any permit granted by the
302 Commissioner of Public Health, or a director of health or registered
303 environmental health specialist on or after October 1, 1977, shall be
304 deemed equivalent to a permit issued under subsection (b) of this
305 section.

306 (2) As used in this subdivision, "nitrogen removal technology" means
307 a system designed to remove nitrogen for use in subsurface sewage
308 disposal systems delegated to the Commissioner of Public Health

309 pursuant to subdivision (1) of this subsection, except systems regulated
310 pursuant to section 19a-35a. Not later than July 1, 2028, the
311 Commissioners of Public Health and Energy and Environmental
312 Protection shall consult with stakeholders with expertise in nitrogen
313 removal to:

314 (A) Determine nitrogen credit equal to the nitrogen credit values for
315 nitrogen removal technologies approved by the Department of Energy
316 and Environmental Protection and published in the technical standards
317 established pursuant to subdivision (1) of this subsection prior to July 1,
318 2028;

319 (B) Determine nitrogen credit equal to the nitrogen credit values for
320 nitrogen removal technologies approved by the Department of Energy
321 and Environmental Protection that have not been published prior to July
322 1, 2028, in the technical standards established pursuant to subdivision
323 (1) of this subsection, for nitrogen removal technologies that meet the
324 definition of subsurface sewage disposal systems as established in
325 regulation pursuant to subdivision (1) of this subsection; and

326 (C) Establish procedures and standards for the review and approval
327 of new nitrogen removal technologies, which procedures and standards
328 shall be supported by independent third-party testing and climate-
329 relevant field data demonstrating the effectiveness of the technology in
330 removing nitrogen and publish such procedures and standards in the
331 technical standards issued pursuant to subdivision (1) of this
332 subsection. The Commissioner of Public Health shall adopt regulations,
333 in accordance with the provisions of chapter 54, to implement the
334 provisions of this subparagraph.

335 Sec. 10. Section 20-200 of the general statutes is repealed and the
336 following is substituted in lieu thereof (*Effective October 1, 2026*):

337 (a) (1) Notwithstanding the provisions of section 20-198, the
338 Department of Public Health may issue a license by endorsement to any
339 veterinarian of good professional character who is currently licensed

340 and practicing in some other state or territory, having requirements for
341 admission determined by the department to be at least equal to the
342 requirements of this state, upon the payment of a fee of five hundred
343 sixty-five dollars to said department. Notwithstanding the provisions of
344 section 20-198, the department may, upon payment of a fee of five
345 hundred sixty-five dollars, issue a license without examination to a
346 currently practicing, competent veterinarian in another state or territory
347 who [(1)] (A) holds a current valid license in good professional standing
348 issued after examination by another state or territory that maintains
349 licensing standards which, except for examination, are commensurate
350 with this state's standards, and [(2)] (B) has worked continuously as a
351 licensed veterinarian in an academic or clinical setting in another state
352 or territory for a period of not less than five years immediately
353 preceding the application for licensure without examination. No license
354 shall be issued under this section to any applicant against whom
355 professional disciplinary action is pending or who is the subject of an
356 unresolved complaint. The department shall inform the board annually
357 of the number of applications it receives for licensure under this section.

358 [(b)] (2) The Department of Public Health may issue a temporary
359 permit under this subsection to an applicant for licensure without
360 examination upon receipt of a completed application form,
361 accompanied by the fee for licensure without examination, a copy of a
362 current license from another state of the United States, the District of
363 Columbia or a commonwealth or territory subject to the laws of the
364 United States, and a notarized affidavit attesting that the license is valid
365 and belongs to the person requesting notarization. Such temporary
366 permit shall be valid for a period not to exceed one hundred twenty
367 calendar days and shall not be renewable. The department shall not
368 issue a temporary permit under this section to any applicant against
369 whom professional disciplinary action is pending, or who is the subject
370 of an unresolved complaint.

371 (b) Notwithstanding the provisions of section 20-198, the Department
372 of Public Health may issue a temporary permit to an applicant who (1)

373 is a graduate from a school located outside of the United States, its
374 territories or Canada with a degree of doctor of veterinary medicine, or
375 its equivalent, from a program acceptable to the American Veterinary
376 Medical Association as required to receive certification by the
377 Educational Commission for Foreign Veterinary Graduates, and (2) is
378 working toward receiving certification from the Educational
379 Commission for Foreign Veterinary Graduates or Program for the
380 Assessment of Veterinary Education Equivalence. Such temporary
381 permit shall authorize the holder to practice veterinary medicine only
382 under the direct supervision of a veterinarian who has been licensed
383 under chapter 384 for not less than two years. Such temporary permit
384 shall be valid for a period not to exceed two years after the date of
385 issuance, except such temporary permit shall be renewable once for a
386 period of two years if the applicant fails to receive certification from the
387 Educational Commission for Foreign Veterinary Graduates or Program
388 for the Assessment of Veterinary Education Equivalence within the first
389 two-year period. No fee shall be required for the issuance or renewal of
390 a temporary permit under this section. As used in this subsection,
391 "direct supervision" means the licensed veterinarian is present in the
392 office where the temporary permit holder is performing such holder's
393 duties and immediately available to furnish assistance and direction to
394 such holder throughout the performance of such duties.

395 Sec. 11. (*Effective from passage*) (a) There is established a veterinary
396 telemedicine working group. The working group shall (1) evaluate the
397 feasibility of permitting the establishment of a veterinary-patient
398 relationship through veterinary telemedicine in the state when an
399 animal is in need of medical care or treatment, and (2) if the working
400 group determines that permitting such establishment is feasible, make
401 recommendations regarding the parameters of such relationship. The
402 working group shall be within the Legislative Department.

403 (b) The working group shall consist of the following members:

404 (1) The chairpersons and ranking members of the joint standing
405 committee of the General Assembly having cognizance of matters

406 relating to public health, or their designees;

407 (2) One appointed by the Senate chairperson of the joint standing
408 committee of the General Assembly having cognizance of matters
409 relating to public health, who shall be a member of an association of
410 veterinarians in the state;

411 (3) One appointed by the House chairperson of the joint standing
412 committee of the General Assembly having cognizance of matters
413 relating to public health, who shall be a proponent of the establishment
414 of a veterinary-patient relationship through veterinary telemedicine
415 when an animal is in need of medical care or treatment;

416 (4) One appointed by the Senate ranking member of the joint standing
417 committee of the General Assembly having cognizance of matters
418 relating to public health, who shall be a proponent of the establishment
419 of a veterinary-patient relationship through veterinary telemedicine
420 when an animal is in need of medical care or treatment; and

421 (5) One appointed by the House ranking member of the joint standing
422 committee of the General Assembly having cognizance of matters
423 relating to public health, who shall be a member of an association of
424 veterinarians in the state.

425 (c) The administrative staff of the joint standing committee of the
426 General Assembly having cognizance of matters relating to public
427 health shall serve as administrative staff of the working group.

428 (d) Not later than January 1, 2027, the working group shall report, in
429 accordance with the provisions of section 11-4a of the general statutes,
430 regarding its evaluation and recommendations to the joint standing
431 committee of the General Assembly having cognizance of matters
432 relating to public health.

433 Sec. 12. Section 19a-127k of the general statutes is amended by adding
434 subsection (j) as follows (*Effective October 1, 2026*):

435 (NEW) (j) When conducting a community health needs assessment,
436 each hospital shall, if warranted by data available to the hospital,
437 consider including the nutritional needs of community members with
438 diabetes and congestive heart failure and, to the extent permissible
439 under federal law, include such nutritional needs in the hospital's
440 community health needs assessment.

441 Sec. 13. (NEW) (*Effective October 1, 2026*) (a) As used in this section:

442 (1) "Bridging prescription" means a temporary, short-term
443 prescription issued to ensure continuity of medication while a patient
444 awaits specialized care;

445 (2) "Buprenorphine" means a synthetic opiate with partial agonist
446 actions approved by the federal Food and Drug Administration or any
447 successor agency for the treatment of opioid use disorder;

448 (3) "Community provider" means a health care provider permitted by
449 state and federal law to prescribe buprenorphine for the treatment of
450 opioid use disorder;

451 (4) "Last-dose letter" means a formal, sealed document provided by a
452 hospital to a patient that confirms the exact date, time and amount of
453 the last dose of methadone administered to the patient;

454 (5) "Methadone" means a long-acting synthetic opioid agonist
455 approved by the federal Food and Drug Administration or any
456 successor agency for the treatment of opioid use disorder;

457 (6) "Opioid antagonist" means naloxone hydrochloride or any other
458 similarly acting and equally safe drug approved by the federal Food and
459 Drug Administration or any successor agency for the treatment of a
460 drug overdose;

461 (7) "Opioid use disorder" has the same meaning as provided in the
462 most recent edition of the American Psychiatric Association's
463 Diagnostic and Statistical Manual of Mental Disorders; and

464 (8) "Opioid treatment program" means a certified opioid treatment
465 program, as described in 42 CFR 8, as amended from time to time, that
466 is permitted by state and federal law to administer methadone for the
467 treatment of opioid use disorder.

468 (b) On and after January 1, 2027, each hospital licensed pursuant to
469 chapter 368v of the general statutes (1) may, to the extent permitted
470 under federal law, (A) administer buprenorphine or methadone to each
471 patient presenting to the hospital's emergency department with
472 symptoms of opioid use disorder without requiring the admission of the
473 patient to the hospital for the sole purpose of such administration,
474 provided (i) the administration of buprenorphine or methadone is
475 clinically indicated, and (ii) the patient consents to such administration,
476 (B) offer the patient a prescription for or a supply of an opioid antagonist
477 at the time of such patient's discharge from the emergency department
478 and, if the patient accepts the offer, provide the patient with such
479 prescription or dispense an opioid antagonist to the patient, and (C)
480 refer the patient to one or more community providers or opioid
481 treatment programs that can provide continuity in the prescription of
482 buprenorphine or administration of methadone, as applicable, and (2)
483 may, if clinically indicated, dispense a supply of methadone to each
484 such patient in accordance with the provisions of section 21 CFR 1306.
485 If a hospital administers buprenorphine to a patient under this
486 subsection, the hospital shall provide the patient, to the extent permitted
487 by federal law, with a bridging prescription for buprenorphine for the
488 anticipated time period during which the patient will be awaiting
489 treatment from the community provider to which the hospital refers the
490 patient. If a hospital administers or dispenses methadone to a patient
491 under this subsection, the hospital shall provide the patient with a last-
492 dose letter to provide to the local opioid treatment program to which
493 the hospital refers the patient.

494 (c) Nothing in this section shall be construed to (1) require the
495 provision of any medication when clinically contraindicated, (2) limit
496 the exercise of professional judgment by a treating clinician, or (3)

497 preclude the use of any medication other than buprenorphine or
498 methadone for opioid use disorder when such medication is clinically
499 indicated and the patient consents to the administration of such
500 medication.

501 Sec. 14. (NEW) (*Effective from passage*) (a) There is established a
502 working group regarding endometriosis for the purpose of evaluating
503 and making recommendations regarding the diagnosis, treatment,
504 research, education and public awareness of endometriosis in the state.
505 The working group shall be within the Legislative Department. The
506 working group shall evaluate the following:

507 (1) The prevalence and impact of endometriosis on residents of the
508 state;

509 (2) Barriers to timely and accurate diagnosis of endometriosis;

510 (3) Access to evidence-based treatment for endometriosis, including,
511 but not limited to, medical, surgical and therapeutic interventions;

512 (4) Insurance coverage and reimbursement practices for the
513 treatment of endometriosis;

514 (5) The impact of endometriosis in the workplace, including, but not
515 limited to, leave, accommodations and employment protections;

516 (6) Gaps in public and provider education and training concerning
517 endometriosis; and

518 (7) Opportunities to improve endometriosis data collection, research
519 initiatives and patient outcomes.

520 (b) The working group shall consist of the following members, who
521 shall be appointed not later than thirty days after the effective date of
522 this section:

523 (1) Four appointed by the speaker of the House of Representatives,
524 (A) one of whom shall be a member of the House or Representatives, (B)

525 one of whom shall be a physician licensed pursuant to chapter 370 of the
526 general statutes with demonstrated experience in the diagnosis and
527 treatment of endometriosis, (C) one of whom shall be a representative
528 of a federally qualified health center, and (D) one of whom shall be an
529 individual residing in the state who has been diagnosed with
530 endometriosis;

531 (2) Four appointed by the president pro tempore of the Senate, (A)
532 one of whom shall be a member of the Senate, (B) one of whom shall be
533 a physician licensed pursuant to chapter 370 of the general statutes who
534 is a member of the American College of Obstetricians and
535 Gynecologists, (C) one of whom shall be a researcher affiliated with an
536 academic or research institution in the state with expertise in
537 endometriosis, and (D) one of whom shall be a patient advocate with
538 experience advocating on behalf of individuals with endometriosis;

539 (3) Four appointed by the minority leader of the House of
540 Representatives, (A) one of whom shall be a member of the House of
541 Representatives, (B) one of whom shall be a pediatric or an adolescent
542 medicine physician licensed pursuant to chapter 370 of the general
543 statutes and currently practicing in the state, (C) one of whom shall be
544 an individual in the state with expertise in racial and health equity or
545 who represents a community-based organization serving historically
546 underserved populations, and (D) one of whom shall be a representative
547 of an association of hospitals in the state or an administrator of a hospital
548 in the state;

549 (4) Four appointed by the minority leader of the Senate, (A) one of
550 whom shall be a member of the Senate, (B) one of whom shall be a
551 representative of a school-based health center in the state, (C) one of
552 whom shall be a representative of a therapeutic or pharmaceutical
553 manufacturer with experience in treatments related to endometriosis,
554 and (D) one of whom shall be an individual residing in the state who
555 has been diagnosed with endometriosis;

556 (5) The Commissioner of Public Health, or the commissioner's

557 designee;

558 (6) The Insurance Commissioner, or the commissioner's designee;
559 and

560 (7) The cochairpersons of the endometriosis data and biorepository
561 program established pursuant to section 10a-132f of the general statutes.

562 (c) Except for members of the General Assembly, members who
563 represent state agencies and the cochairpersons of the endometriosis
564 data and biorepository program, six of the members first appointed
565 shall serve for a term of two years, six of such members shall serve for a
566 term of three years and, thereafter, members shall serve for a term of
567 two years. The executive director of the Commission on Women,
568 Children, Seniors, Equity and Opportunity shall determine which of the
569 members first appointed shall serve for a term of two years and which
570 of such members shall serve for a term of three years. Any vacancy shall
571 be filled by the appointing authority not later than thirty calendar days
572 after the appointment becomes vacant. Any member previously
573 appointed to the working group may be reappointed. The members of
574 the working group shall receive no compensation for their services but
575 may be reimbursed for any necessary expenses incurred in the
576 performance of their duties.

577 (d) The administrative staff of the Commission on Women, Children,
578 Seniors, Equity and Opportunity shall serve as administrative staff of
579 the working group. The executive director of said commission shall
580 schedule the first meeting of the working group which shall be held not
581 later than sixty days after the effective date of this section. The working
582 group shall appoint a chairperson and vice-chairperson from among its
583 members at its first meeting. The working group shall meet not less than
584 quarterly and provide an opportunity for public comment at its
585 meetings.

586 (e) Not later than January 1, 2027, and annually thereafter, the
587 working group shall report to the Governor and, in accordance with the

588 provisions of section 11-4a of the general statutes, to the joint standing
589 committees of the General Assembly having cognizance of matters
590 relating to human services and public health regarding its evaluation
591 and recommendations, including, but not limited to, for legislation
592 necessary to implement any of such recommendations.

593 Sec. 15. (NEW) (*Effective July 1, 2026*) (a) There is established an
594 advisory council on chimeric antigen receptor T-cell therapy and other
595 gene therapies. The council shall advise and make recommendations to
596 the Department of Public Health and other state agencies, as
597 appropriate, regarding (1) the availability of chimeric antigen receptor
598 T-cell therapy and other gene therapies in the state for the treatment of
599 cancer, (2) safe, equitable and financially sustainable delivery of such
600 therapies, (3) advanced training for clinical providers of such therapies,
601 (4) long-term follow-up and vector safety for patients receiving such
602 therapies, (5) the development of referral and management protocols for
603 such therapies, (6) education for clinicians, patients and patients'
604 relatives and caregivers regarding such therapies and such protocols, (7)
605 advising patients and their relatives and caregivers regarding the cost
606 and availability of insurance coverage for such therapies, (8)
607 opportunities for coordinating with research collaborations,
608 government agencies, including, but not limited to, the Centers for
609 Medicare and Medicaid Services, accrediting bodies and national
610 registries regarding such therapies, (9) the development of centers of
611 excellence in the state for the delivery of such therapies, including, but
612 not limited to, requiring accreditation of such centers, (10) the
613 development of a state-wide referral network to ensure all eligible
614 patients are matched with a center of excellence in the state, (11) the
615 development of safety protocols to address complications experienced
616 by patients receiving such therapies and other safety concerns, (12)
617 methods of providing psychosocial support to patients receiving such
618 therapies and their relatives and caregivers, and (13) methods of
619 tracking patient outcomes with a focus on equity as it relates to
620 diagnosis, race, ethnicity, geography and income.

621 (b) The council may perform the following functions:

622 (1) Consult with experts on chimeric antigen receptor T-cell therapy
623 and other gene therapies for the treatment of cancer to develop policy
624 recommendations for improving patient access to such therapies in the
625 state;

626 (2) Hold public hearings and otherwise make inquiries of and solicit
627 comments from the general public to assist with a study or survey of
628 persons living with cancer who have received such therapies, such
629 persons' caregivers and health care providers and patient advocates;
630 and

631 (3) Research and make recommendations to the Department of Public
632 Health and other state agencies.

633 (c) The council shall consist of the following members:

634 (1) The Commissioner of Public Health, or the commissioner's
635 designee;

636 (2) The Insurance Commissioner, or the commissioner's designee,
637 who may be the representative of a health carrier;

638 (3) The Commissioner of Social Services, or the commissioner's
639 designee;

640 (4) The health information technology officer, designated in
641 accordance with section 19a-754a of the general statutes, or the officer's
642 designee;

643 (5) Four appointed by the Senate chairperson of the joint standing
644 committee of the General Assembly having cognizance of matters
645 relating to public health, one of whom shall be a hematologist or
646 oncologist providing services to adults, one of whom shall be a specialist
647 in emerging cellular and genetic therapy, one of whom shall be an
648 expert in pharmacology and one of whom shall be an advocate for
649 patients with a condition that is treated by gene therapy;

650 (6) Four appointed by the House chairperson of the joint standing
651 committee of the General Assembly having cognizance of matters
652 relating to public health, one of whom shall be a patient who has
653 received chimeric antigen receptor T-cell therapy, one of whom shall be
654 a representative of an association of hospitals in the state, one of whom
655 shall be a pediatric hematologist or oncologist and one of whom shall be
656 a community health equity advocate;

657 (7) Four appointed by the Senate ranking member of the joint
658 standing committee of the General Assembly having cognizance of
659 matters relating to public health, one of whom shall be a representative
660 of an internationally recognized accreditation body for institutions
661 providing cellular therapies, one of whom shall be a representative of
662 an association of health carriers in the state, one of whom shall be the
663 director of a cellular therapy program in the state and one of whom shall
664 be a representative of the life sciences or biotechnology industry; and

665 (8) Four appointed by the House ranking member of the joint
666 standing committee of the General Assembly having cognizance of
667 matters relating to public health, one of whom shall be a representative,
668 family member or caregiver of a person living with cancer who has
669 received gene therapy, one of whom shall be an advocate for cancer
670 patients in the state, one of whom shall be a social worker or patient
671 navigator and one of whom shall be a director of a transplant and
672 cellular therapy program in the state.

673 (d) All initial appointments to the council shall be made not later than
674 October 31, 2026. Except for members of the council who represent state
675 agencies, members shall serve for a term of three years and any vacancy
676 shall be filled by the appointing authority. The members shall receive
677 no compensation for their services but may be reimbursed for any
678 necessary expenses incurred in the performance of their duties. The
679 Commissioner of Public Health shall select an acting chairperson of the
680 council from its members for the purpose of organizing the first council
681 meeting. Such chairperson shall schedule and convene the first meeting,
682 which shall be held not later than November 30, 2026. The members of

683 the council shall appoint, by majority vote, a chairperson and vice-
684 chairperson during the first meeting of the council. Thereafter, the
685 council shall meet not less than quarterly in person or on a remote
686 platform, as determined by the chairperson.

687 (e) The council shall be within the Department of Public Health for
688 administrative purposes only.

689 (f) Not later than one year after the date of its first meeting, and
690 annually thereafter, the council shall report, in accordance with the
691 provisions of section 11-4a of the general statutes, to the joint standing
692 committees of the General Assembly having cognizance of matters
693 relating to public health and insurance regarding its findings and
694 recommendations, including, but not limited to, (1) the council's
695 activities, research findings and any recommendations for proposed
696 legislative changes, and (2) any potential sources of funding for the
697 council's activities, including, but not limited to, grants, donations,
698 sponsorships or in-kind donations.

699 (g) The council may (1) apply for and accept grants, gifts, bequests,
700 sponsorships and in-kind donations of funds from federal and interstate
701 agencies, private firms, individuals and foundations for the purpose of
702 carrying out its responsibilities, and (2) enter into any contracts or
703 agreements, in accordance with any established procedures, as may be
704 necessary for the distribution or use of any received funds, services or
705 property in accordance with any requirements to fulfill any conditions
706 of a grant, gift, bequest, sponsorship or in-kind donation.

707 Sec. 16. Section 10-206 of the general statutes, as amended by section
708 39 of public act 26-1, is repealed and the following is substituted in lieu
709 thereof (*Effective July 1, 2026*):

710 (a) Each local or regional board of education shall require each pupil
711 enrolled in the public schools to have health assessments pursuant to
712 the provisions of this section. Such assessments shall be conducted by
713 (1) a legally qualified practitioner of medicine, (2) an advanced practice

714 registered nurse or registered nurse, licensed pursuant to chapter 378,
715 (3) a physician assistant, licensed pursuant to chapter 370, (4) a school
716 medical advisor, or (5) a legally qualified practitioner of medicine, an
717 advanced practice registered nurse or a physician assistant stationed at
718 any military base, to ascertain whether such pupil is suffering from any
719 physical disability tending to prevent such pupil from receiving the full
720 benefit of school work and to ascertain whether such school work
721 should be modified in order to prevent injury to the pupil or to secure
722 for the pupil a suitable program of education. No health assessment
723 shall be made of any pupil enrolled in the public schools unless such
724 examination is made in the presence of the parent or guardian or in the
725 presence of another school employee. The parent or guardian of such
726 pupil shall receive prior written notice and shall have a reasonable
727 opportunity to be present at such assessment or to provide for such
728 assessment himself or herself. A local or regional board of education
729 may deny continued attendance in public school to any pupil who fails
730 to obtain the health assessments required under this section.

731 (b) Each local or regional board of education shall require each pupil
732 to have a health assessment prior to public school enrollment. The
733 assessment shall include: (1) A physical examination [which] that shall
734 include hematocrit or hemoglobin tests, height, weight, blood pressure,
735 a medical risk assessment for lead poisoning and, when indicated by
736 such assessment, a test of the pupil's blood lead level, and, beginning
737 with the 2003-2004 school year, a chronic disease assessment which shall
738 include, but not be limited to, asthma. The assessment form shall
739 include (A) a check box for the provider conducting the assessment, as
740 provided in subsection (a) of this section, to indicate an asthma
741 diagnosis, (B) screening questions relating to appropriate public health
742 concerns to be answered by the parent or guardian, and (C) screening
743 questions to be answered by such provider; (2) an updating of
744 immunizations as required under section 10-204a, provided a registered
745 nurse may only update said immunizations pursuant to a written order
746 by a physician or physician assistant, licensed pursuant to chapter 370,
747 or an advanced practice registered nurse, licensed pursuant to chapter

748 378; (3) vision, hearing, speech and gross dental screenings; and (4) such
749 other information, including health and developmental history, as the
750 physician feels is necessary and appropriate. The assessment shall also
751 include tests for tuberculosis, sickle cell anemia and Cooley's anemia
752 where the local or regional board of education determines after
753 consultation with the school medical advisor and the local health
754 department, or in the case of a regional board of education, each local
755 health department, that such tests are necessary, provided a registered
756 nurse may only perform said tests pursuant to the written order of a
757 physician or physician assistant, licensed pursuant to chapter 370, or an
758 advanced practice registered nurse, licensed pursuant to chapter 378.

759 (c) Each local or regional board of education shall require each pupil
760 enrolled in the public schools to have health assessments in either grade
761 six or grade seven and in either grade nine or grade ten. The assessment
762 shall include: (1) A physical examination [which] that shall include
763 hematocrit or hemoglobin tests, height, weight, blood pressure, and,
764 beginning with the 2003-2004 school year, a chronic disease assessment
765 which shall include, but not be limited to, asthma as defined by the
766 Commissioner of Public Health pursuant to subsection (c) of section 19a-
767 62a, as amended by this act. The assessment form shall include (A) a
768 check box for the provider conducting the assessment, as provided in
769 subsection (a) of this section, to indicate an asthma diagnosis, (B)
770 screening questions relating to appropriate public health concerns to be
771 answered by the parent or guardian, and (C) screening questions to be
772 answered by such provider; (2) an updating of immunizations as
773 required under section 10-204a, provided a registered nurse may only
774 update said immunizations pursuant to a written order of a physician
775 or physician assistant, licensed pursuant to chapter 370, or an advanced
776 practice registered nurse, licensed pursuant to chapter 378; (3) vision,
777 hearing, postural and gross dental screenings; and (4) such other
778 information including a health history as the physician feels is necessary
779 and appropriate. The assessment shall also include tests for tuberculosis
780 and sickle cell anemia or Cooley's anemia where the local or regional
781 board of education, in consultation with the school medical advisor and

782 the local health department, or in the case of a regional board of
783 education, each local health department, determines that said screening
784 or test is necessary, provided a registered nurse may only perform said
785 tests pursuant to the written order of a physician or physician assistant,
786 licensed pursuant to chapter 370, or an advanced practice registered
787 nurse, licensed pursuant to chapter 378.

788 (d) For the school year commencing July 1, 2027, and each school year
789 thereafter, each local or regional board of education shall require each
790 pupil enrolled in grades nine to twelve, inclusive, in the public schools
791 to have an athletics health assessment prior to being permitted to
792 participate in interscholastic athletics for each academic year. The
793 athletics assessment shall include a physical examination that shall
794 include screening for serious cardiac conditions that could lead to
795 sudden cardiac death, which screening shall be performed in
796 accordance with guidelines established by the American Heart
797 Association, the American College of Cardiology or another
798 organization focused on cardiovascular care in pediatric populations.
799 The athletics assessment form shall include (1) a check box for the
800 provider conducting the athletics assessment, as provided in subsection
801 (a) of this section, to indicate any patient or family history of symptoms
802 of such serious cardiac conditions, including, but not limited to, chest
803 pain with exertion or unexplained syncope, and any family history of
804 sudden cardiac death, (2) screening questions relating to a family
805 history of such serious cardiac issues to be answered by the parent or
806 guardian, including, but not limited to, chest pain with exertion,
807 unexplained syncope, sudden cardiac arrest or sudden cardiac death,
808 (3) any additional cardiac screening questions to be answered by such
809 provider, as deemed necessary and appropriate by such provider, and
810 (4) a check box for the provider conducting the athletics assessment to
811 indicate whether the provider referred the pupil for any additional
812 cardiac screening or treatment.

813 [(d)] (e) The results of each assessment done pursuant to this section
814 and the results of screenings done pursuant to section 10-214, as

815 amended by [this act] public act 26-1, shall be recorded on forms
816 supplied by the State Board of Education. Each school nurse may reject
817 such results submitted on forms other than the forms supplied by the
818 State Board of Education and require the resubmission of such results
819 on such forms supplied by the State Board of Education. An asthma
820 action plan shall be included with each assessment form that indicates
821 an asthma diagnosis pursuant to subsections (b) and (c) of this section.
822 Such information shall be included in the cumulative health record of
823 each pupil and shall be kept on file in the school such pupil attends. If a
824 pupil permanently leaves the jurisdiction of the board of education, the
825 pupil's original cumulative health record shall be sent to the chief
826 administrative officer of the school district to which such student
827 moves. The board of education transmitting such health record shall
828 retain a true copy. Each physician, advanced practice registered nurse,
829 registered nurse, or physician assistant performing health assessments
830 and screenings pursuant to this section and section 10-214, as amended
831 by [this act] public act 26-1, shall completely fill out and sign each form
832 and any recommendations concerning the pupil shall be in writing.

833 [(e)] (f) Appropriate school health personnel shall review the results
834 of each assessment and screening as recorded pursuant to subsection
835 [(d)] (e) of this section. When, in the judgment of such health personnel,
836 a pupil, as defined in section 10-206a, as amended by this act, is in need
837 of further testing or treatment, the superintendent of schools shall give
838 written notice to the parent or guardian of such pupil and shall make
839 reasonable efforts to assure that such further testing or treatment is
840 provided. Such reasonable efforts shall include a determination of
841 whether or not the parent or guardian has obtained the necessary testing
842 or treatment for the pupil, and, if not, advising the parent or guardian
843 on how such testing or treatment may be obtained. The results of such
844 further testing or treatment shall be recorded pursuant to subsection
845 [(d)] (e) of this section, and shall be reviewed by school health personnel
846 pursuant to this subsection.

847 [(f)] (g) On and after October 1, 2017, each local or regional board of

848 education shall report to the local health department and the
849 Department of Public Health, on an triennial basis, the total number of
850 pupils per school and per school district having a diagnosis of asthma
851 (1) at the time of public school enrollment, (2) in grade six or seven, and
852 (3) in grade nine or ten. The report shall contain the asthma information
853 collected as required under subsections (b) and (c) of this section and
854 shall include pupil age, gender, race, ethnicity and school. Beginning on
855 October 1, 2021, and every three years thereafter, the Department of
856 Public Health shall review the asthma screening information reported
857 pursuant to this section and shall submit a report to the joint standing
858 committees of the General Assembly having cognizance of matters
859 relating to public health and education concerning asthma trends and
860 distributions among pupils enrolled in the public schools. The report
861 shall be submitted in accordance with the provisions of section 11-4a
862 and shall include, but not be limited to, (A) trends and findings based
863 on pupil age, gender, race, ethnicity, school and the education reference
864 group, as determined by the Department of Education for the town or
865 regional school district in which such school is located, and (B) activities
866 of the asthma screening monitoring system maintained under section
867 19a-62a, as amended by this act.

868 Sec. 17. Section 10-206a of the general statutes is repealed and the
869 following is substituted in lieu thereof (*Effective July 1, 2026*):

870 Each local or regional board of education shall provide for health
871 assessments pursuant to [subsection (c)] subsections (c) and (d) of
872 section 10-206, as amended by this act, without charge to all pupils
873 whose parents or guardians meet the eligibility requirements for free
874 and reduced price meals under the National School Lunch Program or
875 for free milk under the special milk program. To meet its obligations
876 pursuant to this section, a board of education may utilize existing
877 community resources and services.

878 Sec. 18. Section 19a-62a of the general statutes is repealed and the
879 following is substituted in lieu thereof (*Effective July 1, 2026*):

880 (a) The Commissioner of Public Health shall maintain a system of
881 monitoring asthma screening information reported to the Department
882 of Public Health pursuant to subsection [(f)] (g) of section 10-206, as
883 amended by this act.

884 (b) Not later than October 1, 2021, and triennially thereafter, the
885 Department of Public Health shall post on its Internet web site the
886 activities of the asthma screening monitoring system maintained under
887 subsection (a) of this section, including a report of the information
888 obtained by the department pursuant to subsection [(f)] (g) of section
889 10-206, as amended by this act.

890 Sec. 19. (NEW) (*Effective October 1, 2026*) (a) The Department of Public
891 Health, in consultation with The University of Connecticut Health
892 Center's Health Disparities Institute, persons who have experienced
893 symptoms of perimenopause, menopause and postmenopause, and
894 health care providers who treat persons with symptoms of
895 perimenopause, menopause and postmenopause, shall develop a
896 toolkit that provides practical, evidence-based and culturally
897 appropriate guidance to health care providers in the state who are
898 responsible for diagnosing or treating persons with symptoms of
899 menopause, perimenopause or postmenopause, as determined by the
900 commissioner, including, but not limited to, health care providers in the
901 fields of obstetrics, gynecology, internal medicine, family medicine,
902 emergency medicine, psychiatry, mental health, social work, dentistry,
903 dental hygiene and community health, regarding best practices for
904 screening, identification, clinical assessment, diagnosis and treatment of
905 symptoms of menopause, perimenopause and postmenopause. Such
906 guidance shall include, but need not be limited to, (1) a comprehensive
907 description of the symptoms of menopause, perimenopause and
908 postmenopause, (2) evidence-based guidelines regarding the
909 identification and treatment of such symptoms, including, but not
910 limited to, the use of hormones, such as hormone replacement therapy
911 and testosterone therapy, (3) the availability of insurance coverage for
912 such therapies, and (4) short education modules regarding such

913 guidance that would qualify as continuing education for such health
914 care providers.

915 (b) Not later than June 1, 2028, the Commissioner of Public Health
916 shall distribute the toolkit developed pursuant to subsection (a) of this
917 section to such health care providers. Not later than January 1, 2029, the
918 commissioner shall (1) evaluate any feedback received from such health
919 care providers regarding the effectiveness of the toolkit, (2) revise the
920 toolkit as necessary to address such feedback, and (3) distribute a
921 revised toolkit, if any, to such health care providers.

922 Sec. 20. (NEW) (*Effective from passage*) (a) As used in this section:

923 (1) "Designated employee" means a school nurse or nurse practitioner
924 appointed pursuant to section 10-212 of the general statutes, school
925 nurse supervisor, school counselor, school social worker or school
926 psychologist who a local or regional school board of education
927 designates to access safety plans of minor patients transmitted by health
928 care providers to a school district or school's secure messaging system
929 account pursuant to the provisions of this section;

930 (2) "Health care provider" means any person, corporation, limited
931 liability company, facility or institution operated, owned or licensed by
932 this state to provide health care or professional medical services;

933 (3) "Legally authorized representative" means a minor patient's
934 parent, guardian appointed by the Probate Court or a personal
935 representative, as described in 45 CFR 164.502(g);

936 (4) "Safety plan" means a written document created collaboratively
937 between a health care provider and a patient outlining coping strategies,
938 activities and support networks the patient can access to prevent or
939 manage a potential mental health crisis;

940 (5) "School nurse supervisor" means a school nurse or nurse
941 practitioner appointed pursuant to section 10-212 of the general statutes
942 designated by the local or regional board of education as the supervisor,

943 or, if no designation has been made by the board, the lead or
944 coordinating school nurse or nurse practitioner; and

945 (6) "Secure messaging system" means a platform capable of sending
946 and receiving secure messages and may include a platform that
947 complies with the Direct Project specifications published by the federal
948 Office of the National Coordinator for Health Information Technology.

949 (b) On and after April 1, 2027, each health care provider that prepares
950 a safety plan for a minor patient who received inpatient behavioral
951 health care treatment for a period not less than twelve consecutive days
952 shall (1) review such safety plan with the minor patient if the health care
953 provider believes such a review is medically appropriate, and (2)
954 inquire as to whether the minor patient or minor patient's parent or
955 legally authorized representative consents to sharing such safety plan
956 with the minor patient's school. If the minor patient or minor patient's
957 parent or legally authorized representative consents to sharing such
958 safety plan with the minor patient's school, the health care provider
959 shall obtain written consent from (A) the minor patient's parent or
960 legally authorized representative, or (B) if the minor patient is sixteen
961 years of age or older, such minor patient, and transmit such safety plan
962 to the minor patient's school district or school (i) using a secure
963 messaging system, or (ii) in a form and manner that complies with the
964 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
965 191, as amended from time to time, and 45 CFR 160.101 to 45 CFR
966 164.534, inclusive, as amended from time to time.

967 (c) Nothing in this section shall be construed to (1) create a standard
968 of medical care with respect to any minor patient, (2) require a health
969 care provider to create a safety plan, (3) require a health care provider
970 to release information to a parent or legally authorized representative if,
971 pursuant to state or federal law, a minor patient may withhold such
972 information from such minor patient's parent or legally authorized
973 representative, including, but not limited to, information regarding
974 pregnancy, abortion, contraceptives, human immunodeficiency virus or
975 other sexually transmitted disease testing or treatment, mental health

976 treatment or any other area of care that a health care provider has
977 promised a minor patient that the health care provider will keep
978 confidential, or (4) require a health care provider to transmit a safety
979 plan or provide any other information to any person in violation of the
980 provisions of the Health Insurance Portability and Accountability Act of
981 1996, P.L. 104-191, as amended from time to time.

982 Sec. 21. (NEW) (*Effective from passage*) (a) On or before January 1, 2027,
983 each local or regional board of education shall ensure that each school
984 district or school, as determined by the board, (1) signs up for an
985 organizational account on a secure messaging system, as defined in
986 section 20 of this act, and (2) provides access to one or more designated
987 employees, as defined in section 20 of this act, one of whom shall be a
988 school nurse supervisor, as defined in section 20 of this act, to such
989 organizational account for the purpose of accessing minor patient safety
990 plans, as defined in section 20 of this act, transmitted by health care
991 providers, pursuant to the provisions of section 20 of this act. A
992 designated employee shall retain minor patient safety plans in a
993 confidential file separate from any cumulative academic or health
994 record, provided information contained in a minor patient safety plan
995 may be used to provide appropriate interventions pursuant to an
996 individualized education program or a plan pursuant to Section 504 of
997 the Rehabilitation Act of 1973.

998 (b) On or before April 1, 2027, each local or regional board of
999 education shall submit each school district or school's secure messaging
1000 system address to the Commissioner of Education in a form and manner
1001 prescribed by the commissioner. On and after April 1, 2027, if a school
1002 district or school's secure messaging system address changes, each local
1003 or regional board of education shall, in a form and manner prescribed
1004 by the commissioner, submit such new address to the commissioner as
1005 soon as practicable but not later than thirty days after acquiring such
1006 new address. The commissioner shall compile and maintain a list of each
1007 school district or school's secure messaging system address and make
1008 such list available to health care providers in the state for the purpose of

1009 transmitting minor patient safety plans pursuant to the provisions of
1010 section 20 of this act.

1011 Sec. 22. (NEW) (*Effective July 1, 2027*) For the school year commencing
1012 July 1, 2027, and each school year thereafter, each local and regional
1013 board of education shall provide guidance regarding the requirements
1014 of section 20 of this act for all new designated employees, as defined in
1015 section 20 of this act. The Department of Education shall develop and
1016 make available such guidance and training materials for use by each
1017 local and regional board of education. Such materials shall include
1018 instruction for using a secure messaging system for the purpose of
1019 accessing minor patient safety plans, as defined in section 20 of this act,
1020 transmitted by health care providers pursuant to the provisions of
1021 section 20 of this act.

1022 Sec. 23. Subsection (b) of section 17b-59d of the general statutes is
1023 repealed and the following is substituted in lieu thereof (*Effective from*
1024 *passage*):

1025 (b) It shall be the goal of the State-wide Health Information Exchange
1026 to: (1) Allow real-time, secure access to patient health information and
1027 complete medical records across all health care provider settings; (2)
1028 provide patients with secure electronic access to their health
1029 information in accordance with 45 CFR 171; (3) allow voluntary
1030 participation by patients to access their health information at no cost; (4)
1031 support care coordination through real-time alerts and timely access to
1032 clinical information; (5) reduce costs associated with preventable
1033 readmissions, duplicative testing and medical errors; (6) promote the
1034 highest level of interoperability; (7) meet all state and federal privacy
1035 and security requirements; (8) support public health reporting, quality
1036 improvement, academic research and health care delivery and payment
1037 reform through data aggregation and analytics; (9) support population
1038 health analytics; (10) be standards-based; [and] (11) provide for broad
1039 local governance that (A) includes stakeholders, including, but not
1040 limited to, representatives of the Department of Social Services,
1041 hospitals, physicians, behavioral health care providers, long-term care

1042 providers, health insurers, employers, patients and academic or medical
1043 research institutions, and (B) is committed to the successful
1044 development and implementation of the State-wide Health Information
1045 Exchange; and (12) provide, within available appropriations, (A) a
1046 secure messaging system organizational account to each school district
1047 or school, as determined by each local and regional board of education,
1048 for the purposes of receiving minor patient safety plans pursuant to the
1049 provisions of section 20 of this act, and (B) access to such organizational
1050 account for designated employees, as defined in section 20 of this act, at
1051 no cost to such school district, school and designated employee.

1052 Sec. 24. Section 20-102aa of the general statutes is repealed and the
1053 following is substituted in lieu thereof (*Effective October 1, 2027*):

1054 As used in subsection (c) of section 19a-14 and sections 20-102aa to
1055 20-102ff, inclusive, as amended by this act:

1056 (1) "Abuse" means any act of abuse, as defined in 42 CFR 483.5, as
1057 amended from time to time, committed towards a client, resident or
1058 patient;

1059 [(1)] (2) "Commissioner" means the Commissioner of Public Health;

1060 (3) "Neglect" means any act of neglect, as defined in 42 CFR 483.5, as
1061 amended from time to time, committed towards a client, resident or
1062 patient;

1063 [(2) "nurse's aide"] (4) "Nurse's aide" means [an individual providing]
1064 a registered nurse's aide who provides nursing or nursing-related
1065 services [to residents in a chronic and convalescent nursing home or rest
1066 home with nursing supervision] pursuant to such nurse's aide's
1067 employment or contract with an institution, as defined in section 19a-
1068 490, as amended by this act, but does not include an individual who is a
1069 health professional otherwise licensed or certified by the Department of
1070 Public Health, or who volunteers to provide such services without
1071 monetary compensation;

1072 [(3) "registration"] (5) "Registration" means a document issued by the
1073 Department of Public Health to a nurse's aide which certifies that such
1074 aide has satisfied the training and competency evaluation requirements
1075 prescribed by the commissioner; [and has been found qualified for
1076 employment in a chronic and convalescent nursing home or rest home
1077 with nursing supervision;] and

1078 [(4) "registered nurse's aide"] (6) "Registered nurse's aide" means an
1079 individual who has been issued a registration as defined in this section.

1080 Sec. 25. Subsection (a) of section 20-102cc of the general statutes is
1081 repealed and the following is substituted in lieu thereof (*Effective October*
1082 *1, 2027*):

1083 (a) The Department of Public Health shall receive, investigate and
1084 prosecute complaints against individuals who are providing or have
1085 provided services as a nurse's aide in [a chronic and convalescent
1086 nursing home or rest home with nursing supervision] an institution, as
1087 defined in section 19a-490, as amended by this act. The grounds for
1088 complaint shall include [resident abuse, resident neglect,] (1) illegal,
1089 incompetent or negligent conduct in the provision of nursing or
1090 nursing-related services, (2) abuse of a resident, patient or client, (3)
1091 neglect of a resident, patient or client, (4) misappropriation of resident,
1092 patient or client property, and (5) fraud or deceit in obtaining or
1093 attempting to obtain a registration as a nurse's aide. A nurse's aide shall
1094 be given written notice by certified mail by the commissioner of any
1095 complaint against him or her. The department may summarily suspend
1096 a nurse's aide's ability to practice in advance of a final adjudication on a
1097 complaint or during the appeals process in accordance with subsection
1098 (c) of section 19a-17. A nurse's aide who wishes to appeal a complaint
1099 against him or her shall, not later than thirty days after the date of the
1100 mailing, file with the department a request in writing for a hearing to
1101 contest the complaint. The commissioner shall render a finding on such
1102 complaint, and, if a hearing is requested, it shall be conducted pursuant
1103 to chapter 54. The commissioner shall have the authority to take any
1104 action against a nurse's aide set forth in section 19a-17, as amended by

1105 this act, and to render a finding and enter such finding on the registry
1106 against an individual who is providing or has provided services as a
1107 nurse's aide, [in a chronic and convalescent nursing home or rest home
1108 with nursing supervision,] without regard to whether such individual
1109 is on the registry or has obtained registration as a nurse's aide from the
1110 department.

1111 Sec. 26. Section 19a-17 of the 2026 supplement to the general statutes
1112 is amended by adding subsection (i) as follows (*Effective October 1, 2026*):

1113 (NEW) (i) Such board or commission or the department may take any
1114 of the actions permitted under this section against a practitioner for
1115 failure to fulfill any material obligation resulting from the receipt of
1116 funds provided by the department pursuant to the Rural Health
1117 Transformation Program established pursuant to 42 USC 1397ee(h).

1118 Sec. 27. Section 31-57e of the 2026 supplement to the general statutes
1119 is amended by adding subsection (f) as follows (*Effective from passage*):

1120 (NEW) (f) The provisions of this section shall not apply to the
1121 provision of funds to a tribe pursuant to the Rural Health
1122 Transformation Program established pursuant to 42 USC 1397ee(h).

1123 Sec. 28. Subsection (a) of section 20-102ee of the general statutes is
1124 repealed and the following is substituted in lieu thereof (*Effective October*
1125 *1, 2027*):

1126 (a) The Commissioner of Public Health shall adopt regulations, in
1127 accordance with the provisions of chapter 54, concerning the regulation
1128 of nurse's aides. Such regulations shall require a training program for
1129 nurse's aides of not less than one hundred hours. Not less than seventy-
1130 five of such hours shall include, but not be limited to, basic nursing
1131 skills, personal care skills, care of cognitively impaired [~~residents~~]
1132 patients, recognition of mental health and social service needs, basic
1133 restorative services and [~~residents'~~] patients' rights. Not less than
1134 twenty-five of such hours shall include, but not be limited to, specialized
1135 training in understanding and responding to challenging behaviors

1136 related to physical, psychiatric, psychosocial and cognitive disorders.
 1137 On and after January 1, 2022, not less than two of such hours shall
 1138 include (1) screening for post-traumatic stress disorder, risk of suicide,
 1139 depression and grief, and (2) suicide prevention training offered or
 1140 approved by the American Nurses Association, Connecticut Hospital
 1141 Association, Connecticut Nurses Association or Connecticut League for
 1142 Nursing, a specialty nursing society or equivalent organization in
 1143 another jurisdiction, a hospital or other health care institution, a
 1144 regionally accredited academic institution, or a state or local health
 1145 department. The requirement described in subdivision (2) of this section
 1146 may be satisfied by the completion of the evidence-based youth suicide
 1147 prevention training program administered pursuant to section 17a-52a.

1148 Sec. 29. (NEW) (*Effective October 1, 2026*) The Recognition of
 1149 Emergency Medical Services Personnel Licensure Interstate Compact
 1150 shall be enacted into law and entered into by the state of Connecticut
 1151 with any and all states legally joining therein in accordance with its
 1152 terms not earlier than one year after the date on which such compact is
 1153 enacted in at least one of the states of Massachusetts, New York or
 1154 Rhode Island. The compact is substantially as follows:

1155 RECOGNITION OF EMERGENCY MEDICAL SERVICES
 1156 PERSONNEL LICENSURE INTERSTATE COMPACT

1157 SECTION 1. PURPOSE

1158 In order to protect the public through verification of competency and
 1159 ensure accountability for patient care related activities, all states license
 1160 emergency medical services (EMS) personnel, such as emergency
 1161 medical technicians (EMTs), advanced EMTs and paramedics. This
 1162 compact is intended to facilitate the day-to-day movement of EMS
 1163 personnel across state boundaries in the performance of their EMS
 1164 duties as assigned by an appropriate authority and authorize state EMS
 1165 offices to afford immediate legal recognition to EMS personnel licensed
 1166 in a member state.

1167 This compact recognizes that states have a vested interest in
1168 protecting the public's health and safety through their licensing and
1169 regulation of EMS personnel and that such state regulation shared
1170 among the member states will best protect public health and safety. This
1171 compact is designed to achieve the following purposes and objectives:

- 1172 (1) Increase public access to EMS personnel;
- 1173 (2) Enhance the states' ability to protect the public's health and safety,
1174 especially patient safety;
- 1175 (3) Encourage the cooperation of member states in the areas of EMS
1176 personnel licensure and regulation;
- 1177 (4) Support licensing of military members who are separating from
1178 an active-duty tour and their spouses;
- 1179 (5) Facilitate the exchange of information between member states
1180 regarding EMS personnel licensure, adverse action and significant
1181 investigatory information;
- 1182 (6) Promote compliance with the laws governing EMS personnel
1183 practice in each member state; and
- 1184 (7) Invest all member states with the authority to hold EMS personnel
1185 accountable through the mutual recognition of member state licenses.

1186 SECTION 2. DEFINITIONS

1187 As used in section 1, this section and sections 3 to 15, inclusive, of
1188 the compact:

- 1189 (1) "Advanced emergency medical technician" or "AEMT" means an
1190 individual licensed with cognitive knowledge and a scope of practice
1191 that corresponds to that level in the National EMS Education Standards
1192 and National EMS Scope of Practice Model.
- 1193 (2) "Adverse action" means any administrative, civil, equitable or

1194 criminal action permitted by a state's laws that may be imposed against
1195 licensed EMS personnel by a state EMS authority or state court,
1196 including, but not limited to, actions against an individual's license such
1197 as revocation, suspension, probation, consent agreement, monitoring or
1198 other limitation or encumbrance on the individual's practice, letters of
1199 reprimand or admonition, fines, criminal convictions and state court
1200 judgments enforcing adverse actions by the state EMS authority.

1201 (3) "Alternative program" means a voluntary, nondisciplinary
1202 substance abuse recovery program approved by a state EMS authority.

1203 (4) "Certification" means the successful verification of entry-level
1204 cognitive and psychomotor competency using a reliable, validated and
1205 legally defensible examination.

1206 (5) "Commission" means the national administrative body of which
1207 all states that have enacted the compact are members.

1208 (6) "Emergency medical technician" or "EMT" means an individual
1209 licensed with cognitive knowledge and a scope of practice that
1210 corresponds to that level in the National EMS Education Standards and
1211 National EMS Scope of Practice Model.

1212 (7) "Home state" means a member state where an individual is
1213 licensed to practice emergency medical services.

1214 (8) "License" means the authorization by a state for an individual to
1215 practice as an EMT, AEMT or paramedic, or a level between EMT and
1216 paramedic.

1217 (9) "Medical director" means a physician licensed in a member state
1218 who is accountable for the care delivered by EMS personnel.

1219 (10) "Member state" means a state that has enacted this compact.

1220 (11) "Privilege to practice" means an individual's authority to deliver
1221 emergency medical services in remote states as authorized under this
1222 compact.

1223 (12) "Paramedic" means an individual licensed with cognitive
1224 knowledge and a scope of practice that corresponds to that level in the
1225 National EMS Education Standards and National EMS Scope of Practice
1226 Model.

1227 (13) "Remote state" means a member state in which an individual is
1228 not licensed.

1229 (14) "Restricted" means the outcome of an adverse action that limits a
1230 license or the privilege to practice.

1231 (15) "Rule" means a written statement by the Interstate Commission
1232 promulgated pursuant to section 12 of this compact that (A) is of general
1233 applicability, (B) implements, interprets or prescribes a policy or
1234 provision of the compact, or (C) is an organizational, procedural or
1235 practice requirement of the Commission, and (D) has the force and effect
1236 of statutory law in a member state and includes the amendment, repeal
1237 or suspension of an existing rule.

1238 (16) "Scope of practice" means defined parameters of various duties
1239 or services that may be provided by an individual with specific
1240 credentials. Whether regulated by rule, statute or court decision, it tends
1241 to represent the limits of services an individual may perform.

1242 (17) "Significant investigatory information" means:

1243 (A) Investigative information that a state EMS authority, after a
1244 preliminary inquiry that includes notification and an opportunity to
1245 respond if required by state law, has reason to believe, if proved true,
1246 would result in the imposition of an adverse action on a license or
1247 privilege to practice; or

1248 (B) Investigative information that indicates that the individual
1249 represents an immediate threat to public health and safety regardless of
1250 whether the individual has been notified and had an opportunity to
1251 respond.

1252 (18) "State" means any state, commonwealth, district or territory of
1253 the United States.

1254 (19) "State EMS authority" means the board, office or other agency
1255 with the legislative mandate to license EMS personnel.

1256 SECTION 3. HOME STATE LICENSURE

1257 (a) Any member state in which an individual holds a current license
1258 shall be deemed a home state for purposes of this compact.

1259 (b) Any member state may require an individual to obtain and retain
1260 a license to be authorized to practice in the member state under
1261 circumstances not authorized by the privilege to practice under the
1262 terms of this compact.

1263 (c) A home state's license authorizes an individual to practice in a
1264 remote state under the privilege to practice only if the home state:

1265 (1) Currently requires the use of the National Registry of Emergency
1266 Medical Technicians (NREMT) examination as a condition of issuing
1267 initial licenses at the EMT and paramedic levels;

1268 (2) Has a mechanism in place for receiving and investigating
1269 complaints about individuals;

1270 (3) Notifies the Commission, in compliance with the terms herein, of
1271 any adverse action or significant investigatory information regarding an
1272 individual;

1273 (4) Not later than five years after activation of the compact, requires
1274 a criminal background check of all applicants for initial licensure,
1275 including the use of the results of fingerprint or other biometric data
1276 checks compliant with the requirements of the Federal Bureau of
1277 Investigation with the exception of federal employees who have
1278 suitability determination in accordance with US CFR 731.202 and
1279 submit documentation of such as promulgated in the rules of the
1280 Commission; and

1281 (5) Complies with the rules of the Commission.

1282 SECTION 4. COMPACT PRIVILEGE TO PRACTICE

1283 (a) Member states shall recognize the privilege to practice of an
1284 individual licensed in another member state that is in conformance with
1285 section 3 of this compact.

1286 (b) To exercise the privilege to practice under the terms and
1287 provisions of this compact, an individual shall:

1288 (1) Be at least eighteen years of age;

1289 (2) Possess a current unrestricted license in a member state as an
1290 EMT, AEMT, paramedic or state-recognized and licensed level with a
1291 scope of practice and authority between EMT and paramedic; and

1292 (3) Practice under the supervision of a medical director.

1293 (c) An individual providing patient care in a remote state under the
1294 privilege to practice shall function within the scope of practice
1295 authorized by the home state unless and until modified by an
1296 appropriate authority in the remote state as may be defined in the rules
1297 of the Commission.

1298 (d) Except as provided in subsection (c) of this section, an individual
1299 practicing in a remote state shall be subject to the remote state's
1300 authority and laws. A remote state may, in accordance with due process
1301 and that state's laws, restrict, suspend or revoke an individual's
1302 privilege to practice in the remote state and may take any other
1303 necessary actions to protect the health and safety of its citizens. If a
1304 remote state takes action, it shall promptly notify the home state and the
1305 Commission.

1306 (e) If an individual's license in any home state is restricted or
1307 suspended, the individual shall not be eligible to practice in a remote
1308 state under the privilege to practice until the individual's home state
1309 license is restored.

1310 (f) If an individual's privilege to practice in any remote state is
1311 restricted, suspended or revoked, the individual shall not be eligible to
1312 practice in any remote state until the individual's privilege to practice is
1313 restored.

1314 SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

1315 An individual may practice in a remote state under a privilege to
1316 practice only in the performance of the individual's EMS duties as
1317 assigned by an appropriate authority, as defined in the rules of the
1318 Commission, and under the following circumstances:

1319 (1) The individual originates a patient transport in a home state and
1320 transports the patient to a remote state;

1321 (2) The individual originates in the home state and enters a remote
1322 state to pick up a patient and provide care and transport of the patient
1323 to the home state;

1324 (3) The individual enters a remote state to provide patient care or
1325 transport within that remote state;

1326 (4) The individual enters a remote state to pick up a patient and
1327 provide care and transport to a third member state; or

1328 (5) Other conditions as determined by rules promulgated by the
1329 Commission.

1330 SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT
1331 ASSISTANCE COMPACT

1332 Upon a member state's Governor's declaration of a state of emergency
1333 or disaster that activates the Emergency Management Assistance
1334 Compact (EMAC), all relevant terms and provisions of EMAC shall
1335 apply and to the extent any terms or provisions of this compact conflict
1336 with EMAC, the terms of EMAC shall prevail with respect to any
1337 individual practicing in the remote state in response to such declaration.

1338 SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING
1339 FROM ACTIVE-DUTY MILITARY AND THEIR SPOUSES

1340 (a) Member states shall consider a veteran, active military service
1341 member and member of the National Guard and Reserve separating
1342 from an active-duty tour, and a spouse thereof, who holds a current
1343 valid and unrestricted NREMT certification at or above the level of the
1344 state license being sought as satisfying the minimum training and
1345 examination requirements for such licensure.

1346 (b) Member states shall expedite the processing of licensure
1347 applications submitted by veterans, active military service members
1348 and members of the National Guard and Reserve separating from an
1349 active-duty tour, and their spouses.

1350 (c) All individuals functioning with a privilege to practice under this
1351 section shall remain subject to the adverse actions provisions of section
1352 8 of this compact.

1353 SECTION 8. ADVERSE ACTIONS

1354 (a) A home state shall have exclusive power to impose adverse action
1355 against an individual's license issued by the home state.

1356 (b) If an individual's license in any home state is restricted or
1357 suspended, the individual shall not be eligible to practice in a remote
1358 state under the privilege to practice until the individual's home state
1359 license is restored.

1360 (1) All home state adverse action orders shall include a statement that
1361 the individual's compact privileges are inactive. The order may allow
1362 the individual to practice in remote states with prior written
1363 authorization from both the home state and the remote state's EMS
1364 authority.

1365 (2) An individual currently subject to adverse action in the home state
1366 shall not practice in any remote state without prior written

1367 authorization from both the home state and the remote state's EMS
1368 authority.

1369 (c) A member state shall report adverse actions and any occurrences
1370 that the individual's compact privileges are restricted, suspended or
1371 revoked to the Commission in accordance with the rules of the
1372 Commission.

1373 (d) A remote state may take adverse action on an individual's
1374 privilege to practice within that state.

1375 (e) Any member state may take adverse action against an individual's
1376 privilege to practice in that state based on the factual findings of another
1377 member state, so long as each state follows its own procedures for
1378 imposing such adverse action.

1379 (f) A home state's EMS authority shall investigate and take
1380 appropriate action with respect to reported conduct in a remote state as
1381 it would if such conduct had occurred within the home state. In such
1382 cases, the home state's law shall control in determining the appropriate
1383 adverse action.

1384 (g) Nothing in this compact shall override a member state's decision
1385 that participation in an alternative program may be used in lieu of
1386 adverse action and that such participation shall remain nonpublic if
1387 required by the member state's laws. Member states shall require
1388 individuals who enter any alternative programs to agree not to practice
1389 in any other member state during the term of the alternative program
1390 without prior authorization from such other member state.

1391 SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER
1392 STATE'S EMS AUTHORITY

1393 A member state's EMS authority, in addition to any other powers
1394 granted under state law, is authorized under this compact to:

1395 (1) Issue subpoenas for both hearings and investigations that require

1396 the attendance and testimony of witnesses and the production of
1397 evidence. Subpoenas issued by a member state's EMS authority for the
1398 attendance and testimony of witnesses or the production of evidence
1399 from another member state shall be enforced in the remote state by any
1400 court of competent jurisdiction according to that court's practice and
1401 procedure in considering subpoenas issued in its own proceedings. The
1402 issuing state's EMS authority shall pay any witness fees, travel expenses,
1403 mileage and other fees required by the service statutes of the state where
1404 the witnesses or evidence are located; and

1405 (2) Issue cease and desist orders to restrict, suspend or revoke an
1406 individual's privilege to practice in the state.

1407 SECTION 10. ESTABLISHMENT OF THE INTERSTATE
1408 COMMISSION FOR EMS PERSONNEL PRACTICE

1409 (a) The compact states hereby create and establish a joint public
1410 agency known as the Interstate Commission for EMS Personnel Practice.

1411 (1) The Commission is a body politic and an instrumentality of the
1412 compact states.

1413 (2) Venue is proper and judicial proceedings by or against the
1414 Commission shall be brought solely and exclusively in a court of
1415 competent jurisdiction where the principal office of the Commission is
1416 located. The Commission may waive venue and jurisdictional defenses
1417 to the extent it adopts or consents to participate in alternative dispute
1418 resolution proceedings.

1419 (3) Nothing in this compact shall be construed to be a waiver of
1420 sovereign immunity.

1421 (b) Membership, voting and meetings

1422 (1) Each member state shall have and be limited to one delegate. The
1423 responsible official of the state EMS authority, or such official's
1424 designee, shall be the delegate to this compact for each member state.

1425 Any delegate may be removed or suspended from office as provided by
1426 the law of the state from which the delegate is appointed. Any vacancy
1427 occurring in the Commission shall be filled in accordance with the laws
1428 of the member state in which the vacancy exists. In the event that more
1429 than one board, office or other agency with the legislative mandate to
1430 license EMS personnel at and above the level of EMT exists, the
1431 Governor of the state shall determine which entity will be responsible
1432 for assigning the delegate.

1433 (2) Each delegate shall be entitled to one vote with regard to the
1434 promulgation of rules and creation of bylaws and shall otherwise have
1435 an opportunity to participate in the business and affairs of the
1436 Commission. A delegate shall vote in person or by such other means as
1437 provided in the bylaws. The bylaws may provide for delegates'
1438 participation in meetings by telephone or other means of
1439 communication.

1440 (3) The Commission shall meet at least once during each calendar
1441 year. Additional meetings shall be held as set forth in the bylaws.

1442 (4) All meetings shall be open to the public, and public notice of
1443 meetings shall be given in the same manner as required under the
1444 rulemaking provisions in section 12 of this compact.

1445 (5) The Commission may convene in a closed, nonpublic meeting if
1446 the Commission intends to discuss:

1447 (A) Noncompliance of a member state with its obligations under the
1448 compact;

1449 (B) The employment, compensation, discipline or other personnel
1450 matters, practices or procedures related to specific employees or other
1451 matters related to the Commission's internal personnel practices and
1452 procedures;

1453 (C) Current, threatened or reasonably anticipated litigation;

1454 (D) Negotiation of contracts for the purchase or sale of goods, services
1455 or real estate;

1456 (E) Accusing any person of a crime or formally censuring any person;

1457 (F) Disclosure of trade secrets or commercial or financial information
1458 that is privileged or confidential;

1459 (G) Disclosure of information of a personal nature where disclosure
1460 would constitute a clearly unwarranted invasion of personal privacy;

1461 (H) Disclosure of investigatory records compiled for law enforcement
1462 purposes;

1463 (I) Disclosure of information related to any investigatory reports
1464 prepared by or on behalf of or for use of the Commission or other
1465 committee charged with responsibility of investigation or determination
1466 of compliance issues pursuant to the compact; or

1467 (J) Matters specifically exempted from disclosure by federal or
1468 member state statute.

1469 (6) If a meeting, or portion of a meeting, is closed pursuant to this
1470 provision, the Commission's legal counsel or designee shall certify that
1471 the meeting may be closed and shall reference each relevant exempting
1472 provision. The Commission shall keep minutes that fully and clearly
1473 describe all matters discussed in a meeting and shall provide a full and
1474 accurate summary of actions taken, and the reasons therefor, including
1475 a description of the views expressed. All documents considered in
1476 connection with an action shall be identified in such minutes. All
1477 minutes and documents of a closed meeting shall remain under seal,
1478 subject to release by a majority vote of the Commission or order of a
1479 court of competent jurisdiction.

1480 (c) (1) The Commission shall, by a majority vote of the delegates,
1481 prescribe bylaws or rules to govern its conduct as may be necessary or
1482 appropriate to carry out the purposes and exercise the powers of the

1483 compact, including, but not limited to:

1484 (A) Establishing the fiscal year of the Commission;

1485 (B) Providing reasonable standards and procedures (i) for the
1486 establishment and meetings of other committees, and (ii) governing any
1487 general or specific delegation of any authority or function of the
1488 Commission;

1489 (C) Providing reasonable procedures for calling and conducting
1490 meetings of the Commission, ensuring reasonable advance notice of all
1491 meetings and providing an opportunity for attendance of such meetings
1492 by interested parties, with enumerated exceptions designed to protect
1493 the public's interest, the privacy of individuals and proprietary
1494 information, including trade secrets. The Commission may meet in
1495 closed session only after a majority of the membership votes to close a
1496 meeting in whole or in part. As soon as practicable, the Commission
1497 shall make public a copy of the vote to close the meeting revealing the
1498 vote of each member with no proxy votes allowed;

1499 (D) Establishing the titles, duties and authority and reasonable
1500 procedures for the election of the officers of the Commission;

1501 (E) Providing reasonable standards and procedures for the
1502 establishment of the personnel policies and programs of the
1503 Commission. Notwithstanding any civil service or other similar laws of
1504 any member state, the bylaws shall exclusively govern the personnel
1505 policies and programs of the Commission;

1506 (F) Promulgating a code of ethics to address permissible and
1507 prohibited activities of Commission members and employees; and

1508 (G) Providing a mechanism for winding up the operations of the
1509 Commission and the equitable disposition of any surplus funds that
1510 may exist after the termination of the compact and after the payment or
1511 reserving of all of its debts and obligations.

1512 (2) The Commission shall publish its bylaws and file a copy thereof,
1513 and a copy of any amendment thereto, with the appropriate agency or
1514 officer in each of the member states, if any.

1515 (3) The Commission shall maintain its financial records in accordance
1516 with the bylaws.

1517 (4) The Commission shall meet and take such actions as are consistent
1518 with the provisions of this Compact and the bylaws.

1519 (d) The Commission shall have the following powers:

1520 (1) The authority to promulgate uniform rules to facilitate and
1521 coordinate implementation and administration of this compact. The
1522 rules shall have the force and effect of law and shall be binding in all
1523 member states;

1524 (2) To bring and prosecute legal proceedings or actions in the name
1525 of the Commission, provided the standing of any state EMS authority or
1526 other regulatory body responsible for EMS personnel licensure to sue or
1527 be sued under applicable law shall not be affected;

1528 (3) To purchase and maintain insurance and bonds;

1529 (4) To borrow, accept or contract for services of personnel, including,
1530 but not limited to, employees of a member state;

1531 (5) To hire employees, elect or appoint officers, fix compensation,
1532 define duties and grant such individuals appropriate authority to carry
1533 out the purposes of the compact and to establish the Commission's
1534 personnel policies and programs relating to conflicts of interest,
1535 qualifications of personnel and other related personnel matters;

1536 (6) To accept any and all appropriate donations and grants of money,
1537 equipment, supplies, materials and services and to receive, utilize and
1538 dispose of the same, provided at all times the Commission shall strive
1539 to avoid any appearance of impropriety or conflict of interest;

1540 (7) To lease, purchase, accept appropriate gifts or donations of or
1541 otherwise to own, hold, improve or use any property, real, personal or
1542 mixed, provided at all times the Commission shall strive to avoid any
1543 appearance of impropriety;

1544 (8) To sell, convey, mortgage, pledge, lease, exchange, abandon or
1545 otherwise dispose of any property, real, personal or mixed;

1546 (9) To establish a budget and make expenditures;

1547 (10) To borrow money;

1548 (11) To appoint committees, including advisory committees,
1549 comprised of members, state regulators, state legislators or their
1550 representatives and consumer representatives, and such other
1551 interested persons as may be designated in this compact and the bylaws;

1552 (12) To provide and receive information from, and to cooperate with,
1553 law enforcement agencies;

1554 (13) To adopt and use an official seal; and

1555 (14) To perform such other functions as may be necessary or
1556 appropriate to achieve the purposes of this compact consistent with the
1557 state regulation of EMS personnel licensure and practice.

1558 (e) Financing of the Commission

1559 (1) The Commission shall pay, or provide for the payment of, the
1560 reasonable expenses of its establishment, organization and ongoing
1561 activities.

1562 (2) The Commission may accept any and all appropriate revenue
1563 sources, donations and grants of money, equipment, supplies, materials
1564 and services.

1565 (3) The Commission may levy on and collect an annual assessment
1566 from each member state or impose fees on other parties to cover the cost

1567 of the operations and activities of the Commission and its staff, which
1568 shall be in a total amount sufficient to cover its annual budget as
1569 approved each year for which revenue is not provided by other sources.
1570 The aggregate annual assessment amount shall be allocated based upon
1571 a formula to be determined by the Commission, which shall promulgate
1572 a rule binding upon all member states.

1573 (4) The Commission shall not incur obligations of any kind prior to
1574 securing the funds adequate to meet the same, nor shall the Commission
1575 pledge the credit of any of the member states, except by and with the
1576 authority of the member state.

1577 (5) The Commission shall keep accurate accounts of all receipts and
1578 disbursements. The receipts and disbursements of the Commission shall
1579 be subject to the audit and accounting procedures established under its
1580 bylaws. However, all receipts and disbursements of funds handled by
1581 the Commission shall be audited yearly by a certified or licensed public
1582 accountant and the report of the audit shall be included in and become
1583 part of the annual report of the Commission.

1584 (f) Qualified immunity, defense and indemnification

1585 (1) The members, officers, executive director, employees and
1586 representatives of the Commission shall be immune from suit and
1587 liability, either personally or in their official capacity, for any claim for
1588 damage to or loss of property or personal injury or other civil liability
1589 caused by or arising out of any actual or alleged act, error or omission
1590 that occurred, or that the person against whom the claim is made had a
1591 reasonable basis for believing occurred, within the scope of Commission
1592 employment, duties or responsibilities, provided nothing in this
1593 subdivision shall be construed to protect any such person from suit or
1594 liability for any damage, loss, injury or liability caused by the intentional
1595 or wilful or wanton misconduct of that person.

1596 (2) The Commission shall defend any member, officer, executive
1597 director, employee or representative of the Commission in any civil

1598 action seeking to impose liability arising out of any actual or alleged act,
1599 error or omission that occurred within the scope of Commission
1600 employment, duties or responsibilities, or that the person against whom
1601 the claim is made had a reasonable basis for believing occurred within
1602 the scope of Commission employment, duties or responsibilities,
1603 provided nothing herein shall be construed to prohibit that person from
1604 retaining his or her own counsel, and, provided further, the actual or
1605 alleged act, error or omission did not result from that person's
1606 intentional or wilful or wanton misconduct.

1607 (3) The Commission shall indemnify and hold harmless any member,
1608 officer, executive director, employee or representative of the
1609 Commission for the amount of any settlement or judgment obtained
1610 against that person arising out of any actual or alleged act, error or
1611 omission that occurred within the scope of Commission employment,
1612 duties or responsibilities, or that such person had a reasonable basis for
1613 believing occurred within the scope of Commission employment, duties
1614 or responsibilities, provided the actual or alleged act, error or omission
1615 did not result from the intentional or wilful or wanton misconduct of
1616 that person.

1617 SECTION 11. COORDINATED DATABASE

1618 (a) The Commission shall provide for the development and
1619 maintenance of a coordinated database and reporting system containing
1620 licensure, adverse action and significant investigatory information on
1621 all licensed individuals in member states.

1622 (b) Notwithstanding any other provision of state law to the contrary,
1623 a member state shall submit a uniform data set to the coordinated
1624 database on all individuals to whom this compact is applicable as
1625 required by the rules of the Commission, including:

1626 (1) Identifying information;

1627 (2) Licensure data;

- 1628 (3) Significant investigatory information;
- 1629 (4) Adverse actions against an individual's license;
- 1630 (5) An indicator that an individual's privilege to practice is restricted,
1631 suspended or revoked;
- 1632 (6) Nonconfidential information related to alternative program
1633 participation;
- 1634 (7) Any denial of application for licensure and the reason or reasons
1635 for such denial; and
- 1636 (8) Other information that may facilitate the administration of this
1637 compact, as determined by the rules of the Commission.

1638 (c) The coordinated database administrator shall promptly notify all
1639 member states of any adverse action taken against, or significant
1640 investigative information on, any individual in a member state.

1641 (d) Member states contributing information to the coordinated
1642 database may designate information that shall not be shared with the
1643 public without the express permission of the contributing state.

1644 (e) Any information submitted to the coordinated database that is
1645 subsequently required to be expunged by the laws of the member state
1646 contributing the information shall be removed from the coordinated
1647 database.

1648 SECTION 12. RULEMAKING

1649 (a) The Commission shall exercise its rulemaking powers pursuant to
1650 the criteria set forth in this section and the rules adopted thereunder.
1651 Rules and amendments shall become binding as of the date specified in
1652 each rule or amendment.

1653 (b) If a majority of the legislatures of the member states rejects a rule,
1654 by enactment of a statute or resolution in the same manner used to adopt

1655 the compact, such rule shall have no further force and effect in any
1656 member state.

1657 (c) Rules or amendments to the rules shall be adopted at a regular or
1658 special meeting of the Commission.

1659 (d) Prior to promulgation and adoption of a final rule or rules by the
1660 Commission, and at least sixty days in advance of the meeting at which
1661 the rule will be considered and voted upon, the Commission shall file a
1662 Notice of Proposed Rulemaking:

1663 (1) On the Internet web site of the Commission; and

1664 (2) On the Internet web site of each member state's EMS authority or
1665 in the publication in which each state would otherwise publish
1666 proposed rules.

1667 (e) The Notice of Proposed Rulemaking shall include:

1668 (1) The proposed time, date and location of the meeting in which the
1669 rule will be considered and voted upon;

1670 (2) The text of the proposed rule or amendment and the reason for
1671 the proposed rule;

1672 (3) A request for comments on the proposed rule from any interested
1673 person; and

1674 (4) The manner in which interested persons may submit notice to the
1675 Commission of their intention to attend the public hearing and any
1676 written comments.

1677 (f) Prior to adoption of a proposed rule, the Commission shall allow
1678 persons to submit written data, facts, opinions and arguments, which
1679 shall be made available to the public.

1680 (g) The Commission shall grant an opportunity for a public hearing
1681 before it adopts a rule or amendment if a hearing is requested by:

- 1682 (1) At least twenty-five persons;
- 1683 (2) A governmental subdivision or agency; or
- 1684 (3) An association having at least twenty-five members.
- 1685 (h) If a hearing is held on the proposed rule or amendment, the
1686 Commission shall publish the place, time and date of the scheduled
1687 public hearing.
- 1688 (1) All persons wishing to be heard at the hearing shall notify the
1689 executive director of the Commission or other designated member in
1690 writing of their desire to appear and testify at the hearing not less than
1691 five business days before the scheduled date of the hearing.
- 1692 (2) Hearings shall be conducted in a manner providing each person
1693 who wishes to comment a fair and reasonable opportunity to comment
1694 orally or in writing.
- 1695 (3) No transcript of the hearing is required, unless a written request
1696 for a transcript is made, in which case the person requesting the
1697 transcript shall bear the cost of producing the transcript. A recording
1698 may be made in lieu of a transcript under the same terms and conditions
1699 as a transcript. This subdivision shall not preclude the Commission from
1700 making a transcript or recording of the hearing if it so chooses.
- 1701 (4) Nothing in this section shall be construed as requiring a separate
1702 hearing on each rule. Rules may be grouped for the convenience of the
1703 Commission at hearings required by this section.
- 1704 (i) Following the scheduled hearing date, or by the close of business
1705 on the scheduled hearing date if the hearing was not held, the
1706 Commission shall consider all written and oral comments received.
- 1707 (j) The Commission shall, by majority vote of all members, take final
1708 action on the proposed rule and shall determine the effective date of the
1709 rule, if any, based on the rulemaking record and the full text of the rule.

1710 (k) If no written notice of intent to attend the public hearing by
1711 interested parties is received, the Commission may proceed with
1712 promulgation of the proposed rule without a public hearing.

1713 (l) Upon determination that an emergency exists, the Commission
1714 may consider and adopt an emergency rule without prior notice,
1715 opportunity for comment or hearing, provided the usual rulemaking
1716 procedures provided in the compact and in this section shall be
1717 retroactively applied to the rule as soon as reasonably possible, in no
1718 event later than ninety days after the effective date of the rule. For the
1719 purposes of this provision, an emergency rule is one that must be
1720 adopted immediately in order to:

1721 (1) Meet an imminent threat to public health, safety or welfare;

1722 (2) Prevent a loss of Commission or member state funds;

1723 (3) Meet a deadline for the promulgation of an administrative rule
1724 that is established by federal law or rule; or

1725 (4) Protect public health and safety.

1726 (m) The Commission or an authorized committee of the Commission
1727 may direct revisions to a previously adopted rule or amendment for
1728 purposes of correcting typographical errors, errors in format, errors in
1729 consistency or grammatical errors. Public notice of any revisions shall
1730 be posted on the Internet web site of the Commission. The revision shall
1731 be subject to challenge by any person for a period of thirty days after
1732 posting. The revision may be challenged only on grounds that the
1733 revision results in a material change to a rule. A challenge shall be made
1734 in writing and delivered to the chair of the Commission prior to the end
1735 of the notice period. If no challenge is made, the revision will take effect
1736 without further action. If the revision is challenged, the revision shall
1737 not take effect without the approval of the Commission.

1738 SECTION 13. OVERSIGHT, DISPUTE RESOLUTION AND
1739 ENFORCEMENT

1740 (a) Oversight

1741 (1) The executive, legislative and judicial branches of state
1742 government in each member state shall enforce this compact and take
1743 all actions necessary and appropriate to effectuate the compact's
1744 purposes and intent. The provisions of this compact and the rules
1745 promulgated hereunder shall have standing as statutory law.

1746 (2) All courts shall take judicial notice of the compact and the rules in
1747 any judicial or administrative proceeding in a member state pertaining
1748 to the subject matter of this compact that may affect the powers,
1749 responsibilities or actions of the Commission.

1750 (3) The Commission shall be entitled to receive service of process in
1751 any such proceeding and shall have standing to intervene in such a
1752 proceeding for all purposes. Failure to provide service of process to the
1753 Commission shall render a judgment or order void as to the
1754 Commission, this compact or promulgated rules.

1755 (b) Default, technical assistance and termination

1756 (1) If the Commission determines that a member state has defaulted
1757 in the performance of its obligations or responsibilities under this
1758 compact or the promulgated rules, the Commission shall:

1759 (A) Provide written notice to the defaulting state and other member
1760 states of the nature of the default, the proposed means of curing the
1761 default and any other action to be taken by the Commission; and

1762 (B) Provide remedial training and specific technical assistance
1763 regarding the default.

1764 (2) If a state in default fails to cure the default, the defaulting state
1765 may be terminated from the compact upon an affirmative vote of a
1766 majority of the member states, and all rights, privileges and benefits
1767 conferred by this compact may be terminated on the effective date of
1768 termination. A cure of the default does not relieve the offending state of

1769 obligations or liabilities incurred during the period of default.

1770 (3) Termination of membership in the compact shall be imposed only
1771 after all other means of securing compliance have been exhausted.
1772 Notice of intent to suspend or terminate shall be given by the
1773 Commission to the Governor and the majority and minority leaders of
1774 the defaulting state's legislature, and each of the member states.

1775 (4) A state that has been terminated is responsible for all assessments,
1776 obligations and liabilities incurred through the effective date of
1777 termination, including obligations that extend beyond the effective date
1778 of termination.

1779 (5) The Commission shall not bear any costs related to a state that is
1780 found to be in default or that has been terminated from the compact,
1781 unless agreed upon in writing between the Commission and the
1782 defaulting state.

1783 (6) The defaulting state may appeal the action of the Commission by
1784 petitioning the United States District Court for the District of Columbia
1785 or the federal district where the Commission has its principal offices.
1786 The prevailing member shall be awarded all costs of such litigation,
1787 including reasonable attorney's fees.

1788 (c) Dispute resolution

1789 (1) Upon request by a member state, the Commission shall attempt to
1790 resolve disputes related to the compact that arise among member states
1791 and between member and nonmember states.

1792 (2) The Commission shall promulgate a rule providing for both
1793 mediation and binding dispute resolution for disputes as appropriate.

1794 (d) Enforcement

1795 (1) The Commission, in the reasonable exercise of its discretion, shall
1796 enforce the provisions and rules of this compact.

1797 (2) By majority vote, the Commission may initiate legal action in the
1798 United States District Court for the District of Columbia or the federal
1799 district where the Commission has its principal offices against a member
1800 state in default to enforce compliance with the provisions of the compact
1801 and its promulgated rules and bylaws. The relief sought may include
1802 both injunctive relief and damages. In the event judicial enforcement is
1803 necessary, the prevailing member shall be awarded all costs of such
1804 litigation, including reasonable attorney's fees.

1805 (3) The remedies herein shall not be the exclusive remedies of the
1806 Commission. The Commission may pursue any other remedies
1807 available under federal or state law.

1808 SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE
1809 COMMISSION FOR EMS PERSONNEL PRACTICE AND
1810 ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

1811 (a) The compact shall come into effect on the date on which the
1812 compact statute is enacted into law in the tenth member state. The
1813 provisions, which become effective at that time, shall be limited to the
1814 powers granted to the Commission relating to assembly and the
1815 promulgation of rules. Thereafter, the Commission shall meet and
1816 exercise rulemaking powers necessary to the implementation and
1817 administration of the compact.

1818 (b) Any state that joins the compact subsequent to the Commission's
1819 initial adoption of the rules shall be subject to the rules as they exist on
1820 the date on which the compact becomes law in that state. Any rule that
1821 has been previously adopted by the Commission shall have the full force
1822 and effect of law on the day the compact becomes law in that state.

1823 (c) Any member state may withdraw from this compact by enacting
1824 a statute repealing the same.

1825 (1) A member state's withdrawal shall not take effect until six months
1826 after enactment of the repealing statute.

1827 (2) Withdrawal shall not affect the continuing requirement of the
1828 withdrawing state's EMS authority to comply with the investigative and
1829 adverse action reporting requirements of this act prior to the effective
1830 date of withdrawal.

1831 (d) Nothing contained in this compact shall be construed to
1832 invalidate or prevent any EMS personnel licensure agreement or other
1833 cooperative arrangement between a member state and a nonmember
1834 state that does not conflict with the provisions of this compact.

1835 (e) This compact may be amended by the member states. No
1836 amendment to this compact shall become effective and binding upon
1837 any member state until it is enacted into the laws of all member states.

1838 SECTION 15. CONSTRUCTION AND SEVERABILITY

1839 This compact shall be liberally construed so as to effectuate the
1840 purposes thereof. If this compact shall be held contrary to the
1841 constitution of any state member thereto, the compact shall remain in
1842 full force and effect as to the remaining member states. Nothing in this
1843 compact supersedes state law or rules related to licensure of EMS
1844 agencies.

1845 Sec. 30. (NEW) (*Effective October 1, 2026*) On and after one year after
1846 the date on which the Recognition of Emergency Medical Services
1847 Personnel Licensure Interstate Compact is enacted in at least one of the
1848 states of Massachusetts, New York or Rhode Island, in accordance with
1849 the provisions of section 29 of this act, the Commissioner of Public
1850 Health shall require any applicant for licensure or certification pursuant
1851 to the provisions of chapter 384d of the general statutes to submit to
1852 criminal history records checks, including state and national criminal
1853 history records checks, in accordance with the provisions of section 29-
1854 17a of the general statutes as a condition of licensure or certification.

1855 Sec. 31. (NEW) (*Effective October 1, 2026*) Not later than five years after
1856 the date on which the provisions of section 29 of this act are
1857 implemented, the Commissioner of Public Health, in consultation with

1858 the Secretary of the Office of Policy and Management, shall submit a
1859 report on such implementation, in accordance with the provisions of
1860 section 11-4a of the general statutes, to the joint standing committee of
1861 the General Assembly having cognizance of matters relating to public
1862 health. Such report shall include an assessment on the impact of the
1863 implementation of such provisions on the state's emergency medical
1864 services workforce and patients' access to medical care and make
1865 recommendations to further support emergency medical services
1866 workforce development.

1867 Sec. 32. Subdivision (1) of subsection (c) of section 19a-37 of the 2026
1868 supplement to the general statutes is repealed and the following is
1869 substituted in lieu thereof (*Effective October 1, 2026*):

1870 (c) (1) Any laboratory or firm which conducts a water quality test on
1871 a private well serving a residential property or semipublic well in the
1872 state shall, not later than thirty days after the completion of such test,
1873 report the results of such test to the local health authority of the
1874 municipality where the property is located and the Department of
1875 Public Health in a format specified by the department. Results
1876 submitted to the Department of Public Health or the local health
1877 authority pursuant to this subsection, information obtained from any
1878 Department of Public Health or local health authority investigation
1879 regarding those results and any Department of Public Health or local
1880 health authority study of morbidity and mortality regarding the results
1881 shall be confidential pursuant to section 19a-25, except the local health
1882 authority and the department may [if approved by the commissioner,]
1883 disclose the results or information obtained from an investigation of the
1884 results to (A) the owner of the property on which the well is located, the
1885 owner of any other property that obtains water from the well, and the
1886 owner of each property that is adjacent to the property on which the
1887 well is located or to any other property that obtains water from the well,
1888 (B) a prospective buyer of such property who has signed a contract to
1889 purchase such property, (C) other persons or entities, when such
1890 disclosure is necessary to carry out a statutory or regulatory

1891 responsibility of the local health authority or department, [or] and (D)
1892 an agent of a state agency.

1893 Sec. 33. Subdivision (8) of section 19a-177 of the general statutes is
1894 repealed and the following is substituted in lieu thereof (*Effective October*
1895 *1, 2026*):

1896 (8) (A) Develop an emergency medical services data collection
1897 system. Each emergency medical service organization licensed or
1898 certified pursuant to this chapter shall submit data to the commissioner,
1899 on a [quarterly] monthly basis, from each licensed ambulance service,
1900 certified ambulance service or paramedic intercept service that provides
1901 emergency medical services. Such submitted data shall include, but not
1902 be limited to: (i) The total number of and reasons for calls for emergency
1903 medical services received by such licensed ambulance service, certified
1904 ambulance service or paramedic intercept service through the 9-1-1
1905 system during the reporting period; (ii) each level of emergency medical
1906 services, as defined in regulations adopted pursuant to section 19a-179,
1907 required for each such call; (iii) the response time for each licensed
1908 ambulance service, certified ambulance service or paramedic intercept
1909 service during the reporting period; (iv) the number of passed calls,
1910 cancelled calls and mutual aid calls, both made and received, during the
1911 reporting period; and (v) for the reporting period, the prehospital data
1912 for the nonscheduled transport of patients required by regulations
1913 adopted pursuant to subdivision (6) of this section. The data required
1914 under this subdivision may be submitted in any electronic form selected
1915 by such licensed ambulance service, certified ambulance service or
1916 paramedic intercept service and approved by the commissioner,
1917 provided the commissioner shall take into consideration the needs of
1918 such licensed ambulance service, certified ambulance service or
1919 paramedic intercept service in approving such electronic form. The
1920 commissioner may conduct an audit of any such licensed ambulance
1921 service, certified ambulance service or paramedic intercept service as
1922 the commissioner deems necessary in order to verify the accuracy of
1923 such reported data.

1924 (B) On or before June 1, 2023, and annually thereafter, the
1925 commissioner shall prepare a report to the Emergency Medical Services
1926 Advisory Board, established pursuant to section 19a-178a, that shall
1927 include, but not be limited to, the following data: (i) The total number
1928 of calls for emergency medical services received during the reporting
1929 year by each licensed ambulance service, certified ambulance service or
1930 paramedic intercept service; (ii) the level of emergency medical services
1931 required for each such call; (iii) the name of the emergency medical
1932 service organization that provided each such level of emergency
1933 medical services furnished during the reporting year; (iv) the response
1934 time, by time ranges or fractile response times, for each licensed
1935 ambulance service, certified ambulance service or paramedic intercept
1936 service, using a common definition of response time, as provided in
1937 regulations adopted pursuant to section 19a-179; (v) the number of
1938 passed calls, cancelled calls and mutual aid calls during the reporting
1939 year; and (vi) any shortage of emergency medical services personnel in
1940 the state. The commissioner shall prepare such report in a format that
1941 categorizes such data for each municipality in which the emergency
1942 medical services were provided, with each such municipality grouped
1943 according to urban, suburban and rural classifications.

1944 (C) If any licensed ambulance service, certified ambulance service or
1945 paramedic intercept service does not submit the data required under
1946 subparagraph (A) of this subdivision for a period of six consecutive
1947 months, or if the commissioner believes that such licensed ambulance
1948 service, certified ambulance service or paramedic intercept service
1949 knowingly or intentionally submitted incomplete or false data, the
1950 commissioner shall issue a written order directing such licensed
1951 ambulance service, certified ambulance service or paramedic intercept
1952 service to comply with the provisions of subparagraph (A) of this
1953 subdivision and submit all missing data or such corrected data as the
1954 commissioner may require. If such licensed ambulance service, certified
1955 ambulance service or paramedic intercept service fails to fully comply
1956 with such order not later than three months from the date such order is
1957 issued, the commissioner (i) shall conduct a hearing, in accordance with

1958 chapter 54, at which such licensed ambulance service, certified
1959 ambulance service or paramedic intercept service shall be required to
1960 show cause why the primary service area assignment of such licensed
1961 ambulance service, certified ambulance service or paramedic intercept
1962 service should not be revoked, and (ii) may take such disciplinary action
1963 under section 19a-17, as amended by this act, as the commissioner
1964 deems appropriate.

1965 (D) The commissioner shall collect the data required by
1966 subparagraph (A) of this subdivision, in the manner provided in said
1967 subparagraph, from each emergency medical service organization
1968 licensed or certified pursuant to this chapter. Any such emergency
1969 medical service organization that fails to comply with the provisions of
1970 this section shall be liable for a civil penalty not to exceed one hundred
1971 dollars per day for each failure to report the required data regarding
1972 emergency medical services provided to a patient, as determined by the
1973 commissioner. The civil penalties set forth in this subparagraph shall be
1974 assessed only after the department provides a written notice of
1975 deficiency and the organization is afforded the opportunity to respond
1976 to such notice. An organization shall have not more than fifteen business
1977 days after the date of receiving such notice to provide a written response
1978 to the department. The commissioner may adopt regulations, in
1979 accordance with chapter 54, concerning the development,
1980 implementation, monitoring and collection of emergency medical
1981 service system data. All state agencies licensed or certified as emergency
1982 medical service organizations shall be exempt from the civil penalties
1983 set forth in this subparagraph.

1984 (E) The commissioner shall, with the recommendation of the
1985 Connecticut Emergency Medical Services Advisory Board established
1986 pursuant to section 19a-178a, adopt for use in trauma data collection the
1987 most recent version of the National Trauma Data Bank's National
1988 Trauma Data Standards and Data Dictionary and nationally recognized
1989 guidelines for field triage of injured patients.

1990 (F) On or before June 1, 2024, and annually thereafter, the

1991 commissioner shall submit the report described in subparagraph (B) of
1992 this subdivision, in accordance with the provisions of section 11-4a, to
1993 the joint standing committee of the General Assembly having
1994 cognizance of matters relating to public health.

1995 (G) The commissioner shall establish and maintain an emergency
1996 medical services response time dashboard. Such dashboard (i) shall be
1997 capable of collecting and displaying emergency medical services
1998 response time data to the public, disaggregated by geography, call type
1999 and time of day, and (ii) shall not include any patient identifying
2000 information. The Commissioners of Public Health, Social Services and
2001 Emergency Services and Public Protection shall use data obtained from
2002 the emergency medical services response time dashboard to support
2003 any applications for federal emergency medical services response grants
2004 and direct such grants to the communities in greatest need for improved
2005 emergency medical services response times;

2006 Sec. 34. (NEW) (*Effective October 1, 2026*) Not later than January 1,
2007 2027, the Division of Emergency Management and Homeland Security
2008 within the Department of Emergency Services and Public Protection, in
2009 consultation with the Departments of Housing, Social Services and
2010 Mental Health and Addiction Services, the 2-1-1 Infoline operated by
2011 the United Way of Connecticut, and the Connecticut Coalition to End
2012 Homelessness, shall (1) develop guidance, in consultation with the
2013 Office of the Governor, the Office of Policy and Management and
2014 municipal leaders, regarding (A) extreme hot and cold weather
2015 protocols that may include, but need not limited to, weather factors,
2016 such as temperatures and wind chill, that will prompt the state and
2017 municipalities to open cooling centers and warming centers throughout
2018 the state, and (B) improvements to methods of communicating to the
2019 public during the activation of extreme hot and cold weather protocols,
2020 and (2) improve methods of outreach to unhoused individuals during
2021 extreme hot and cold weather events based on an evaluation conducted
2022 by the Department of Housing in conjunction with providers of services
2023 to such individuals.

2024 Sec. 35. Section 20-112a of the general statutes is repealed and the
2025 following is substituted in lieu thereof (*Effective October 1, 2026*):

2026 (a) As used in this section:

2027 (1) "Direct supervision" means a licensed dentist has authorized
2028 certain procedures to be performed on a patient by a dental assistant or
2029 an expanded function dental assistant with such dentist remaining on-
2030 site in the dental office or treatment facility while such procedures are
2031 being performed by the dental assistant or expanded function dental
2032 assistant and that, prior to the patient's departure from the dental office,
2033 such dentist reviews and approves the treatment performed by the
2034 dental assistant or expanded function dental assistant;

2035 (2) "Indirect supervision" means a licensed dentist is in the dental
2036 office or treatment facility, has personally diagnosed the condition,
2037 planned the treatment, authorized the procedures to be performed and
2038 remains in the dental office or treatment facility while the procedures
2039 are being performed by the dental assistant or expanded function dental
2040 assistant and evaluates the performance of the dental assistant or
2041 expanded function dental assistant;

2042 (3) "Dental assistant" means a person who: (A) Has (i) completed on-
2043 the-job training in dental assisting under direct supervision, (ii)
2044 successfully completed a dental assistant education program accredited
2045 by the American Dental Association's Commission on Dental
2046 Accreditation, or (iii) successfully completed a dental assistant
2047 education program that is accredited or recognized by any national or
2048 regional accrediting agency recognized by the United States
2049 Department of Education; and (B) meets any requirements established
2050 by the Commissioner of Public Health in regulations adopted pursuant
2051 to subsection (f) of this section;

2052 (4) "Expanded function dental assistant" means a dental assistant
2053 who has passed the Dental Assisting National Board's certified dental
2054 assistant or certified orthodontic assistant examination and then

2055 successfully completed: (A) An expanded function dental assistant
2056 program at an institution of higher education that is accredited by the
2057 Commission on Dental Accreditation of the American Dental
2058 Association that includes (i) educational courses relating to didactic and
2059 laboratory preclinical objectives for skills used by an expanded function
2060 dental assistant and that requires demonstration of such skills prior to
2061 advancing to clinical practice, (ii) not less than four hours of education
2062 in the area of ethics and professional standards for dental professionals,
2063 and (iii) a comprehensive clinical examination administered by the
2064 institution of higher education at the conclusion of such program; and
2065 (B) a comprehensive written examination concerning certified
2066 preventive functions and certified restorative functions administered by
2067 the Dental Assisting National Board; and

2068 (5) "Fluoride varnish treatment" means the application of a highly
2069 concentrated form of fluoride to the surface of the teeth.

2070 (b) Each expanded function dental assistant shall: (1) Maintain dental
2071 assistant or orthodontic assistant certification from the Dental Assisting
2072 National Board; (2) conspicuously display his or her dental assistant or
2073 orthodontic assistant certificate at his or her place of employment or
2074 place where he or she provides expanded function dental assistant
2075 services; (3) maintain professional liability insurance or other indemnity
2076 against liability for professional malpractice in an amount not less than
2077 five hundred thousand dollars for one person, per occurrence, with an
2078 aggregate liability of not less than one million five hundred thousand
2079 dollars while employed as an expanded function dental assistant; (4)
2080 provide expanded function dental assistant services only under direct
2081 or indirect supervision; and (5) meet any requirements established by
2082 the Commissioner of Public Health in regulations adopted pursuant to
2083 subsection (f) of this section.

2084 (c) (1) A licensed dentist may delegate to a dental [assistants] assistant
2085 such dental procedures as the dentist may deem advisable, including:
2086 (A) The taking of dental x-rays if the dental assistant can demonstrate
2087 successful completion of the dental radiation health and safety

2088 examination administered by the Dental Assisting National Board or a
2089 radiation health and safety competency assessment administered by a
2090 dental education program in the state that is accredited by the American
2091 Dental Association's Commission on Dental Accreditation; (B) the
2092 taking of impressions of teeth for study models; and (C) the provision
2093 of fluoride varnish treatments. [Such procedures] A dentist delegating
2094 the taking of dental x-rays pursuant to subparagraph (A) of this
2095 subdivision shall approve the taking of dental x-rays by the dental
2096 assistant and assume responsibility for such procedure, but need not
2097 remain on-site in the dental office or treatment facility while the dental
2098 assistant performs such procedure. The procedures described in
2099 subparagraphs (B) and (C) of this subdivision shall be performed under
2100 the direct supervision of a licensed dentist and the dentist providing
2101 direct supervision shall assume responsibility for such procedures.

2102 (2) A licensed dentist may delegate to an expanded function dental
2103 assistant such dental procedures as the dentist may deem advisable,
2104 including: (A) The placing, finishing and adjustment of temporary
2105 restorations and long-term individual fillings, capping materials and
2106 cement bases; (B) oral health education for patients; (C) dental sealants;
2107 (D) coronal polishing, provided the procedure is not represented or
2108 billed as prophylaxis; (E) administration of topical anesthetic under the
2109 direct supervision of the dentist prior to the administration of local
2110 anesthetic by a dentist or dental hygienist; and (F) taking alginate
2111 impressions of teeth, under the direct supervision of the dentist, for use
2112 in study models, orthodontic appliances, whitening trays, mouth
2113 guards or fabrication of temporary crowns. Such procedures shall be
2114 performed under either direct or indirect supervision, except as
2115 specifically provided in this subdivision, and the dentist providing such
2116 supervision shall assume responsibility for such procedures.

2117 (3) (A) No licensed dentist may delegate dental procedures to a dental
2118 assistant or expanded function dental assistant unless the dental
2119 assistant or expanded function dental assistant provides records
2120 demonstrating successful completion of the Dental Assisting National

2121 Board's infection control examination or an infection control
2122 competency assessment administered by a dental education program in
2123 the state that is accredited by the American Dental Association's
2124 Commission on Dental Accreditation, except as provided in subdivision
2125 (2) of this subsection, (B) a dental assistant may receive not more than
2126 fifteen months of on-the-job training by a licensed dentist for purposes
2127 of preparing the dental assistant for the infection control examination or
2128 infection control competency assessment, and (C) any licensed dentist
2129 who delegates dental procedures to a dental assistant shall retain and
2130 make such records available for inspection upon request of the
2131 Department of Public Health.

2132 (4) On and after January 1, 2018, upon successful completion of the
2133 Dental Assisting National Board's infection control examination or an
2134 infection control competency assessment administered by a dental
2135 education program in the state that is accredited by the American Dental
2136 Association's Commission on Dental Accreditation, each dental
2137 assistant or expanded function dental assistant shall complete not less
2138 than one hour of training or education in infection control in a dental
2139 setting every two years, including, but not limited to, courses, including
2140 online courses, offered or approved by a dental school or another
2141 institution of higher education that is accredited or recognized by the
2142 Commission on Dental Accreditation, a regional accrediting
2143 organization, the American Dental Association or a state, district or local
2144 dental association or society affiliated with the American Dental
2145 Association or the American Dental Assistants Association.

2146 (d) Except as provided in subsection (c) of this section, under no
2147 circumstances may a dental assistant or expanded function dental
2148 assistant engage in: (1) Diagnosis for dental procedures or dental
2149 treatment; (2) the cutting or removal of any hard or soft tissue or
2150 suturing; (3) the prescribing of drugs or medications that require the
2151 written or oral order of a licensed dentist or physician; (4) the
2152 administration of local, parenteral, inhalation or general anesthetic
2153 agents in connection with any dental operative procedure; (5) the taking

2154 of any final impression of the teeth or jaws or the relationship of the
2155 teeth or jaws for the purpose of fabricating any appliance or prosthesis;
2156 or (6) the practice of dental hygiene as defined in section 20-126l.

2157 (e) Each licensed dentist employing or otherwise engaging the
2158 services of an expanded function dental assistant shall: (1) Prior to hiring
2159 or otherwise engaging the services of the expanded function dental
2160 assistant, verify that the expanded function dental assistant meets the
2161 requirements described in subdivision (4) of subsection (a) and
2162 subdivisions (1) and (3) of subsection (b) of this section; (2) maintain
2163 documentation verifying that the expanded function dental assistant
2164 meets such requirements on the premises where the expanded function
2165 dental assistant provides services; (3) make such documentation
2166 available to the Department of Public Health upon request; and (4)
2167 provide direct or indirect supervision to not more than two expanded
2168 function dental assistants who are providing services at one time or, if
2169 the dentist's practice is limited to orthodontics, provide direct or indirect
2170 supervision to not more than four expanded function dental assistants
2171 who are providing services at one time.

2172 (f) The Commissioner of Public Health, in consultation with the State
2173 Dental Commission, established pursuant to section 20-103a, may adopt
2174 regulations in accordance with the provisions of chapter 54 to
2175 implement the provisions of this section. Such regulations, if adopted,
2176 shall include, but need not be limited to, identification of the: (1) Specific
2177 types of procedures that may be performed by a dental assistant and an
2178 expanded function dental assistant, consistent with the provisions of
2179 this section; (2) appropriate number of didactic, preclinical and clinical
2180 hours or number of procedures to be evaluated for clinical competency
2181 for each skill employed by an expanded function dental assistant; and
2182 (3) the level of supervision, that may include direct or indirect
2183 supervision, that is required for each procedure to be performed by an
2184 expanded function dental assistant.

2185 Sec. 36. (NEW) (*Effective October 1, 2026*) (a) As used in this section,
2186 "cosmetic injection" means a nonsurgical procedure involving the

2187 injection of a substance, including, but not limited to, botulinum toxin
2188 or dermal filler, to alter or enhance a person's physical appearance.

2189 (b) A dentist licensed pursuant to chapter 379 of the general statutes
2190 who (1) has successfully completed an in-person hands-on training in
2191 the administration of cosmetic injections administered by a continuing
2192 education provider or program approved by the Commissioner of
2193 Public Health or accredited by a national professional accrediting body,
2194 and (2) maintains professional liability insurance that covers cosmetic
2195 injection procedures, may administer a cosmetic injection to a patient's
2196 face.

2197 (c) Nothing in this section shall be construed to authorize a dentist to
2198 administer injections into the tear trough, infraorbital hollow, eyelids,
2199 medial canthal region or other orbit-adjacent soft tissue for the purpose
2200 of periocular volumization or under-eye hollow correction, or into the
2201 forehead, glabella or eyebrows for the purpose of improved cosmesis.
2202 Nothing in this subsection shall be construed to prohibit a dentist from
2203 administering (1) a neuromodulator to the lateral canthal region,
2204 including for the treatment of lateral canthal rhytids; (2) an injection for
2205 the management of orofacial pain, temporomandibular disorders or
2206 other oromandibular conditions; or (3) dermal filler to the malar,
2207 zygomatic or midface region when the primary intended treatment site
2208 is the cheek or midface and the injection site remains inferior to the
2209 infraorbital rim.

2210 (d) A dentist shall not delegate the administration of cosmetic
2211 injections to any dental hygienist, dental assistant or other auxiliary
2212 personnel.

2213 (e) The Commissioner of Public Health may adopt regulations, in
2214 accordance with chapter 54 of the general statutes, to implement the
2215 provisions of this section, including, but not limited to, minimum
2216 training standards, approved training courses and patient safety
2217 requirements.

2218 Sec. 37. Subsection (a) of section 20-123 of the general statutes is
2219 repealed and the following is substituted in lieu thereof (*Effective October*
2220 *1, 2026*):

2221 (a) No person shall engage in the practice of dentistry unless he or
2222 she is licensed pursuant to the provisions of this chapter. The practice of
2223 dentistry or dental medicine is defined as the diagnosis, evaluation,
2224 prevention or treatment by surgical or other means, of an injury,
2225 deformity, disease or condition of the oral cavity or its contents, or the
2226 jaws or the associated structures of the jaws. The practice of dentistry
2227 does not include: (1) The treatment of dermatologic diseases or
2228 disorders of the skin or face; (2) the performance of microvascular free
2229 tissue transfer; (3) the treatment of diseases or disorders of the eye; (4)
2230 ocular procedures; (5) the performance of cosmetic surgery or other
2231 cosmetic procedures other than (A) those related to the oral cavity, its
2232 contents, or the jaws, or (B) the administration of a cosmetic injection
2233 pursuant to section 36 of this act; or (6) nasal or sinus surgery, other than
2234 that related to the oral cavity, its contents or the jaws.

2235 Sec. 38. Subsection (b) of section 20-126c of the general statutes is
2236 repealed and the following is substituted in lieu thereof (*Effective July 1,*
2237 *2026*):

2238 (b) Except as otherwise provided in this section, a licensee applying
2239 for license renewal shall earn a minimum of twenty-five contact hours
2240 of continuing education within the preceding twenty-four-month
2241 period. Such continuing education shall (1) be in an area of the licensee's
2242 practice; (2) reflect the professional needs of the licensee in order to meet
2243 the health care needs of the public; and (3) include not less than one
2244 contact hour of training or education in (A) any three of the [ten] twelve
2245 mandatory topics for continuing education activities prescribed by the
2246 commissioner pursuant to this subdivision, (B) [for registration periods
2247 beginning on and after October 1, 2016,] infection control in a dental
2248 setting, and (C) prescribing controlled substances and pain
2249 management. [For registration periods beginning on and after October
2250 1, 2011, the] The Commissioner of Public Health, in consultation with

2251 the Dental Commission, shall on or before October 1, 2010, and
 2252 biennially thereafter until October 1, 2026, issue a list that includes ten
 2253 mandatory topics for continuing education activities that will be
 2254 required for the following two-year registration period. For registration
 2255 periods beginning on and after October 1, 2026, the commissioner, in
 2256 consultation with said commission, shall on or before October 1, 2026,
 2257 and biennially thereafter, issue a list that includes twelve mandatory
 2258 topics, including, but not limited to, the provision of dental care to
 2259 persons with an intellectual or developmental disability and identifying
 2260 victims of human trafficking, that will be required for the following two-
 2261 year registration period. Qualifying continuing education activities
 2262 include, but are not limited to, courses, including on-line courses,
 2263 offered or approved by the American Dental Association or state,
 2264 district or local dental associations and societies affiliated with the
 2265 American Dental Association; national, state, district or local dental
 2266 specialty organizations or the American Academy of General Dentistry;
 2267 a hospital or other health care institution; dental schools and other
 2268 schools of higher education accredited or recognized by the Council on
 2269 Dental Accreditation or a regional accrediting organization; agencies or
 2270 businesses whose programs are accredited or recognized by the Council
 2271 on Dental Accreditation; local, state or national medical associations; a
 2272 state or local health department; or the Accreditation Council for
 2273 Graduate Medical Education. Eight hours of volunteer dental practice
 2274 at a public health facility, as defined in section 20-126l, or a temporary
 2275 dental clinic may be substituted for one contact hour of continuing
 2276 education, up to a maximum of ten contact hours in one twenty-four-
 2277 month period.

2278 Sec. 39. Sections 17a-227d and 17a-476a of the general statutes are
 2279 repealed. (*Effective October 1, 2026*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	19a-490(a)
Sec. 2	October 1, 2026	46a-11c

Sec. 3	July 1, 2026	New section
Sec. 4	July 1, 2026	New section
Sec. 5	October 1, 2026	New section
Sec. 6	from passage	17b-338(a)
Sec. 7	from passage	19a-127l(d)
Sec. 8	from passage	19a-515(b)
Sec. 9	from passage	22a-430(g)
Sec. 10	October 1, 2026	20-200
Sec. 11	from passage	New section
Sec. 12	October 1, 2026	19a-127k(j)
Sec. 13	October 1, 2026	New section
Sec. 14	from passage	New section
Sec. 15	July 1, 2026	New section
Sec. 16	July 1, 2026	10-206
Sec. 17	July 1, 2026	10-206a
Sec. 18	July 1, 2026	19a-62a
Sec. 19	October 1, 2026	New section
Sec. 20	from passage	New section
Sec. 21	from passage	New section
Sec. 22	July 1, 2027	New section
Sec. 23	from passage	17b-59d(b)
Sec. 24	October 1, 2027	20-102aa
Sec. 25	October 1, 2027	20-102cc(a)
Sec. 26	October 1, 2026	19a-17(i)
Sec. 27	from passage	31-57e(f)
Sec. 28	October 1, 2027	20-102ee(a)
Sec. 29	October 1, 2026	New section
Sec. 30	October 1, 2026	New section
Sec. 31	October 1, 2026	New section
Sec. 32	October 1, 2026	19a-37(c)(1)
Sec. 33	October 1, 2026	19a-177(8)
Sec. 34	October 1, 2026	New section
Sec. 35	October 1, 2026	20-112a
Sec. 36	October 1, 2026	New section
Sec. 37	October 1, 2026	20-123(a)
Sec. 38	July 1, 2026	20-126c(b)
Sec. 39	October 1, 2026	Repealer section