



General Assembly

January Session, 2025

**Raised Bill No. 6980**

LCO No. 4742



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

**AN ACT CONCERNING RECOMMENDATIONS OF THE LEGISLATIVE COMMISSIONERS' OFFICE REGARDING TECHNICAL REVISIONS TO PUBLIC HEALTH STATUTES.**

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

1 Section 1. Subsection (f) of section 17a-210 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective October*  
3 *1, 2025*):

4 (f) Any person with intellectual disability, or the legal representative  
5 of such person, may object to (1) a proposed approval by the department  
6 of a program for such person that includes the use of behavior-  
7 modifying medications or aversive procedures, or (2) a proposed  
8 determination of the department that community placement is  
9 inappropriate for such person placed under the direction of the  
10 commissioner. The department shall provide written notice of any such  
11 proposed approval or determination to the person, or to the legal  
12 representative of such person, not less than ten days prior to making  
13 such approval or determination. In the event of an objection to such  
14 proposed approval or determination, the commissioner shall conduct a

15 hearing in accordance with the provisions of chapter 54, provided no  
16 such hearing shall be required if the commissioner withdraws such  
17 proposed approval or determination.

18 Sec. 2. Subsection (f) of section 17a-227 of the general statutes is  
19 repealed and the following is substituted in lieu thereof (*Effective October*  
20 *1, 2025*):

21 (f) Any person, firm or corporation who operates any facility contrary  
22 to the provisions of this section shall be fined not more than one  
23 thousand dollars or imprisoned not more than six months, or both. Any  
24 person, firm or corporation who operates any facility contrary to the  
25 regulations adopted pursuant to subsection (b) of this section shall be  
26 fined not more than one thousand dollars.

27 Sec. 3. Subsection (b) of section 17b-59a of the general statutes is  
28 repealed and the following is substituted in lieu thereof (*Effective October*  
29 *1, 2025*):

30 (b) The Commissioner of Social Services, in consultation with the  
31 Commissioner of Health Strategy, shall (1) develop, throughout the  
32 Departments of Developmental Services, Public Health, Correction,  
33 Children and Families, Veterans Affairs and Mental Health and  
34 Addiction Services, uniform management information, uniform  
35 statistical information, uniform terminology for similar facilities [,] and  
36 uniform electronic health information technology standards, (2) plan for  
37 increased participation of the private sector in the delivery of human  
38 services, and (3) provide direction and coordination to federally funded  
39 programs in the human services agencies and recommend uniform  
40 system improvements and reallocation of physical resources and  
41 designation of a single responsibility across human services agencies  
42 lines to facilitate shared services and eliminate duplication.

43 Sec. 4. Subsection (f) of section 17b-59e of the general statutes is  
44 repealed and the following is substituted in lieu thereof (*Effective October*  
45 *1, 2025*):

46 (f) The Commissioner of Health Strategy shall adopt regulations in  
47 accordance with the provisions of chapter 54 that set forth requirements  
48 necessary to implement the provisions of this section. The commissioner  
49 may implement policies and procedures necessary to administer the  
50 provisions of this section while in the process of adopting such policies  
51 and procedures in regulation form, provided the commissioner holds a  
52 public hearing at least thirty days prior to implementing such policies  
53 and procedures and publishes notice of intention to adopt the  
54 regulations on the Office of Health Strategy's Internet web site and the  
55 eRegulations System not later than twenty days after implementing  
56 such policies and procedures. Policies and procedures implemented  
57 pursuant to this subsection shall be valid until the time such regulations  
58 are effective.

59 Sec. 5. Subdivision (2) of subsection (e) of section 17b-342 of the  
60 general statutes is repealed and the following is substituted in lieu  
61 thereof (*Effective October 1, 2025*):

62 (2) To the extent permitted by federal law, the commissioner shall  
63 seek any federal waiver or amend the Medicaid state plan as necessary  
64 to attempt to secure federal reimbursement for the costs of providing  
65 coverage to persons determined to be presumptively eligible for  
66 Medicaid coverage. The provisions of this subsection and any other  
67 provision of this section relating to the establishment of a presumptive  
68 Medicaid eligibility system, including, but not limited to, such  
69 provisions located in subsections (c), (g) and (m) of this section, shall not  
70 be effective until the commissioner secures such federal reimbursement  
71 through a federal waiver or Medicaid state plan amendment.

72 Sec. 6. Subdivision (3) of subsection (i) of section 17b-342 of the  
73 general statutes is repealed and the following is substituted in lieu  
74 thereof (*Effective October 1, 2025*):

75 (3) Any person who resides in affordable housing under the assisted  
76 living demonstration project established pursuant to section 17b-347e,  
77 and whose income is at or below two hundred per cent of the federal

78 poverty level, shall not be required to contribute to the cost of care. Any  
79 person who resides in affordable housing under the assisted living  
80 demonstration project established pursuant to section 17b-347e, and  
81 whose income exceeds two hundred per cent of the federal poverty  
82 level, shall contribute to the applied income amount determined in  
83 accordance with the methodology established by the Department of  
84 Social Services for recipients of medical assistance. Any person whose  
85 income exceeds two hundred per cent of the federal poverty level and  
86 who does not contribute to the cost of care in accordance with this  
87 subdivision shall be ineligible to receive services under this subsection.  
88 Notwithstanding any provision of sections 17b-60 and 17b-61, the  
89 department shall not be required to provide an administrative hearing  
90 to a person found ineligible for services under this subsection because  
91 of a failure to contribute to the cost of care.

92 Sec. 7. Subsection (g) of section 17b-352 of the general statutes is  
93 repealed and the following is substituted in lieu thereof (*Effective October*  
94 *1, 2025*):

95 (g) The Commissioner of Social Services shall not approve any  
96 requests for beds in residential facilities for persons with intellectual  
97 disability which are licensed pursuant to section 17a-227 and are  
98 certified to participate in the Title XIX Medicaid [Program] program as  
99 intermediate care facilities for individuals with intellectual disabilities,  
100 except those beds necessary to implement the residential placement  
101 goals of the Department of Developmental Services which are within  
102 available appropriations.

103 Sec. 8. Subdivision (1) of subsection (e) of section 17b-354 of the  
104 general statutes is repealed and the following is substituted in lieu  
105 thereof (*Effective October 1, 2025*):

106 (e) (1) A continuing care facility, as described in section 17b-520, (A)  
107 shall arrange for a medical assessment to be conducted by an  
108 independent physician or an access agency approved by the Office of  
109 Policy and Management and the Department of Social Services as

110 meeting the requirements for such agency as defined by regulations  
111 adopted pursuant to subsection (m) of section 17b-342, prior to the  
112 admission of any resident to the nursing facility and shall document  
113 such assessment in the resident's medical file, and (B) may transfer or  
114 discharge a resident who has intentionally transferred assets in a sum  
115 which will render the resident unable to pay the cost of nursing facility  
116 care in accordance with the contract between the resident and the  
117 facility.

118       Sec. 9. Subsection (d) of section 19a-37 of the general statutes is  
119 repealed and the following is substituted in lieu thereof (*Effective October*  
120 *1, 2025*):

121       (d) Prior to the sale, exchange, purchase, transfer or rental of real  
122 property on which a private or semipublic well is located, the owner  
123 shall provide the buyer or tenant notice that educational material  
124 concerning private well testing is available on the Department of Public  
125 Health Internet web site. If the prospective buyer or tenant has hired a  
126 real estate licensee to facilitate the property transaction, such real estate  
127 licensee, or, if the prospective buyer or tenant has not hired a real estate  
128 licensee, the owner, landlord or closing attorney shall provide to the  
129 buyer or tenant an electronic or hard copy of educational material  
130 prepared by the Department of Public Health that recommends testing  
131 for the contaminants listed in subsection (c) of this section and any other  
132 recommendation concerning well testing that the Department of Public  
133 Health deems necessary. Failure to provide such notice or educational  
134 material shall not invalidate any sale, exchange, purchase, transfer or  
135 rental of real property. If the seller or landlord provides such notice or  
136 educational material in writing, the seller or landlord and any real estate  
137 licensee shall be deemed to have fully satisfied any duty to notify the  
138 buyer or tenant.

139       Sec. 10. Subsection (c) of section 19a-563h of the general statutes is  
140 repealed and the following is substituted in lieu thereof (*Effective October*  
141 *1, 2025*):

142 (c) The [commissioner] Commissioner of Public Health shall adopt  
143 regulations in accordance with the provisions of chapter 54 that set forth  
144 nursing home staffing level requirements to implement the provisions  
145 of this section. The [Commissioner of Public Health] commissioner may  
146 implement policies and procedures necessary to administer the  
147 provisions of this section while in the process of adopting such policies  
148 and procedures as regulations, provided notice of intent to adopt  
149 regulations is published on the eRegulations System not later than  
150 twenty days after the date of implementation. Policies and procedures  
151 implemented pursuant to this section shall be valid until the time final  
152 regulations are adopted.

153 Sec. 11. Subsection (e) of section 19a-564 of the general statutes is  
154 repealed and the following is substituted in lieu thereof (*Effective October*  
155 *1, 2025*):

156 (e) An assisted living services agency shall: (1) Ensure that all services  
157 being provided on an individual basis to clients are fully understood  
158 and agreed upon between either the client or the client's representative;  
159 (2) ensure that the client or the client's representative [are] is made  
160 aware of the cost of any such services; (3) disclose fee increases to a  
161 resident or a resident's representative not later than sixty days prior to  
162 such fees taking effect; and (4) provide, upon request, to a resident and  
163 a resident's representative the history of fee increases over the past three  
164 calendar years. Nothing in this subsection shall be construed to limit an  
165 assisted living services agency from immediately adjusting fees to the  
166 extent such adjustments are directly related to a change in the level of  
167 care or services necessary to meet individual resident safety needs at the  
168 time of a scheduled resident care meeting or if a resident's change of  
169 condition requires a change in services.

170 Sec. 12. Subsection (a) of section 19a-754e of the general statutes is  
171 repealed and the following is substituted in lieu thereof (*Effective October*  
172 *1, 2025*):

173 (a) The Commissioner of Health Strategy, in consultation with the

174 Office of Policy and Management, the Department of Social Services, the  
175 Connecticut Insurance Department and the Connecticut Health  
176 Insurance Exchange established pursuant to section 38a-1081, shall  
177 study the feasibility of offering health care coverage for (1) income-  
178 eligible children ages nine to eighteen, inclusive, regardless of  
179 immigration status, who are not otherwise eligible for Medicaid, the  
180 Children's Health Insurance Program, or an offer of affordable  
181 [employer sponsored] employer-sponsored insurance as defined in the  
182 Affordable Care Act, as an employee or a dependent of an employee,  
183 and (2) adults with household income not exceeding two hundred per  
184 cent of the federal poverty level who do not otherwise qualify for  
185 medical assistance, an offer of affordable [,] employer-sponsored  
186 insurance as defined in the Affordable Care Act, as an employee or a  
187 dependent of an employee, or health care coverage through the  
188 Connecticut Health Insurance Exchange due to household income.

189 Sec. 13. Subparagraph (C) of subdivision (1) of subsection (b) of  
190 section 19a-754g of the general statutes is repealed and the following is  
191 substituted in lieu thereof (*Effective October 1, 2025*):

192 (C) (i) The commissioner shall hold at least one informational public  
193 hearing prior to adopting the health care cost growth benchmarks and  
194 primary care spending targets for each succeeding five-year period  
195 described in this subdivision. The commissioner may hold  
196 informational public hearings concerning any annual health care cost  
197 growth benchmark and primary care spending target set pursuant to  
198 subsection (a) of this section or subdivision (1) of subsection (b) of this  
199 section. Such informational public hearings shall be held at a time and  
200 place designated by the commissioner in a notice prominently posted  
201 by the commissioner on the office's Internet web site and in a form and  
202 manner prescribed by the commissioner. The commissioner shall make  
203 available on the office's Internet web site a summary of any such  
204 informational public hearing and include the commissioner's  
205 recommendations, if any, to modify or not to modify any such annual  
206 benchmark or target.

207 (ii) If the commissioner determines, after any informational public  
208 hearing held pursuant to this subparagraph, that a modification to any  
209 health care cost growth benchmark or annual primary care spending  
210 target is, in the commissioner's discretion, reasonably warranted, the  
211 commissioner may modify such benchmark or target.

212 (iii) The commissioner shall annually (I) review the current and  
213 projected rate of inflation, and (II) include on the office's Internet web  
214 site the commissioner's findings of such review, including the reasons  
215 for making or not making a modification to any applicable health care  
216 cost growth benchmark. If the commissioner determines that the rate of  
217 inflation requires modification of any health care cost growth  
218 benchmark adopted under this section, the commissioner may modify  
219 such benchmark. In such event, the commissioner shall not be required  
220 to hold an informational public hearing concerning such modified  
221 health care cost growth benchmark.

222 Sec. 14. Subdivision (2) of subsection (a) of section 19a-906 of the  
223 general statutes is repealed and the following is substituted in lieu  
224 thereof (*Effective October 1, 2025*):

225 (2) "Facility fee" has the same meaning as provided in section 19a-  
226 508c.

227 Sec. 15. Subsection (f) of section 19a-906 of the general statutes is  
228 repealed and the following is substituted in lieu thereof (*Effective October*  
229 *1, 2025*):

230 (f) The provision of telehealth services and health records maintained  
231 and disclosed as part of a telehealth interaction shall comply with the  
232 provisions of the Health Insurance Portability and Accountability Act of  
233 1996, P.L. 104-191, as amended from time to time.

234 Sec. 16. Subsection (c) of section 20-123b of the general statutes is  
235 repealed and the following is substituted in lieu thereof (*Effective October*  
236 *1, 2025*):

237 (c) The commissioner may renew such permit annually, provided (1)  
238 application for renewal is received by the commissioner not later than  
239 three months after the date of expiration of such permit, (2) payment of  
240 a renewal fee of two hundred dollars is received with such application,  
241 and (3) an on-site evaluation of the dentist's facility has been conducted  
242 in the preceding five years in consultation with [The] the Connecticut  
243 Society of Oral and Maxillo-Facial Surgeons by an individual or  
244 individuals selected from a list of site evaluators approved by the  
245 commissioner, provided such evaluation is conducted without cost to  
246 the state on a schedule established in regulations adopted pursuant to  
247 this section and the commissioner approves the results of each such  
248 evaluation.

249 Sec. 17. Subsection (b) of section 20-195ttt of the general statutes is  
250 repealed and the following is substituted in lieu thereof (*Effective October*  
251 *1, 2025*):

252 (b) There is established within the Office of Health Strategy a  
253 Community Health Worker Advisory Body. Said body shall (1) advise  
254 said office and the Department of Public Health on matters relating to  
255 the educational and certification requirements for training programs for  
256 community health workers, including the minimum number of hours  
257 and internship requirements for certification of community health  
258 workers, (2) conduct a continuous review of such educational and  
259 certification programs, and (3) provide the department with a list of  
260 approved educational and certification programs for community health  
261 workers. [;]

262 Sec. 18. Subdivision (11) of section 20-207 of the general statutes is  
263 repealed and the following is substituted in lieu thereof (*Effective October*  
264 *1, 2025*):

265 (11) "Manager" means an individual who (A) is licensed as an  
266 embalmer or funeral director pursuant to this chapter, and (B) has direct  
267 and personal responsibility for the daily operation and management of  
268 a funeral service business; and

269       Sec. 19. Subsection (a) of section 38a-498a of the general statutes is  
270 repealed and the following is substituted in lieu thereof (*Effective October*  
271 *1, 2025*):

272       (a) No individual health insurance policy providing coverage of the  
273 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section  
274 38a-469 [ ] and delivered, issued for delivery or renewed in this state, on  
275 or after January 1, 2025, shall direct or require an enrollee to obtain  
276 approval from the insurer or health care center prior to (1) calling a 9-1-  
277 1 local prehospital emergency medical service system whenever such  
278 enrollee is confronted with a life or limb threatening emergency, or (2)  
279 transporting such enrollee when medically necessary by ambulance to  
280 a hospital. For purposes of this section, a "life or limb threatening  
281 emergency" means any event which the enrollee believes threatens such  
282 enrollee's life or limb in such a manner that a need for immediate  
283 medical care is created to prevent death or serious impairment of health.

284       Sec. 20. Subsection (a) of section 38a-525a of the general statutes is  
285 repealed and the following is substituted in lieu thereof (*Effective October*  
286 *1, 2025*):

287       (a) No group health insurance policy providing coverage of the type  
288 specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-  
289 469 [ ] and delivered, issued for delivery or renewed in this state, on or  
290 after January 1, 2025, shall direct or require an enrollee to obtain  
291 approval from the insurer or health care center prior to (1) calling a 9-1-  
292 1 local prehospital emergency medical service system whenever such  
293 enrollee is confronted with a life or limb threatening emergency, or (2)  
294 transporting such enrollee when medically necessary by ambulance to  
295 a hospital. For purposes of this section, a "life or limb threatening  
296 emergency" means any event which the enrollee believes threatens such  
297 enrollee's life or limb in such a manner that a need for immediate  
298 medical care is created to prevent death or serious impairment of health.

This act shall take effect as follows and shall amend the following sections:
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Section 1	<i>October 1, 2025</i>	17a-210(f)
Sec. 2	<i>October 1, 2025</i>	17a-227(f)
Sec. 3	<i>October 1, 2025</i>	17b-59a(b)
Sec. 4	<i>October 1, 2025</i>	17b-59e(f)
Sec. 5	<i>October 1, 2025</i>	17b-342(e)(2)
Sec. 6	<i>October 1, 2025</i>	17b-342(i)(3)
Sec. 7	<i>October 1, 2025</i>	17b-352(g)
Sec. 8	<i>October 1, 2025</i>	17b-354(e)(1)
Sec. 9	<i>October 1, 2025</i>	19a-37(d)
Sec. 10	<i>October 1, 2025</i>	19a-563h(c)
Sec. 11	<i>October 1, 2025</i>	19a-564(e)
Sec. 12	<i>October 1, 2025</i>	19a-754e(a)
Sec. 13	<i>October 1, 2025</i>	19a-754g(b)(1)(C)
Sec. 14	<i>October 1, 2025</i>	19a-906(a)(2)
Sec. 15	<i>October 1, 2025</i>	19a-906(f)
Sec. 16	<i>October 1, 2025</i>	20-123b(c)
Sec. 17	<i>October 1, 2025</i>	20-195ttt(b)
Sec. 18	<i>October 1, 2025</i>	20-207(11)
Sec. 19	<i>October 1, 2025</i>	38a-498a(a)
Sec. 20	<i>October 1, 2025</i>	38a-525a(a)

**PH**      *Joint Favorable*