

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
1712 Main Street, Coventry
Town Hall Annex
Thursday June 18, 2026, 4:30 PM*

Call to Order

Approval of Minutes (4/16/2026)

Public Comments

Old Business - none

New Business - none

Subcommittee Reports

1. Personnel Committee
 - a. Director of Health Performance Evaluation Instrument & Timeline
2. Finance Committee
 - a. State Biennium FY27 Adopted budget changes

Medical Advisor Report

Directors Report

3. EHHD staffing Changes – Assist DOH appointment
4. PFAS Update
5. CT MOM Free Dental Clinic
6. Ebola Update
7. CADH - Legislative Session Bill Tracking report

Town Reports

Communications/other

8. Governor Lamont re: CT DPH Urges Residents to Stay Informed, Not Alarmed Amid Disease Outbreaks and Increased International Travel Locally for World Cup
9. Governor Lamont re: Stage 2 Drought Advisory
10. CT DPH re: Hantavirus Update
11. CT DPH re: New Federal Regulation – Lead and Copper Rule Requirement
12. R Miller re: Thank you to Senator Gordon & Rep Nuccio
13. Governor Lamont re: Legislation Protecting Vaccine Access Amid Federal PH Rollbacks

14. CT DPH re: Initial Monitoring Period for PFAS...(October 22, 2025)

15. CT DPH re: Initial Monitoring Period for PFAS (June 9, 2026)

Other business

Adjournment

Next Board Meeting – August 20, 2026, 4:30 PM

***Virtual Meeting Option**

In accordance with PA 22-3, this will be a hybrid meeting. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting. Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, April 16, 2026

Members present: J. Elsesser (Coventry), J. Rupert (Bolton), B. Foley (Tolland-Virtual), C. Silver-Smith (Ashford-Virtual), M. Walter (Columbia-Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick

J. Elsesser called the meeting to order at 4:30 pm

Approval of Minutes

M. Walter made a MOTION, seconded by J. Rupert to approve the minutes of the January 15, 2026 meeting as presented. MOTION PASSED with C. Silver-Smith abstaining.

Auditor Appointment for FY 25/26

J. Rupert made a MOTION, seconded by M. Walter effective April 16, 2026 to appoint CliftonLarsonAllen LLP as the auditing firm for Eastern Highlands Health District for the Fiscal Year 2025/2026 (July1, 2025 to June 30, 2026), MOTION PASSED unanimously.

Finance Committee

Financial Report period ending 03/31/26

R. Miller presented the salient items of the financial report ending 3/31/2026

J. Rupert made a MOTION, seconded by B. Foley to accept the financial report as presented. MOTION PASSED unanimously.

CT DPH Proposed FY27 Budget for Grant Payments to Local Public Health

R. Miller noted that the line item for Local Public Health is an increase from what the district currently receives. He further noted that there is still much work to be done and the budget is not yet adopted.

Directors Report

CADH Legislative Session Report

R. Miller reported on the bills CADH is monitoring. He noted that HB5167 addressing well data confidentiality passed through the Public Health Committee due to the efforts of EHHD and CADH.

Quarterly Activity Reports – 12/31/25 & 03/31/2026

R. Miller presented the following items of the quarterly report:

- Work on the water circulator at Patriots Park
- Assisted in supporting free dental clinic scheduled for April 17 & 18

- Advocacy work to get HB5167 passed
- Emergency response to train derailment in Mansfield

Windham Hospital Community Health Needs Assessment/Implementation Plan

R. Miller noted that the assessment does not encompass all of the Health District Towns.

Health District Staffing Update – job opening

R. Miller informed the board that 3 candidates will be interviewed next week for the position of Assistant Health Director/Sanitarian II. T. King is working 15 hours per week to assist during the transition.

Strategic Plan Implementation Report

R. Miller reported on the progress of the implementation of the strategic plan.

Medical Advisors Report

Dr. Dardick reported that he is seeing a drop in respiratory infection rates.

Dr. Dardick informed the board that Pfizer has released data on the efficacy of the lyme vaccine.

Town Reports

Columbia M. Walter informed the board that he is working with Rob, Glenn, the State and Facilities Director in dealing with elevated PFAS levels in the water at the school. He will be seeking federal funding to help with the cost of deactivating the well and bringing in a tanker.

Ashford C. Silver-Smith reported that the town is pursuing the replacement of 2 bridges as part of the federal local bridge program. C. Silver-Smith noted that the Fire department is seeking a significant increase in funding. B. Foley offered assistance. C. Silver-Smith informed the board of the passing of Christine Abikoff, the executive assistant to the Board of Selectman.

Tolland B. Foley thanked R. Miller for his advocacy work on HB5167.

Adjournment

J. Rupert made a MOTION, seconded by C. Silver-Smith to adjourn the meeting at 5:25 pm. MOTION PASSED unanimously.

Next Board Meeting – June 18, 2026, 4:30 PM

Respectfully submitted,

Robert Miller

Secretary



Town of Mansfield

Maria E. Capriola
Chief of Shared Services & Administration

MEMORANDUM

To: EHHD Board of Directors
cc: Rob Miller, EHHD Executive Director
From: Maria Capriola, Personnel Committee Chairperson
Date: June 15, 2026
Re: Timeline – EHHD Executive Director Performance Review Process

Below please find the timeline for the Executive Director’s performance review for Fiscal Year 2025/2026.

Task	Date	Person/People Responsible
Survey Instrument and contacts updated	7/2/2026	Millie Brosseau/Maria
Self-evaluation submitted to Board	7/27/2026	Rob Miller/Maria
Board members complete performance Review online via Survey Monkey	7/28/2026 -8/18/2026	Board Members
Personnel Committee prepares draft evaluation	8/19/2026-10/1/2026	Personnel Committee
Board meets in Executive Session to discuss performance review and conduct performance review with Director	10/15/2026 <i>(at Board meeting)</i>	Board Members/Rob
Board adopts review and makes changes to compensation plan, if any	10/15/2026 <i>(after executive session)</i>	Board Members

All Board members are encouraged to participate and complete the assessment. Thank you.

State of CT FY 2027 Adopted Funding for Health Districts

The FY 2027 budget includes approximately **\$8.34 million** for the Local and District Departments of Health account. This reflects:

- The major increase enacted in the FY 2026–2027 biennial budget to raise per-capita local public health funding.

Breakdown

Fiscal Year	Funding
FY 2025	~\$7.21 million
FY 2026 (after budget increase)	~\$8.21 million
FY 2027 (after adjustment)	~\$8.34 million

The FY 2027 adjustment bill notes that the budget:

- Increased funding by **\$980,803** over FY 2025 levels to fully fund eligible local and district health departments.
- Increased the statutory per-capita rates to:
 - **\$2.13 per capita** for municipal health departments.
 - **\$3.00 per capita** for district health departments.

What This Means for EHHD

DPH Population Estimate – 82,260 for EHHD

$82260 \times \$3.00 \text{ per capita} = \$246,780$

FY 2026/2027 Adopted Budget Estimate => \$213,880

Net increase of \$32,900*

***This number is subject to final CT DPH calculations.**

Robert L. Miller

From: Robert L. Miller
Sent: Thursday, May 28, 2026 2:35 PM
To: Amanda Backhaus; BOD rep - Tolland; Chaplin First Selectman (firstselectman@chaplinct.org); firstselectman@ashfordct.gov; Heather Evans; Jennifer Lavoie; Jim Bellano (townadministrator@andoverct.org); Jim Drumm; Jim Rupert (jrupert@boltonct.gov); John A. Elsesser (johnelsesser@gmail.com); Kenneth Dardick; Kim Kowalyshyn; Maria Capriola; Mike Makuch; Robert L. Miller; Ryan J. Aylesworth; SaraBeth Nivison; Scotland First Selectman; Tolland Town Manager; Town Administrator (townadministrator@columbiact.org)
Cc: Millie C. Brosseau
Subject: Assistant Director of Health/Sanitarian II Appointment

Hello Board Members and Town CEO's – I am pleased to announce the appointment of Melissa Pierce to the position of Assistant Director of Health/Sanitarian II. Melissa brings more than 14 years of experience in the public health field and a strong background in environmental health and local public health administration.

Melissa began her public health career with the West Hartford-Bloomfield Health District before moving to the Town of South Windsor Health Department, where she progressively advanced through the organization and ultimately served as Director of Health. She later served as Director of Health for the Town of Somers. Most recently, Melissa returned to the West Hartford-Bloomfield Health District as a Sanitarian while also working with GTO Environmental.

Melissa brings a wealth of experience, knowledge, and leadership to our organization.

Melissa's first day is Monday June 1, 2026.

Regards,

Rob

Robert L. Miller, MPH, RS

Director of Health
 Eastern Highlands Health District
 4 South Eagleville Road
 Storrs, CT 06268
 860-429-3325
 860-429-3321 (Fax)
 Twitter/X: @RobMillerMPH
 www.ehhd.org



Preventing Illness and Promoting Wellness in the Communities We Sewer

Robert L. Miller

From: Robert L. Miller
Sent: Thursday, June 11, 2026 4:11 PM
To: 'dcaruso@boltonct.org'
Cc: 'eric@thewaterexperts.com'; 'paul@thewaterexperts.com'; 'Kristen Barbour'; Robert L. Miller; 'Ewert, Anne'
Subject: RE: 20260611_Bolton Center School (K-8) Public Water System - PFAS Initial Monitoring Requirements

Importance: High

Dear David,

First and foremost, belated congratulations on your appointment as School Superintendent. We have not met yet; however, I am your local public health director.

I am following up the attached correspondence and below email from the Connecticut Department of Public Health (DPH) regarding the federal PFAS initial monitoring requirements applicable to your school's public water system.

While public water systems have until April 2027 to complete the required initial monitoring, I strongly encourage your district to conduct any required PFAS sampling as early as possible during the upcoming summer recess for both BHS & BCS, if it has not already been completed.

Recent experiences in both in the Columbia, and Coventry School Districts have demonstrated the value of testing during the summer recess. Should PFAS be detected above applicable drinking water standards, completing sampling during the summer provides school districts with sufficient time to evaluate the results, consult with state and local health officials, communicate with stakeholders, and implement any necessary corrective actions before students and staff return to school in the fall.

Conversely, delaying testing until later in the compliance period could result in the discovery of a problem during the academic year, when implementing mitigation measures will be a risk communication challenge to the school community, and may be more disruptive to school operations.

It is important to note that most schools are not expected to experience PFAS-related drinking water issues. However, given the new federal standards and the increasing identification of PFAS contamination in groundwater across Connecticut and the nation, early monitoring represents a prudent and proactive approach to protecting student and staff health.

If your district has already completed PFAS sampling that satisfies the federal monitoring requirements, no further action may be necessary at this time. If not, I encourage you to consult with your facilities staff, water system operator, and certified laboratory regarding scheduling the required sampling during the summer break.

The Eastern Highlands Health District is available to assist school districts in understanding the requirements, interpreting results, and coordinating with the Connecticut Department of Public Health should questions arise.

Thank you for your continued commitment to providing a safe and healthy learning environment for your students and staff.

Please feel free to contact me if you have any questions.

Sincerely,

Rob

Robert L. Miller, MPH, RS

Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
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Twitter/X: @RobMillerMPH
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Preventing Illness and Promoting Wellness in the Communities We Serve

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From: Ewert, Anne <Anne.Ewert@ct.gov>

Sent: Thursday, June 11, 2026 12:15 PM

To: dcaruso@boltonct.org

Cc: Robert L. Miller <millerrl@ehhd.org>; eric@thewaterexperts.com; paul@thewaterexperts.com; Kristen Barbour <kristen@thewaterexperts.com>

Subject: 20260611_Bolton Center School (K-8) Public Water System - PFAS Initial Monitoring Requirements

Importance: Low

Warning – This message came from the external sender anne.ewert@ct.gov. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Mr. Caruso,

See the attached documentation regarding upcoming regulatory requirements for the Bolton Center School (K-8) public water system.

In June 2024, the Environmental Protection Agency (EPA) promulgated the final Per- and Polyfluoroalkyl Substances (PFAS) National Primary Drinking Water Regulation (NPDWR) into the Code of Federal Regulations (CFR) as 40 CFR Part 141 Part Z. The PFAS NPDWR applies to every **Community Water System (CWS)** and **Non-Transient Non-Community (NTNC)** public water system.

Initial Monitoring Requirements:

The PFAS NPDWR requires all CWS and NTNC public water systems to complete the initial monitoring requirements for PFAS by April 26, 2027. Systems must collect PFAS samples at **every entry point** into the distribution system during normal operating conditions.

The monitoring requirements are determined based on the population served and the type of source water provided by the entry point (i.e., surface or ground water). When a monitoring frequency of 4 consecutive quarterly samples is required, the samples must be collected 2 to 4 months apart within a 12-month period. When a monitoring frequency of 2 samples within a 12-month period is required, the samples must be collected 5 to 7 months apart.

The Connecticut Department of Public Health (DPH) is encouraging all public water systems to begin collecting initial monitoring samples **as soon as possible to ensure all sample results are reported to DPH by April 26, 2027.** Some systems will need to begin collecting quarterly samples no later than June 30, 2026.

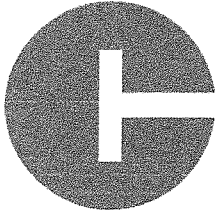
For your convenience, the PFAS initial monitoring requirements have been added to the Water Quality Monitoring and Compliance Schedule for your water system. A copy of your system's PFAS initial monitoring requirements for each entry point is attached to this email.

Previously Collected Data

The PFAS NPDWR allows data collected on or after January 1, 2019 to be used to meet the initial monitoring requirements provided that data meets established criteria. To use previously collected data for initial monitoring, water systems must verify that the data meets the requirements and work with the analyzing laboratory to submit the data through CMDP.

Please reach out with any questions or concerns regarding PFAS Initial Monitoring Requirements.

Thank you,



ANNE EWERT (she/her)

Environmental Analyst 2

Environmental Health & Drinking Water Branch

Drinking Water Section / Rule Implementation Unit

Connecticut Public Health

Personal Phone: 860-509-8041

Drinking Water Section Phone: 860-509-7777

anne.ewert@ct.gov

Robert L. Miller

From: Lisa Perry <lperry@cfdo.org>
Sent: Tuesday, June 9, 2026 10:24 AM
To: Robert L. Miller
Subject: Re: CTMOM Flyer Update

Warning – This message came from the external sender **lperry@cfdo.org**. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Robert,

Unfortunately, Courtney and I are still going chart by chart to make sure information is accurate. With all other tasks, it's taking us a long time because we cannot dedicate a great deal of time to it, but we are plugging along as we need to produce final reports for our grantors as well.

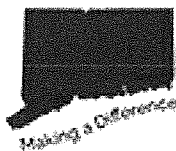
Rough numbers are 905 patients as I mentioned, and we are hovering around \$1 million in care, but the value keeps going up and down as we correct the recorded treatment. Some of the demographic questions were also not recorded either due to user error in patient registration or the software did not record it. One big one was "When was your last dental visit" which is a huge statistic for us to show the need here.

This is usual for us as there is a huge issue with data entry errors coming out of checkout because of the software we rent. As soon as it's done, we will be able to send you the report. I'm sorry we don't have anything to offer at this time.

Thank you,
 Executive Director
 Connecticut Foundation for Dental Outreach, Inc.
 835 West Queen Street
 Suite 2
 Southington, CT, 06489
 860-863-5940 Ext.1
lperry@cfdo.org; www.cfdo.org



Connecticut Foundation
 for Dental Outreach



Connecticut
 Mission of Mercy
 Free Dental Clinic



From: Robert L. Miller <MillerRL@ehhd.org>
Sent: Tuesday, June 9, 2026 10:08 AM
To: Lisa Perry <lperry@cfdo.org>
Subject: RE: CTMOM Flyer Update

Hi Lisa – I have a Board of Directors meeting next week, and would love to share the clinic final report with them. Will it be available?

Thanks,
Rob

Robert L. Miller, MPH, RS

Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
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Twitter/X: @RobMillerMPH
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From: Lisa Perry <lperry@cfdo.org>
Sent: Tuesday, April 28, 2026 3:21 PM
To: Robert L. Miller <MillerRL@MANSFIELDCT.ORG>
Subject: Re: CTMOM Flyer Update

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Rob,

The clinic was a great success, and we are grateful for all of your help! Currently from the reports, patient total is at 905. We have not had a chance to crunch the other data but plan to start that work next week. We also put together a final report once it's all done. I can get you loads of statistics without patient identifiers. I will share as soon as they are ready.



Though 905 was not the intended goal, many patients received multiple procedures when it's usually a one-and-good situation. Feedback from the Hispanic community is that unfortunately they were scared of ICE showing up because of the news reports. We noticed a major decline in the need for translation services this year. I'm curious if the demographics reflect this feedback and clinic observation. TBD

Thanks,

Lisa Perry
Executive Director

To: Healthcare Providers and Facilities

From: Lynn Sosa, MD, Director of Infectious Diseases/State Epidemiologist

Manisha Juthani, MD, Commissioner

Date: May 28, 2026

RE: Ebola Update for Healthcare Partners: 2026 Bundibugyo Outbreak

This memo serves as a reminder for healthcare providers and facilities to remain alert to the evolving Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda.

It is recommended that healthcare providers:

- Obtain travel history from all patients with infectious symptoms
- Be aware of regions impacted by outbreaks of high consequence infectious diseases such as Ebola. Information on the current Ebola outbreak can be found here.
- Use of travel flags in the electronic medical record is vital for quickly identifying patients who have been in affected areas within the past 21 days, enabling timely detection and initiation of proper infection control procedures
- Be familiar with the signs and symptoms of Ebola disease
- Healthcare providers should also consider other more common illnesses among travelers like COVID-19, influenza, malaria, measles, and gastroenteritis in an acutely ill patient with recent travel
- Know how to reach local health departments in your area and the Connecticut Department of Public Health (CT DPH)

CT DPH will be working with local health departments (LHD) who will be monitoring travelers returning from countries affected by the current Ebola outbreak based on current Centers for Disease Control and Prevention (CDC) guidance. LHDs will provide education to travelers about symptoms to be aware of and contact information for the LHD should they become ill. CT DPH and the LHD will work together should a traveler notify public health that they have symptoms concerning for Ebola disease.

If a patient presents for healthcare with history of recent travel to an affected country and symptoms compatible with Ebola disease, please contact the LHD where the patient resides and CT DPH. CT DPH epidemiologists are available 24/7 for consultation. Call 860-

509-7994 (Monday–Friday, 8:30am–4:30pm) or 860-509-8000 (evenings, weekends and holidays); ask to speak with the infectious disease epidemiologist on call.

Whenever possible, consult with the LHD and CT DPH before referring patients with symptoms concerning for Ebola to an Emergency Department, hospital, or other facility and alert the receiving facility prior to patient arrival. This includes situations in which you speak to the patient on the phone but do not see them in person.

If you are treating a patient with symptoms concerning for Ebola in an **outpatient setting**, immediately isolate the patient, consult with CT DPH, the LHD where the patient resides, and alert the receiving facility before referring the patient to an Emergency Department, hospital or other facility. CT DPH will assist in making the appropriate referrals to emergency medical services (EMS), if transport is necessary.

CT DPH will facilitate clinical consultation with CDC to inform decisions regarding diagnostic testing. Viral hemorrhagic fever testing is available only with prior approval from CT DPH staff. Testing for orthoebolaviruses, including Bundibugyo virus, is available at the CT State Public Health Laboratory (CT SPHL): Special Pathogen Panel. CT SPHL test results are presumptive and require confirmatory testing at CDC. Infection prevention and control precautions should be maintained until confirmatory test results are available.

The primary specimen is whole blood. To minimize testing delays and infection risk during specimen collection, duplicate specimens should be collected for sequential testing at the CT SPHL and CDC. Instructions on specimen collection and transport are available online: CDC Ebola Specimen Collection and Transport Guidance.

Additional information is available below:

- Health Alert Network (HAN) Health Advisory
- Situation summary
- Travel Advisory for DRC and Uganda
- Clinical guidance
- Infection prevention and control recommendations for US hospitals

Robert L. Miller

From: CTDPHHealth_Alert_Network@ct.gov <noreply@everbridge.net>
Sent: Friday, June 5, 2026 12:10 PM
To: Robert L. Miller
Subject: Ebola Bundibugyo Outbreak - traveler monitoring updates and reminders

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Dear Local Directors of Health,
Please note the following updates related to the ongoing Ebola Bundibugyo virus outbreak in the DRC and Uganda.

1. CDC updated the “areas of concern” for this outbreak. As a precaution, CDC is now recommending that all travelers to the U.S. who have been in Uganda be managed as being from an area of concern, rather than just Kampala. We expect that CDC will be updating areas of concern on this webpage later today: <https://www.cdc.gov/ebola/php/emergency-guidance/index.html>.
2. DPH will continue to notify LHDs of new travelers to their jurisdictions via email, including on weekends and holidays. LHDs should expect to receive notifications in the morning; DPH will receive new notifications from CDC by 9am.
3. If you are monitoring travelers in your jurisdiction, please remember to do the following:
 - a. Upload the completed screening form as an attachment to the event in CTEDSS.
 - b. Log all monitoring check-in calls in CTEDSS within 1 business day using the fields in the EVD Traveler/Contact Monitoring wizard.
 - c. Call DPH if the traveler will be traveling outside of CT overnight during the 21-day period or if a traveler reports symptoms. Call 860-509-7994 (M-F 8:30am-4:30pm) or 860-509-8000 (all other times).

Thank you for your continued partnership in responding to this international outbreak.

Sent on behalf of
LYNN SOSA, MD
DIRECTOR OF INFECTIOUS DISEASES | STATE EPIDEMIOLOGIST
Infectious Diseases Branch



< VIRAL HEMORRHAGIC FEVERS

Ebola Outbreak: Current Situation

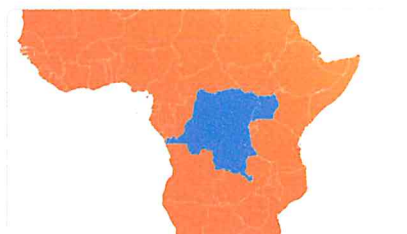


For Everyone

JUNE 8, 2026 · ESPAÑOL

KEY POINTS

- CDC is responding to an outbreak of Ebola disease in remote areas of the Democratic Republic of the Congo (DRC) and Uganda.
- To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak.
- The overall risk to the American public and travelers remains low.



Current situation

Risk to the United States



To date, **no Ebola cases** associated with this outbreak have been reported in the United States, and the risk to the general public remains low.

Key updates

- On **May 18**, CDC and DHS announced [enhanced travel screening, entry restrictions, and public health measures](#) to prevent Ebola disease from entering the United States amid outbreaks in East and Central Africa.
 - Affected air passengers from DRC, South Sudan, and Uganda will have their air travel re-routed to arrive at Washington-Dulles International Airport (IAD), Atlanta Hartsfield-Jackson International Airport (ATL), George Bush Intercontinental Airport (IAH), or John F. Kennedy International Airport (JFK). Airlines will work directly with affected travelers to rebook flights.
 - To date, South Sudan has not reported any cases, but it is included in these efforts due to shared borders with affected countries.
- On **May 17**, an American who was exposed as part of work caring for patients in DRC tested positive for Ebola disease caused by infection with the Bundibugyo (Bun-dee-BOO-joh) virus. The patient was transported to Germany for treatment and care and is currently in stable condition. In addition to being a shorter flight time, Germany has previous experience caring for Ebola patients.
 - High-risk contacts associated with this exposure have been moved to Germany and the Czech Republic. They remain asymptomatic.

Latest data

Reported cases

This is a rapidly evolving situation, and case counts are subject to change.

The DRC and Uganda Ministries of Health report the following:

- | | |
|-----------------------|-------------------------------|
| DRC | • 550 confirmed cases |
| (As of June 7) | • 101 confirmed deaths |
| | • NA - probable cases |

- NA - probable deaths
- NA - suspected cases*
- NA - suspected deaths*

Uganda (As of June 8)

- 19 confirmed cases
- 2 confirmed deaths
- 1 probable case
- 1 probable death

*On May 29, the DRC Ministry of Health updated their total suspect case count to remove suspected cases that have been ruled out after investigation and additionally suspected deaths that are pending the results of ongoing investigations.

What to know about the outbreak

In early May, a hospital in Bunia Health Zone in northeastern DRC identified a cluster of severe illnesses affecting healthcare workers. Initial samples tested in DRC were negative for Ebola virus, but later 8 out of 13 samples tested positive, and 5 were inconclusive. Using genetic fingerprinting, the illnesses were identified as **Bundibugyo (Bun-dee-BOO-joh) virus**, one of the [4 types of orthoebolaviruses](#) that cause Ebola disease in people.

There is no vaccine for Bundibugyo virus, and [treatment](#) consists of supportive care. Patients have experienced classic [Ebola disease symptoms](#) like fever, headache, vomiting, severe weakness, abdominal pain, nosebleeds, and vomiting blood. In DRC, most cases to date have been in people between 20 and 39 years old, and two-thirds have been in female patients.

There have been 2 previous outbreaks of Bundibugyo virus, one in Uganda (2007) and one in DRC (2012), with death rates of 25% and 50%, respectively.

KEEP READING

[History of Ebola Outbreaks](#)

CDC response

CDC is working internationally and domestically to respond to this outbreak and prevent Ebola from entering the United States.

KEEP READING

[Ebola Outbreak: What CDC is Doing](#)

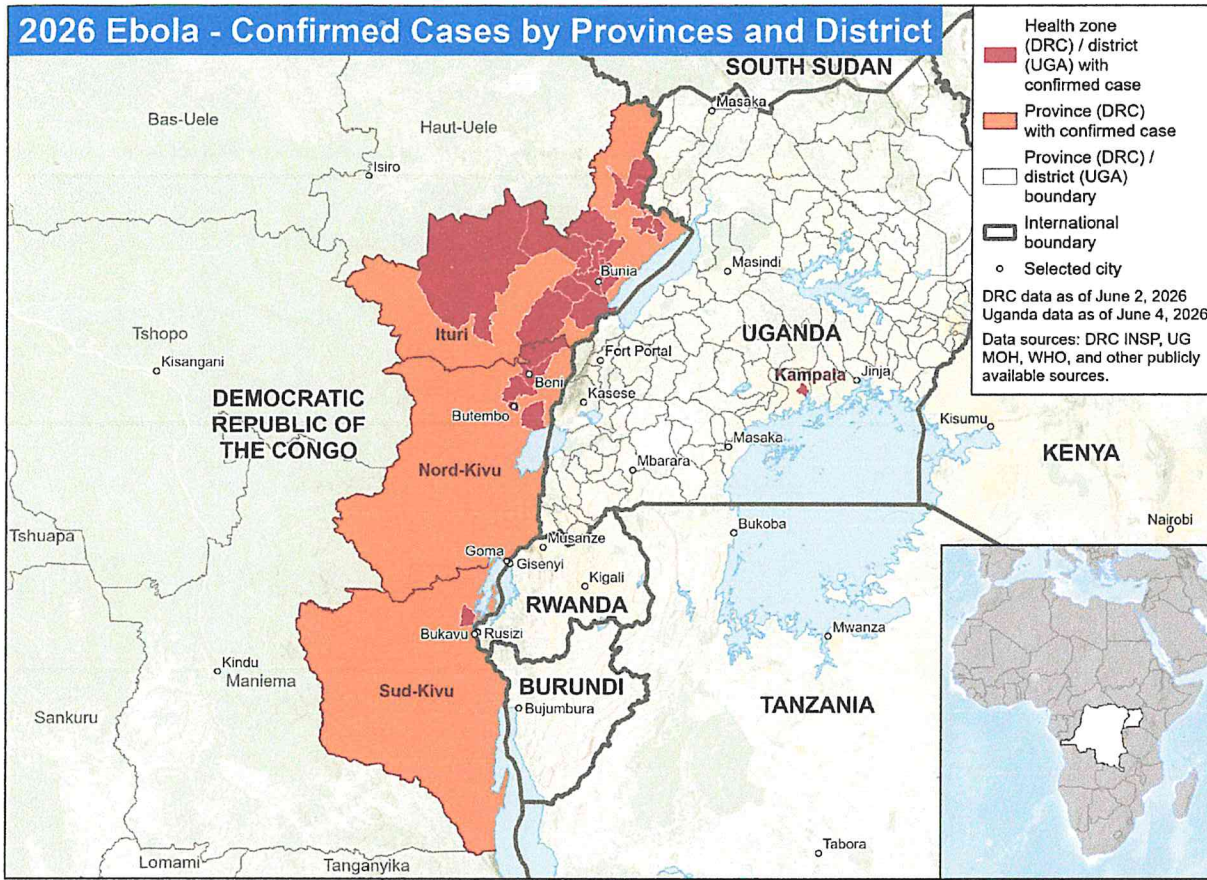
If you were recently in affected areas

CDC has guidance for people who recently have been in areas affected by this Ebola outbreak, including what to do if you feel sick after travel.

[Information for Travelers Returning from Ebola-Affected Areas](#)

[Ebola: What to Do After Travel](#)

Map of impacted areas



To date, the Ebola disease outbreak in DRC has been confirmed in Ituri, Nord-Kivu, and Sud-Kivu provinces. Cases related to the DRC outbreak also have been reported in Uganda's capital of Kampala.

This map highlights the provinces of Ituri, Nord-Kivu, and Sud-Kivu in the Democratic Republic of the Congo and areas (health zones) within those provinces that have confirmed cases of Ebola disease. The map also highlights one district in Kampala, Uganda with confirmed cases.

Resources

For everyone

- [Ebola Disease Basics](#)
- [Ebola FAQs](#)
- [Ebola Outbreak History](#)

Travel information

- [Travel Health Notice: Democratic Republic of the Congo](#)
- [Travel Health Notice: Uganda](#)
- [Ebola: What to Do After Travel](#)
- [Information for Travelers Returning from Ebola-Affected Areas](#)

For healthcare providers

- [Clinical Guidance for Ebola Disease](#)
- [Clinical Screening and Diagnosis for Viral Hemorrhagic Fevers](#)
- [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers](#)
- [Use of Ebola Vaccine: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020 - PMC](#)

- [HAN: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda](#)

For public health professionals

- [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures](#)
- [Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak](#)

SOURCES

CONTENT SOURCE:

[National Center for Emerging and Zoonotic Infectious Diseases \(NCEZID\)](#)

END OF SESSION REPORT - 2026

Prepared for:

CADH

May 20, 2026



Prepared by Graff Public Solutions, LLC

1. Introduction

Over the past several months, the Graff Public Solutions Team has been reviewing the nearly 1,300 bills and resolutions filed during the 2026 legislative session. You've probably grown accustomed to receiving our weekly bill tracking reports, however we would like to provide you with a more comprehensive overview of the outcomes of the session and legislation important to CADH.

Our end of session report for your organization includes:

- A summary of the overall outcomes of the legislative session.
- Narrative descriptions of high priority legislation that will have the greatest impact on your organization. This includes the final vote tallies in the House, Senate and any committees, along with a summary of relevant provisions.
- A near-final bill tracking chart which considers all actions made by the close of the legislative session. A quick review of this chart will show you which bills are dead (crossed out). All other bills (not crossed out) have either become law or are awaiting the Governor's action (signature or veto).
- If relevant, any budget summary information specific to CADH.

This report is by no means exhaustive and please understand that while we believe the details to be accurate, the craziness of the final days of session makes it possible that we have missed some things. For instance, while certain bills may be marked as DEAD, it is possible that some of the concepts from a dead bill were incorporated into other bills or amendments that we have not yet reviewed. If you have any questions, please let us know.

2. Legislative Session Summary

Connecticut's 2026 legislative session concluded on May 6th, marking the end of a "short" session primarily focused on policy adjustments, technical fixes, and targeted fiscal decisions rather than a full biennial budget. Unlike 2025, which centered heavily on adopting a two-year state budget, the 2026 session emphasized implementation and refinement of the already adopted budget. Key areas of focus included workforce development, education, municipal aid, elections, and vaccines.

With no requirement to pass a new biennial budget, the legislature instead adopted targeted budget adjustments and implementer language, making technical and programmatic changes to existing appropriations. With all legislators and the Governor up for election in November, a special session this summer or fall is unlikely.

2026 Legislature Overview and Leadership

- **Session Duration:** Convened February 4th, adjourned May 6th
- **Partisan Control:** Democrats retained strong majorities in both chambers (Senate: 25-11; House: 102-49)—continuing a Democratic trifecta with Governor Ned Lamont
- **Caucus Leadership:** (*unchanged from 2025*)
 - **Senate:** President Martin Looney (D-New Haven); Majority Leader Bob Duff (D-Norwalk); Minority Leader Stephen Harding (R-Brookfield)
 - **House:** Speaker Matt Ritter (D-Hartford); Majority Leader Jason Rojas (D-East Hartford); Minority Leader Vincent Candelora (R-North Branford)
- **Relevant Committee Leadership:**
 - **Public Health:** Co-chairs Sen. Saud Anwar (D-South Windsor), Rep. Cristin McCarthy Vahey (D-Fairfield); Ranking Members Sen. Heather Somers (R-Groton), Rep. Nicole Klarides-Ditria (R-Seymour)
 - **Appropriations:** Co-chairs Sen. Cathy Osten (D-Sprague), Rep. Toni Walker (D-New Haven); Ranking Members Sen. Heather Somers (R-Groton), Rep. Tammy Nuccio (R-Tolland)

General Budget Takeaways

Governor Lamont and legislative leaders adopted a \$28.1 billion budget adjustment proposal for FY27, emphasizing fiscal responsibility while addressing key areas of public concern. The budget includes:

- **Municipal Aid Increases:** \$280 million in new assistance for cities and towns.
- **Child Care Investment:** \$300-\$350 million in new investments in childcare, including \$100 million in one-time, non-education aid, and \$180 million that communities are expected to continue to receive annually.
- **Free School Breakfast:** \$14 million to provide breakfast for all students at public schools.
- **Corporate Tax Adjustments:** Decoupling of federal code to keep state rates consistent and retain \$104 million in revenue.
- **Hospital Tax Revisions:** Reformatting the tax to receive an additional \$505 million from the federal government to assist hospitals.
- **Other Health Care Provisions:** \$60 million for increases in some Medicaid reimbursement rates, and \$138 million in additional funding for non-profit service providers (with \$32 million of that increase going directly to providers serving clients with intellectual and developmental disabilities).

- **New State Employee Contracts:** Contracts for most state employee bargaining units were approved by the legislature, including 2.5% wage increases for three straight years.
- **What Was Not Included:** Major tax breaks or rebates that were put forward early in the session.

The Governor proposed tax rebates in his February budget proposal, and many Republicans pushed for tax cuts during the budget negotiation process. However, no new tax rebates or credits were included in the final budget due to longer-term revenue concerns. While many of the new state employee contracts were directly funded in the budget, higher education units appear to be asked to rely on their reserves to fund wage increases.

Major Initiatives From the Session

- **Workforce Development:** A major piece of legislation, HB 5003, included a number of workforce-related items, including transparency on salary ranges for job postings, protections for healthcare workers facing workplace violence, and protections for contracted service employees, among other provisions.
- **Artificial Intelligence:** One of the nationally watched measures this session was a comprehensive AI-related package that included consumer protections, restrictions involving children, rules governing state-agency use of AI, and disclosure and accountability provisions. Connecticut joined a growing group of states trying to establish AI governance frameworks while federal regulation remains unsettled.
- **No Excuse Absentee Voting:** Legislation passed in HB 5001 that allows for any registered voter to vote by absentee ballot without having to provide a reason (e.g., out of town during voting hours, medical or physical limitations, etc.). This measure was passed in response to a constitutional amendment passed by voters in a referendum two years ago.
- **Cannabis:** Major changes were made to the state's cannabis and THC-infused beverage laws, intending to bring the market more in line with surrounding states.
- **Vaccines:** In response to concerns about federal vaccine guidance, a new state law will allow the state to develop its own vaccine schedule based on expert medical advice.
- **Immigration:** Lawmakers approved several measures limiting cooperation with federal immigration enforcement, including tighter restrictions on ICE activity in sensitive locations, limits on sharing certain state data, and expanded legal accountability mechanisms involving ICE actions.

- **Gun control:** A criminal-justice bill banned certain semiautomatic pistols that can be converted into machine guns using “Glock switch”-type devices.
- **Renewable Energy:** A sweeping energy bill passed near the end of session that, extended solar incentives, streamlined solar permitting, authorized plug-in solar systems, continued shared-solar programs, and advanced broader clean-energy goals.
- **Homeschooling:** Following multiple high-profile child welfare controversies, the legislature passed a bill creating tighter oversight on homeschooling in certain abuse-investigation cases.

3. Priority Legislation for CADH

HB 5514	An Act Concerning Various Revisions To The Public Health Statutes.
Bill Priority	High
Bill Status	Public Act 26-13
Governor’s Signature	Signed on 5/14/26
Senate Vote	Passed 35-0 on 5/1/26
House Vote	Passed 142-4 on 4/28/26
Committee Vote 2	Joint Favorable by Appropriations, passed 44-9 on 4/17/26
Committee Vote 1	Joint Favorable Substitute by Public Health, passed 29-3 on 3/23/26
Public Hearing	3/13/26
Referred to	Public Health Committee 3/5/26

The final version of HB 5514 included a top priority of CADH’s – language improving transparency in private well testing data. That language was originally introduced as [HB 5167](#), which passed unanimously out of the Public Health Committee on 3/2/26. Presumably in an effort to consolidate consensus legislation, it was ultimately included in HB 5514, as were many other pieces of legislation originating in the Public Health Committee. I’ve included the bill analysis of the private well data language below; you can read the full bill analysis [here](#).

§ 31 — WELL WATER TESTING RESULTS

The bill removes the requirement for the DPH commissioner’s approval before health authorities can disclose private residential or semipublic well testing results to certain parties, and expands the allowable recipients of the test results.

More specifically, the law requires an environmental laboratory that conducts water quality testing for these wells to report the results to DPH and the local health authority. Current law allows DPH and the local health authority, with the DPH commissioner’s approval, to disclose the test results or related investigation information to certain parties. The bill eliminates the requirement for the commissioner’s approval, and expands the allowable parties to include the owner of (1) any other property that obtains

water from the well or (2) any property next to the property (a) where the well is located or (b) that obtains water from the well.

Under existing law, DPH and the local health authority (currently, only with the commissioner’s approval) may also disclose the test results or investigation information to the following:

1. the property owner,
2. a prospective buyer who has signed a purchase contract,
3. a state agency’s agent, or
4. other people or entities when disclosure is needed for DPH or the local health authority to carry out their duties.

HB 5044	An Act Establishing Connecticut Vaccine Standards.
Bill Priority	High
Bill Status	Public Act 26-3
Governor’s Signature	Signed on 4/27/26
Senate Vote	Passed 22-12 on 4/23/26
House Vote	Passed 89-60 on 4/21/26
Committee Vote	Joint Favorable Substitute by Public Health, passed 21-10 on 3/18/26
Public Hearing	3/11/26
Referred to	Public Health Committee 2/5/26

Vaccine standards were a high-profile issue in this year’s legislative session. HB 5044 was introduced as a Governor’s bill at the very beginning of the legislative session, signaling strong support from the executive branch to create a statewide vaccine framework to protect against weakened federal standards. The March 11 public hearing drew several hundred people seeking to testify, far exceeding the norm for even the most high-profile public hearings at the Connecticut Legislative Office Building. Ultimately, the public hearing was called to a close at 12:15 am after 14 hours of testimony, with many who had signed up to testify yet to speak.

CADH provided testimony on this bill and advocated for its passage. Another bill, SB 450, had similar provisions but did not move forward. A bill analysis for HB 5044 is provided below.

SUMMARY

This bill makes various changes to state laws on immunizations. Principally, it:

1. requires the Department of Public Health (DPH) commissioner to establish an immunization standard of care for adults, in addition to children as under current law, and authorizes her to (a) consider recommended vaccine schedules from an additional organization when doing so and (b) include passive immunizations, in addition to active immunizations as allowed under current law (§§ 1-7, 11, 12, 15 & 16);
2. requires the Connecticut Vaccine Program (CVP) to give all children’s vaccines included under DPH’s standard of care, instead of only those recommended by the federal Centers for Disease Control and

- Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), and allows DPH to purchase the vaccines by means other than through CDC under certain conditions (§ 2);
3. requires DPH, in consultation with the Department of Social Services (DSS), to adopt regulations for nursing homes on immunization requirements for respiratory viral diseases (such as flu and pneumonia), according to DPH's immunization standard of care instead of the CDC recommendations as under current law (and allows DPH to adopt related policies and procedures while in the process of adopting regulations) (§ 4);
 4. allows the governor, during a public health emergency, to authorize the DPH commissioner or her designee to issue a standing order to allow medical interventions (including vaccines) needed to respond to the emergency (§ 8);
 5. establishes, within available appropriations, a DPH-administered Vaccines for Adults Program that purchases and distributes vaccines to eligible health care providers to administer to underinsured and uninsured adults ages 19 and older (§§ 9 & 10);
 6. requires health insurance policies that cover prescription drugs to also cover immunizations for children, adolescents, and adults included in DPH's standards of care within the schedules the standards prescribe (§§ 11 & 12);
 7. authorizes licensed pharmacists to order, prescribe, and administer vaccines listed in DPH's immunization standards of care, instead of CDC-recommended vaccines, for adult patients and patients between ages 12 and 18 (with parental consent or proof the minor is emancipated) (§ 13); and
 8. expressly provides that the state's Religious Freedom Restoration Act (RFRA) does not apply to immunization requirements for (a) public and private schools, including higher education institutions and (b) child care centers and group and family day care homes (§ 14).

§§ 1-7, 11, 12, 15 & 16 — EXPANDED IMMUNIZATION STANDARDS OF CARE

Current law requires the DPH commissioner to establish an immunization standard of care for children based on the recommended vaccine schedules of ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

The bill requires the commissioner to also establish an immunization standard of care for adults and, when setting any immunization standards, allows her to also consider recommended immunization schedules from the American College of Obstetrics and Gynecology (ACOG). The standards of care must include immunization schedules for children and adults the commissioner recommends as well as any related contraindications.

The bill makes related conforming changes to provisions on (1) the health and welfare fee assessed against certain insurers to pay for the CVP (§ 3); (2) medical exemption forms for state immunization requirements (§ 5); and (3) school immunization requirements, including for higher education institutions (§§ 6 & 7).

Additionally, the bill authorizes the DPH commissioner to consider and include in state immunization standards of care for children, adolescents, and adults passive immunizations, instead of only active

immunizations as under current law. It makes related conforming changes to statutory provisions on (1) state immunization requirements and related regulations and (2) mandated insurance coverage for immunizations (see §§ 11 & 12 below).

Generally, active vaccinations stimulate the body's immune system to produce its own antibodies that provide long-term protection. Passive vaccinations, such as the respiratory syncytial virus (RSV) vaccine, instead directly introduce antibodies to provide short-term protection.

§ 2 — VACCINES FOR CHILDREN PROGRAM

By law, DPH administers the CVP, which gives health care providers certain vaccines at no cost to administer to children under age 19, regardless of insurance status. Under current law, the program only gives ACIP-recommended vaccines that DPH purchases through CDC. The bill instead requires the program to give all vaccines included in DPH's recommended children's vaccine schedule set under its standard of care. It allows DPH to purchase the vaccines by means other than through CDC, so long as the purchase conforms with practices designed to increase efficiency and reduce state costs.

§ 4 — NURSING HOME IMMUNIZATION REGULATIONS

Current law requires the DPH commissioner to adopt nursing home regulations that generally require, among other things, residents to be adequately immunized against flu and pneumonia according to ACIP recommendations. The bill instead requires DPH to adopt immunization requirements for respiratory viral diseases, including flu and pneumonia, based on DPH's immunization standards and consult with the DSS commissioner when doing so.

Under the bill, the DPH commissioner may adopt policies and procedures needed to implement these immunization requirements while in the process of adopting regulations. She must publish notice of her intent to adopt regulations on the eRegulations system within 20 days after implementing the policies and procedures, which are valid until final regulations are adopted.

§ 8 — PUBLIC HEALTH EMERGENCIES

The bill allows the governor, during a statewide or regional public health emergency, to authorize the DPH commissioner or her designee to issue a standing order to allow medical interventions (including vaccines) needed to respond to the emergency.

Under the bill, a standing order is a nonpatient-specific statewide order that (1) includes a prescription or order issued by a physician that allows licensed health care providers to dispense or administer medical interventions to treat, or control and prevent the spread of, a disease or public health threat and (2) does not require a person to receive or use these interventions.

§§ 9 & 10 — VACCINES FOR ADULTS PROGRAM

The bill establishes, within available appropriations, a DPH-administered Vaccines for Adults Program. Under the program, DPH must purchase and distribute vaccines to free clinics, municipal and district health departments, and other licensed health care providers determined by the commissioner who vaccinate adults ages 19 and older (“eligible health care providers”).

Under the bill, the commissioner must determine the (1) vaccines the program purchases and distributes based on their efficacy in preventing serious disease and death in adults and (2) eligible health care providers the program distributes the vaccines to. When determining which vaccines to purchase, the commissioner may consult with DPH’s Federal Recommendations Advisory Committee (see BACKGROUND).

The bill allows an eligible health care provider to administer a vaccine provided under the program to a patient only if the vaccine is not already covered by (1) the patient’s public or private health insurance plan (if any) or (2) a payment plan the patient entered into with the provider for health care services.

Under the bill, the program’s vaccines and provider eligibility requirements the commissioner determines are not considered state regulations and are exempt from the Uniform Administrative Procedure Act’s regulatory process.

§§ 11 & 12 — INSURANCE COVERAGE FOR IMMUNIZATIONS

The bill requires health insurance policies that cover prescription drugs to also cover immunizations for children, adolescents, and adults included in DPH standards of care based on the schedules the standards set. Existing law already requires these insurance policies to cover immunizations (1) recommended by the AAP, AAFP, or ACOG and (2) that have, in effect, a recommendation from ACIP for the person involved. These include, for example, immunizations for influenza, meningitis, tetanus, HPV, hepatitis A and B, measles, mumps, rubella, and varicella. For ACIP-recommended immunizations, existing law requires insurance policies to also cover a 20-minute immunization consultation between a patient and a provider authorized to administer them.

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

§ 13 — PHARMACISTS

The bill authorizes licensed pharmacists to order, prescribe, and administer federal Food and Drug Administration (FDA)-approved or - authorized vaccines listed in DPH’s immunization standards of care, instead of only CDC-recommended vaccines, to adult patients and patients between ages 12 and 18 (with parental consent or proof the minor is emancipated). Current law also allows pharmacists to order, prescribe, and administer to adult patients other vaccines that are (1) not on the immunization

schedules, but for which there are administration instructions on CDC’s website or (2) prescribed (verbally or written) by a practitioner for a specific patient. The bill specifies that these vaccines must be FDA-approved or authorized and, for vaccines that are not on the schedules, eliminates the condition that there must be instructions on the website.

§ 14 — RELIGIOUS FREEDOM RESTORATION ACT

The Connecticut Constitution grants people the right to follow their religion and a state law commonly referred to as RFRA prohibits the state or any of its political subdivisions from placing any burden on this right, unless they can demonstrate that their actions are to further a compelling governmental interest and are the least restrictive way of doing so.

The bill expressly provides that RFRA does not apply to school immunization requirements for (1) public and private schools, including higher education institutions and (2) child care centers and group and family day care homes. (A 2021 law eliminated the religious exemption from immunization requirements for people attending these facilities, and grandfathered people enrolled in grades kindergarten or higher who had already submitted the exemption.)

BACKGROUND

DPH Federal Recommendations Advisory Committee

As authorized by law, the DPH commissioner has created a committee of experts to advise her on matters relating to CDC and FDA recommendations, using evidence-based data from peer-reviewed sources. The committee must serve in a nonbinding advisory capacity, giving guidance only at the commissioner’s discretion (CGS § 19a-131n).

Related Case

In 2022, parents from a few Connecticut municipalities filed a lawsuit against the governor and the education and public health commissioners claiming that the legislature’s 2021 repeal of the religious exemption for school immunization requirements violated state and federal religious freedom protections. In July 2024, the state Supreme Court dismissed the parents’ claims under the Connecticut and U.S. constitutions but allowed their claims made under state statute (RFRA) to proceed (*Spillane v. Lamont*, 350 Conn. 119 (2024)). The case is currently pending in Connecticut Superior Court.

HB 5509	An Act Concerning Justices Of The Peace.
Bill Priority	Medium
Bill Status	Passed in Concurrence
Governor’s Signature	Awaiting
Senate Vote	Passed 36-0 on 5/6/26
House Vote	Passed 144-0 on 4/8/26
Committee Vote	Joint Favorable Substitute by Planning & Development, passed 21-0 on 3/13/26
Public Hearing	3/11/26
Referred to	Planning & Development Committee 3/5/26

This bill made several changes to marriage laws, particularly concerning justices of the peace. However, Section 6 included a provision that states that registrars of vital statistics shall not issue a marriage license until 48 hours after the application for such license. This provision was in response to a 2025 investigation by CT Insider.

4. FY27 Budget Adjustments at a Glance

In 2025, the Governor and legislature worked together to pass a two-year budget, covering both FY26 (July 1, 2025 – June 30, 2026) and FY27 (July 1, 2026 – June 30, 2027). During the 2026 session, budget adjustments for FY27 were considered. Here is a snapshot of the DPH topline budget items from SB 1, the budget bill (Note: column 3 is the original FY27 appropriation, and column 4 is the adjusted amount, if applicable):

T300	DEPARTMENT OF PUBLIC HEALTH		
T301	Personal Services	[40,640,559]	<u>43,329,915</u>
T302	Other Expenses	[8,939,228]	<u>9,235,270</u>
T303	Gun Violence Prevention	[4,404,299]	<u>4,654,299</u>
T304	Lung Cancer Detection and Referrals	479,137	
T305	Pancreatic Cancer Screening	127,161	
T306	[Public Health Response]	[720,931]	
T307	Community Health Services	[2,398,494]	<u>1,898,494</u>
T308	Rape Crisis	616,233	
T309	<u>Various Grants</u>		<u>2,034,000</u>
T310	Local and District Departments of Health	[8,213,916]	<u>8,341,658</u>
T311	School Based Health Clinics	[14,400,721]	<u>15,102,721</u>
T312	AGENCY TOTAL	[80,940,679]	<u>85,818,888</u>

Last year's budget produced an increase in per capita funding for local health districts for the fiscal year beginning July 1, 2026, from \$1.93 to \$2.13 per capita for municipal health departments and from \$2.60 to \$3.00 per capita for district health departments – resulting in a total funding amount of \$8,213,916 for local health districts in FY27 (see 2025 HB 7287). The 2026 budget adjustments included an increase in that line item of \$127,742 for a total of \$8,341,658 in FY27 (line T310). The rationale was to ensure that there was enough money in the budget to fully cover the new per cap rates.

CADH Final Bill Tracking Report - May 20, 2026

CADH - 1 - HIGH 2 Bills

HB5514 - An Act Concerning Various Revisions To The Public Health Statutes.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To make various revisions to the public health statutes.

Complete 05/14/2026 SIGNED BY GOVERNOR

History: 05/06/2026 TRANSMITTED BY SECRETARY OF THE STATE TO GOVERNOR

05/06/2026 TRANSMITTED TO SECRETARY OF THE STATE

05/04/2026 PUBLIC ACT 26-13

05/01/2026 IN CONCURRENCE

05/01/2026 SEN. PASSED, HO. AMEND. SCH. A A

05/01/2026 SEN. ADOPTED HO. AMEND. SCH. A A

04/29/2026 FILE NO. 742 742

04/29/2026 SENATE CALENDAR NUMBER 483 483

04/29/2026 FAV. RPT., TAB. FOR CAL., SEN.

04/28/2026 IMMEDIATE TRANSMITTAL TO THE SENATE

04/28/2026 HOUSE PASSED, HOUSE AMEND. SCH. A A

04/28/2026 HOUSE ADOPTED HOUSE AMEND. SCH. A 4844 A

04/20/2026 TABLED FOR HOUSE CALENDAR

04/20/2026 NO NEW FILE BY COMM. ON APP APPROPRIATIONS

04/20/2026 RPTD. OUT OF LCO

04/20/2026 FILED WITH LCO

04/17/2026 Joint Favorable

04/14/2026 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS

04/09/2026 FILE NO. 540 540

04/09/2026 HOUSE CALENDAR NUMBER 359 359

04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/09/2026 RPTD. OUT OF LCO

04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM

03/24/2026 FILED WITH LCO

03/23/2026 Joint Favorable Substitute

03/23/2026 House Favorable Substitute

03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313

03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5044 - An Act Establishing Connecticut Vaccine Standards.

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete 05/04/2026 TRANSMITTED BY SECRETARY OF THE STATE TO GOVERNOR

History: 05/04/2026 TRANSMITTED TO SECRETARY OF THE STATE

04/30/2026 PUBLIC ACT 26-3

04/27/2026 SIGNED BY GOVERNOR IN ORIGINAL

04/23/2026 IMMEDIATE TRANSMITTAL TO THE GOV.

04/23/2026 IN CONCURRENCE

04/23/2026 SEN. PASSED, HO. AMEND. SCH. A,B A,B

04/23/2026 SEN. REJ. SEN. AMEND. SCH. I 4621 I

04/23/2026 SEN. REJ. SEN. AMEND. SCH. H 4628 H

04/23/2026 SEN. REJ. SEN. AMEND. SCH. G 4624 G

04/23/2026 SEN. REJ. SEN. AMEND. SCH. F 4630 F

04/23/2026 SEN. REJ. SEN. AMEND. SCH. E 4625 E

04/23/2026 SEN. REJ. SEN. AMEND. SCH. D 4626 D

04/23/2026 SEN. REJ. SEN. AMEND. SCH. C 4622 C

04/23/2026 SEN. REJ. SEN. AMEND. SCH. B 4632 B

04/23/2026 SEN. REJ. SEN. AMEND. SCH. A 4627 A

04/23/2026 SEN. ADOPTED HO. AMEND. SCH. A,B A,B

04/23/2026 RULES SUSPENDED

04/23/2026 SENATE CALENDAR NUMBER 452 452

04/23/2026 FAV. RPT., TAB. FOR CAL., SEN.

04/21/2026 HOUSE PASSED, HOUSE AMEND. SCH. A,B A,B

04/21/2026 HOUSE ADOPTED HOUSE AMEND. SCH. B 4424 B
04/21/2026 HOUSE ADOPTED HOUSE AMEND. SCH. A 4191 A
04/07/2026 FILE NO. 405 405
04/07/2026 HOUSE CALENDAR NUMBER 289 289
04/07/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/07/2026 RPTD. OUT OF LCO
03/30/2026 REFERRED TO OLR, OFA 04/07/26 12:00 PM
03/19/2026 FILED WITH LCO
03/18/2026 House Favorable Substitute
03/18/2026 Joint Favorable Substitute
03/06/2026 PUBLIC HEARING WED 3/11/26 10:30AM - PUBLIC HEALTH 0311
02/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

CADH - 2 - MEDIUM 3 Bills

HB5515 - An Act Concerning The Department Of Mental Health And Addiction Services' Recommendations Regarding Access To Opioid Overdose Reversal Medication And Various Revisions To Mental Health And Addiction Statutes.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To remove barriers to access opioid antagonists.

Complete 05/15/2026 TRANSMITTED BY SECRETARY OF THE STATE TO GOVERNOR

History: 05/15/2026 TRANSMITTED TO SECRETARY OF THE STATE
05/14/2026 PUBLIC ACT 26-38
05/04/2026 ON CONSENT CALENDAR /IN CONCURRENCE
05/04/2026 SEN. PASSED, HO. AMEND. SCH. A A
05/04/2026 SEN. ADOPTED HO. AMEND. SCH. A A
04/30/2026 FILE NO. 752 752
04/30/2026 SENATE CALENDAR NUMBER 492 492
04/30/2026 FAV. RPT., TAB. FOR CAL., SEN.
04/29/2026 IMMEDIATE TRANSMITTAL TO THE SENATE
04/29/2026 HOUSE PASSED, HOUSE AMEND. SCH. A A
04/29/2026 HOUSE ADOPTED HOUSE AMEND. SCH. A 4517 A
04/09/2026 FILE NO. 541 541
04/09/2026 HOUSE CALENDAR NUMBER 360 360
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/24/2026 Joint Favorable Substitute
03/23/2026 Joint Favorable Substitute
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5518 - An Act Concerning The Department Of Public Health's Recommendations Regarding Subsurface Sewage Enforcement Officers, Water Operator Apprentices And Various Revisions To The Environmental Health And Drinking Water Statutes.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To implement the Department of Public Health's recommendations regarding various revisions to the environmental health and drinking water statutes, including statutes relating to bottled water, environmental laboratories and asbestos abatement.

Complete 05/20/2026 PUBLIC ACT 26-142

History: 05/06/2026 IN CONCURRENCE
05/06/2026 SEN. PASSED, HO. AMEND. SCH. A A
05/06/2026 SEN. ADOPTED HO. AMEND. SCH. A A
05/02/2026 SENATE CALENDAR NUMBER 520 520
05/02/2026 FAV. RPT., TAB. FOR CAL., SEN.
05/01/2026 IMMEDIATE TRANSMITTAL TO THE SENATE
05/01/2026 HOUSE PASSED, HOUSE AMEND. SCH. A A
05/01/2026 HOUSE ADOPTED HOUSE AMEND. SCH. A 5666 A
04/09/2026 FILE NO. 543 543
04/09/2026 HOUSE CALENDAR NUMBER 363 363
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/23/2026 Joint Favorable
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5509 - An Act Concerning Justices Of The Peace.

Introducers: Planning and Development Committee

Intro Date: 3/4/2026

Summary: To (1) require the Secretary of the State to publish a manual concerning the duties of justices of the peace, (2) prohibit misconduct by justices of the peace, (3) specify that a newly created office of justice of the peace may be filled by appointment prior to the next regular election, (4) require a forty-eight hour waiting period before the issuance of a marriage license, and (5) establish a working group concerning justices of the peace.

Complete 05/20/2026 PUBLIC ACT 26-141

History: 05/06/2026 ON CONSENT CALENDAR /IN CONCURRENCE

05/06/2026 SENATE PASSED
04/10/2026 SENATE CALENDAR NUMBER 360 360
04/10/2026 FAV. RPT., TAB. FOR CAL., SEN.
04/08/2026 HOUSE PASSED
03/30/2026 FILE NO. 259 259
03/30/2026 HOUSE CALENDAR NUMBER 215 215
03/30/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
03/30/2026 RPTD. OUT OF LCO
03/23/2026 REFERRED TO OLR, OFA 03/30/26 12:00 PM
03/16/2026 FILED WITH LCO
03/13/2026 Joint Favorable Substitute
03/06/2026 PUBLIC HEARING WED 3/11/26 10:30AM - PLANNING AND DEVELOPMENT 0311
03/05/2026 REF. TO JOINT COMM. ON PD PLANNING AND DEVELOPMENT

CADH - 3 - LOW 1 Bill

SB83 - An Act Establishing The Federal Cuts Response Fund.

Introducers: Sen. Martin M. Looney (D); Rep. Matthew Ritter (D); Sen. Bob Duff (D); Rep. Jason Rojas (D)

Intro Date: 2/3/2026

Complete 02/26/2026 TRANSMITTED TO SECRETARY OF THE STATE

History: 02/11/2026 SPECIAL ACT 26-1
02/09/2026 SIGNED BY GOVERNOR IN ORIGINAL
02/05/2026 RULES SUSPENDED, TRANSMITTED TO THE GOVERNOR
02/05/2026 IN CONCURRENCE
02/05/2026 HOUSE PASSED
02/05/2026 HOUSE REJECTED HOUSE AMEND. SCH. A 742 A
02/04/2026 IMMEDIATE TRANSMITTAL TO THE HOUSE
02/04/2026 SENATE PASSED
02/04/2026 SEN. REJ. SEN. AMEND. SCH. C 678 C
02/04/2026 SEN. REJ. SEN. AMEND. SCH. B 677 B
02/04/2026 SEN. REJ. SEN. AMEND. SCH. A 675 A
02/03/2026 EMERGENCY CERTIFICATION

NO PRIORITY 0 Bills

Dead Bills

CADH - 1 - HIGH 3 Bills

HB5167 - An Act Concerning The Disclosure Of Water Quality Test Results For Certain Private And Semipublic Wells.

Introducers: Public Health Committee

Intro Date: 2/10/2026

Summary: To permit the disclosure of private well and semipublic well water quality test results to certain individuals without requiring approval of the Commissioner of Public Health.

Complete 03/16/2026 FILE NO. 24 24

History: 03/16/2026 HOUSE CALENDAR NUMBER 48 48
03/16/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable
02/13/2026 PUBLIC HEARING WED 2/18/26 12:00PM - PUBLIC HEALTH 0218
02/11/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5164 - An Act Concerning The Use Of Funds In The Tobacco Settlement Fund.

Introducers: Public Health Committee

Intro Date: 2/10/2026

Summary: To require funding of tobacco control programs to prevent and reduce tobacco use at the amount recommended by the Centers for Disease Control and Prevention.

Complete 04/14/2026 TABLED FOR HOUSE CALENDAR

History: 04/14/2026 NO NEW FILE BY COMM. ON FIN FINANCE, REVENUE AND BONDING
04/14/2026 RPTD. OUT OF LCO
04/14/2026 FILED WITH LCO
04/14/2026 Joint Favorable
04/07/2026 REF. BY HOUSE TO COMMITTEE ON FIN FINANCE, REVENUE AND BONDING
03/16/2026 FILE NO. 21 21
03/16/2026 HOUSE CALENDAR NUMBER 45 45
03/16/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable Substitute
02/13/2026 PUBLIC HEARING WED 2/18/26 12:00PM - PUBLIC HEALTH 0218
02/11/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

SB450 - An Act Concerning The Standard Of Care For Immunization.

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To clarify the standard of care for immunization in the state.

Complete 04/07/2026 FILE NO. 476 476

History: 04/07/2026 SENATE CALENDAR NUMBER 288 288

04/07/2026 FAV. RPT., TAB. FOR CAL., SEN.

04/07/2026 RPTD. OUT OF LCO

03/30/2026 REFERRED TO OLR, OFA 04/07/26 12:00 PM

03/19/2026 FILED WITH LCO

03/18/2026 Joint Favorable Substitute

03/06/2026 PUBLIC HEARING WED 3/11/26 10:30AM - PUBLIC HEALTH 0311

03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

CADH - 2 - MEDIUM 8 Bills

~~**HB5522 - An Act Concerning The Sewage Right To Know Act And Requiring A Report Concerning Well Contamination Protocols:**~~

Introducers: Environment Committee

Intro Date: 3/5/2026

Summary: To provide for certain implementation and public availability of the requirements of the sewage right-to-know act.

Complete 04/28/2026 SENATE CALENDAR NUMBER 464 464

History: 04/28/2026 FAV. RPT., TAB. FOR CAL., SEN.

04/27/2026 IMMEDIATE TRANSMITTAL TO THE SENATE

04/27/2026 HOUSE PASSED

04/15/2026 TABLED FOR HOUSE CALENDAR

04/15/2026 NO NEW FILE BY COMM. ON APP APPROPRIATIONS

04/14/2026 RPTD. OUT OF LCO

04/14/2026 FILED WITH LCO

04/13/2026 Joint Favorable

04/07/2026 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS

04/02/2026 FILE NO. 397 397

04/02/2026 HOUSE CALENDAR NUMBER 284 284

04/02/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/02/2026 RPTD. OUT OF LCO

03/27/2026 REFERRED TO OLR, OFA 04/01/26 5:00 PM

03/19/2026 FILED WITH LCO

03/18/2026 Joint Favorable Substitute

03/09/2026 PUBLIC HEARING FRI 3/13/26 11:00AM - ENVIRONMENT 0313

03/06/2026 REF. TO JOINT COMM. ON ENV ENVIRONMENT

~~**HB5537 - An Act Establishing A Working Group To Study Ways To Fund A Universal Free School Meals Program:**~~

Introducers: Finance, Revenue and Bonding Committee

Intro Date: 3/10/2026

Summary: To impose a tax on certain sweetened beverages, syrups and powders and dedicate the revenue generated to a universal free school meals program to reimburse local and regional boards of education for the provision of free school breakfasts and lunches to all public school students.

Complete 04/15/2026 FILE NO. 643 643

History: 04/15/2026 HOUSE CALENDAR NUMBER 434 434

04/15/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/15/2026 RPTD. OUT OF LCO

04/09/2026 REFERRED TO OLR, OFA 04/14/26 5:00 PM

04/01/2026 FILED WITH LCO

03/30/2026 Joint Favorable Substitute

03/12/2026 PUBLIC HEARING MON 3/16/26 1:00PM - FINANCE, REVENUE AND BONDING 0316

03/11/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

~~**HB5519 - An Act Concerning The Department Of Public Health's Recommendations Regarding On-Site Wastewater Specialists And Water Operator Apprentices:**~~

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To establish certification and training requirements for on-site wastewater specialists.

Complete 04/20/2026 TABLED FOR HOUSE CALENDAR

History: 04/20/2026 NO NEW FILE BY COMM. ON APP APPROPRIATIONS

04/20/2026 RPTD. OUT OF LCO

04/20/2026 FILED WITH LCO

04/17/2026 Joint Favorable

04/14/2026 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS

04/09/2026 FILE NO. 544 544

04/09/2026 HOUSE CALENDAR NUMBER 364 364

04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/09/2026 RPTD. OUT OF LCO

04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM

03/24/2026 FILED WITH LCO

03/24/2026 Joint Favorable Substitute

03/23/2026 Joint Favorable Substitute

03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313

03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

~~**HB5513 - An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes:**~~

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To implement the Department of Public Health's recommendations regarding various revisions to the public health statutes.

Complete 04/09/2026 FILE NO. 539 539

History: 04/09/2026 HOUSE CALENDAR NUMBER 358 358
04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/09/2026 RPTD. OUT OF LCO
04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM
03/24/2026 FILED WITH LCO
03/24/2026 Joint Favorable
03/23/2026 Joint Favorable
03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313
03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

~~**HB5932—An Act Adjusting The State Budget For The Biennium Ending June 30, 2027.**~~

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete 04/16/2026 FILE NO. 661 661

History: 04/16/2026 FILE NO. 661 661
04/16/2026 HOUSE CALENDAR NUMBER 436 436
04/16/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/16/2026 RPTD. OUT OF LCO
04/10/2026 REFERRED TO OLR, OFA 04/15/26 5:00 PM
03/31/2026 FILED WITH LCO
03/31/2026 Joint Favorable Substitute
02/10/2026 PUBLIC HEARING MON 2/23/26 2:00PM - APPROPRIATIONS 0223
02/10/2026 PUBLIC HEARING FRI 2/20/26 5:00PM - APPROPRIATIONS 0220
02/10/2026 PUBLIC HEARING THU 2/19/26 5:00PM - APPROPRIATIONS 0219
02/10/2026 PUBLIC HEARING WED 2/18/26 2:00PM - APPROPRIATIONS 0218
02/10/2026 PUBLIC HEARING TUE 2/17/26 3:00PM - APPROPRIATIONS 0217
02/06/2026 PUBLIC HEARING FRI 2/13/26 2:00PM - APPROPRIATIONS 0213
02/06/2026 PUBLIC HEARING TUE 2/10/26 3:00PM - APPROPRIATIONS 0210
02/06/2026 PUBLIC HEARING WED 2/11/26 4:00PM - APPROPRIATIONS 0211
02/05/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

~~**SB382—An Act Concerning Edible Food Recovery.**~~

Introducers: Public Health Committee

Intro Date: 2/25/2026

Summary: To require the development of protocols regarding the donation of surplus edible food by retail food establishments to food distribution organizations.

Complete 03/18/2026 FILE NO. 55 55

History: 03/18/2026 SENATE CALENDAR NUMBER 66 66
03/18/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/18/2026 RPTD. OUT OF LCO
03/12/2026 REFERRED TO OLR, OFA 03/17/26 5:00 PM
03/10/2026 FILED WITH LCO
03/09/2026 Joint Favorable Substitute
02/27/2026 PUBLIC HEARING WED 3/4/26 11:30AM - PUBLIC HEALTH 0304
02/26/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

~~**SB365—An Act Establishing A Bridge Program For Emergency Treatment And Recovery Navigation For Persons With An Opioid Use Disorder.**~~

Introducers: Public Health Committee

Intro Date: 2/25/2026

Summary: To require hospitals to (1) treat patients presenting to the emergency department with symptoms of opioid use disorder with buprenorphine without requiring admission of the patient to the hospital, (2) discharge such patients from the emergency department with a supply of opioid antagonists, and (3) refer such patients to local substance use disorder treatment programs.

Complete 03/24/2026 FILE NO. 157 157

History: 03/24/2026 SENATE CALENDAR NUMBER 110 110
03/24/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/24/2026 RPTD. OUT OF LCO
03/18/2026 REFERRED TO OLR, OFA 03/23/26 5:00 PM
03/10/2026 FILED WITH LCO
03/09/2026 Joint Favorable Substitute
02/27/2026 PUBLIC HEARING WED 3/4/26 11:30AM - PUBLIC HEALTH 0304
02/26/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

~~**SB495—An Act Concerning The Prevention Of Accidental Overdose Deaths And Improving Access To Treatment And Recovery Services For Substance Use Disorder.**~~

Introducers: Public Health Committee

Intro Date: 2/10/2026

Summary: To prevent accidental overdose deaths and improve access to treatment and recovery services for substance use disorder.

Complete 04/20/2026 FAV. RPT., TAB. FOR CAL., SEN.

History: 04/20/2026 NO NEW FILE BY COMM. ON APP APPROPRIATIONS
04/20/2026 RPTD. OUT OF LCO
04/20/2026 FILED WITH LCO

04/17/2026 Joint Favorable
04/15/2026 IMMEDIATE TRANSMITTAL TO COMMITTEE
04/15/2026 REF. BY SEN. TO COMM. ON APP APPROPRIATIONS
03/16/2026 FILE NO. 30 30
03/16/2026 SENATE CALENDAR NUMBER 51 51
03/16/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable
02/13/2026 PUBLIC HEARING WED 2/18/26 12:00PM - PUBLIC HEALTH 0218
02/11/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

CADH - 3 - LOW 7 Bills

SB84 - An Act Concerning Adjustments To State Revenue:

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete 04/20/2026 FILE NO. 704 **704**

History: 04/20/2026 SENATE CALENDAR NUMBER 425 **425**

04/20/2026 FAV. RPT., TAB. FOR CAL., SEN.

04/20/2026 RPTD. OUT OF LCO

04/13/2026 REFERRED TO OLR, OFA 04/20/26 12:00 PM

04/01/2026 FILED WITH LCO

03/31/2026 Joint Favorable Substitute

03/05/2026 PUBLIC HEARING WED 3/11/26 1:00PM - FINANCE, REVENUE AND BONDING 0311

02/05/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

HB5511 - An Act Concerning The Department Of Public Health's Recommendations Regarding Consent Orders:

Introducers: Public Health Committee

Intro Date: 3/4/2026

Summary: To allow the Commissioner of Public Health to (1) impose conditions on the issuance or renewal of any permit, approval, registration, certificate or license, and (2) resolve enforcement actions with an agreed settlement or consent order without need for a formal hearing.

Complete 04/09/2026 FILE NO. 538 **538**

History: 04/09/2026 HOUSE CALENDAR NUMBER 357 **357**

04/09/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/09/2026 RPTD. OUT OF LCO

04/02/2026 REFERRED TO OLR, OFA 04/08/26 5:00 PM

03/24/2026 FILED WITH LCO

03/24/2026 Joint Favorable Substitute

03/23/2026 Joint Favorable Substitute

03/09/2026 PUBLIC HEARING FRI 3/13/26 10:30AM - PUBLIC HEALTH 0313

03/05/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

HB5255 - An Act Implementing The Recommendations Of The Auditors Of Public Accounts Concerning Oversight Of State Agency Grants:

Intro Date: 2/18/2026

Summary: To implement the recommendations of the Auditors of Public Accounts requiring the developing of standard requirements for the award and subaward of state grant funds and subsequent monitoring of the use of such grant funds, training of state agency employees in such standards and annual reporting concerning such awards and subawards.

Complete 04/07/2026 REF. BY HOUSE TO COMMITTEE ON APP APPROPRIATIONS

History: 04/01/2026 FILE NO. 321 **321**

04/01/2026 HOUSE CALENDAR NUMBER 240 **240**

04/01/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/01/2026 RPTD. OUT OF LCO

03/26/2026 REFERRED TO OLR, OFA 03/31/26 5:00 PM

03/17/2026 FILED WITH LCO

03/17/2026 Joint Favorable

02/27/2026 PUBLIC HEARING TUE 3/3/26 11:00AM - GOVERNMENT OVERSIGHT 0303

02/19/2026 REF. TO JOINT COMM. ON GOS GOVERNMENT OVERSIGHT

HB5031 - An Act Making Deficiency Appropriations For The Fiscal Year Ending June 30, 2026:

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete 04/15/2026 FILE NO. 635 **635**

History: 04/15/2026 HOUSE CALENDAR NUMBER 426 **426**

04/15/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR

04/15/2026 RPTD. OUT OF LCO

04/09/2026 REFERRED TO OLR, OFA 04/14/26 5:00 PM

03/31/2026 FILED WITH LCO

03/31/2026 Joint Favorable Substitute

03/12/2026 PUBLIC HEARING FRI 3/20/26 10:00AM - APPROPRIATIONS 0320

02/05/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

HB5030 - An Act Implementing The Governor's Budget Recommendations For General Government:

Introducers: REQUEST OF THE GOVERNOR PURSUANT TO JOINT RULE 9

Intro Date: 2/4/2026

Summary: To implement the Governor's budget recommendations.

Complete 04/20/2026 FILE NO. 680 680

History: 04/20/2026 HOUSE CALENDAR NUMBER 468 468
04/20/2026 FAV. RPT., TABLED FOR HOUSE CALENDAR
04/20/2026 RPTD. OUT OF LCO
04/13/2026 REFERRED TO OLR, OFA 04/20/26 12:00 PM
04/02/2026 FILED WITH LCO
04/01/2026 Joint Favorable Substitute
03/06/2026 PUBLIC HEARING THU 3/12/26 1:00PM - APPROPRIATIONS 0312
02/05/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

~~**SB239 – An Act Concerning Nutrition And Food-Based Interventions For Patients With Diabetes And Congestive Heart Failure:**~~

Introducers: Public Health Committee

Intro Date: 2/17/2026

Summary: To require hospitals to (1) examine the nutrition needs of community members with diabetes and congestive heart failure when conducting a community health needs assessment, and (2) prioritize medically tailored and food-based interventions for such community members in the hospital's community benefits implementation strategy.

Complete 03/16/2026 FILE NO. 31 31

History: 03/16/2026 SENATE CALENDAR NUMBER 52 52
03/16/2026 FAV. RPT., TAB. FOR CAL., SEN.
03/16/2026 RPTD. OUT OF LCO
03/09/2026 REFERRED TO OLR, OFA 03/16/26 12:00 PM
03/03/2026 FILED WITH LCO
03/02/2026 Joint Favorable Substitute
02/19/2026 PUBLIC HEARING MON 2/23/26 11:30AM - PUBLIC HEALTH 0223
02/18/2026 REF. TO JOINT COMM. ON PH PUBLIC HEALTH

~~**HB5187 – An Act Adjusting The Fiscal Guardrails:**~~

Introducers: Rep. Jason Doucette (D); Rep. Patrick Biggins (D); Rep. Kevin Brown (D); Rep. Brandon Chafee (D); Rep. Mike Demicco (D); Rep. Josh Elliott (D); Rep. Kate Farrar (D); Rep. Mary Fortier (D); Rep. Nick Gauthier (D); Rep. Jillian Gilchrest (D); Rep. Bob Godfrey (D); Rep. Kenneth Gucker (D); Rep. William Heffernan (D); Rep. Susan M. Johnson (D); Rep. Eleni Kavros DeGraw (D); Rep. Sarah Keitt (D); Rep. Maryam Khan (D); Rep. Roland J. Lemar (D); Rep. Geoff Luxenberg (D); Rep. Rebecca Martinez (D); Rep. Nicholas Menapace (D); Rep. Trenee McGee (D); Rep. Amy Morrin Bello (D); Rep. Anthony L. Nolan (D); Rep. Corey P. Paris (D); Rep. Kaitlyn Shake (D); Rep. Michael Shannon (D); Rep. Travis Simms (D); Rep. Laurie Sweet (D); Sen. Derek Slap (D); Rep. Kara Rochelle (D); Rep. Gary A. Turco, Jr. (D); Rep. Steven Winter (D)

Intro Date: 2/10/2026

Summary: To adjust the methodology used to calculate the threshold amounts for volatility funds transfers and increase the maximum capacity of the Budget Reserve Fund.

Complete 02/20/2026 PUBLIC HEARING FRI 2/27/26 11:00AM - FINANCE, REVENUE AND BONDING 0227

History: 02/18/2026 Reserved for Subject Matter Public Hearing
02/11/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

NO PRIORITY 5 Bills

~~**HB5233 – An Act Authorizing Bonds Of The State For Improvements To Water And Sewer Infrastructure In The Town Of Manchester:**~~

Introducers: Rep. Geoff Luxenberg (D)

Intro Date: 2/17/2026

Summary: To provided funding for improvements to the water and sewer infrastructure in the north end of the town of Manchester.

Complete 02/18/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

History:

~~**SB16 – An Act Concerning Funding For The Easy Breathing Asthma Program:**~~

Introducers: Sen. John A. Kissel (R)

Intro Date: 2/3/2026

Summary: To provide funding for the Easy Breathing asthma program.

Complete 02/04/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

History:

~~**SB14 – An Act Concerning Funding For The State-Wide Narcotics Task Force:**~~

Introducers: Sen. Paul Cicarella (R)

Intro Date: 2/3/2026

Summary: To provide funding to combat the illegal manufacturing and sale of fentanyl in Hartford, New Haven, Bridgeport and Waterbury.

Complete 02/04/2026 REF. TO JOINT COMM. ON APP APPROPRIATIONS

History:

~~**SB115 – An Act Exempting Covid-19 At Home Test Kits From The Sales And Use Taxes:**~~

Introducers: Sen. Derek Slap (D)

Intro Date: 2/9/2026

Summary: To exempt COVID-19 at-home test kits from the sales and use taxes.

Complete 02/10/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

History:

~~**SB110 – An Act Authorizing Bonds Of The State To Address The Contamination Of Wells In The Town Of Franklin:**~~

Introducers: Sen. Catherine A. Osten (D)

Intro Date: 2/9/2026

Summary: To provide funding to assist the town of Franklin to address the contamination of wells associated with the Franklin Town Hall and at the Franklin Volunteer Fire Department.

Complete 02/10/2026 REF. TO JOINT COMM. ON FIN FINANCE, REVENUE AND BONDING

History:

Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Thursday, June 11, 2026 3:21 PM
To: Robert L. Miller
Subject: Governor Lamont, Connecticut Department of Public Health Urge Residents To Stay Informed, Not Alarmed Amid Disease Outbreaks and Increased International Travel Locally for Global Soccer Tournament

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Web Version



Governor Lamont, Connecticut Department of Public Health Urge Residents To Stay Informed, Not Alarmed Amid Disease Outbreaks and Increased International Travel Locally for Global Soccer Tournament

Posted on June 11, 2026

DPH Monitoring Ebola, Mpox, Measles, H5N1 and Other Infectious Disease Threats; Connecticut Residents and Visitors Encouraged To Take Commonsense Precautions

(HARTFORD, CT) – Governor Ned Lamont and the Connecticut Department of Public Health (DPH) are issuing guidance to help Connecticut residents and visitors navigate the current infectious disease landscape with accurate information and practical guidance, particularly as the 2026 World Cup soccer matches bring an unprecedented surge of international travelers to the region.

The tournament runs from June 11 through July 19 with nearby host cities including New York/New Jersey, Boston, and Philadelphia. It is expected to draw in millions of fans, athletes, journalists, and tourists from across the globe. This historic gathering is a cause for celebration but also for monitoring infectious diseases that have made recent headlines.

“As we prepare to welcome tourists visiting the region for the World Cup, I want Connecticut residents to know we are looking out for their health and safety,” **Governor Lamont said.** “The Connecticut Department of Public Health and our public health experts are actively monitoring for any signs of infectious disease activity and have robust systems in place to respond quickly if needed—however low the risk may be. To be clear, the risk to Connecticut residents is very

low, although I encourage everyone to continue to keep taking sensible precautions by staying up to date on vaccines and practicing good hygiene.”

“DPH has spent months preparing for the unique infectious disease challenges that come with hosting a global event of this scale,” **Connecticut Public Health Commissioner Manisha Juthani, M.D., said.** “We have activated our Incident Management Team, expanded disease surveillance, and established real-time communication protocols with local, national, and international health authorities. We encourage all attendees to stay current on their vaccinations, practice good hand hygiene, and seek care promptly if they feel unwell. We want everyone to enjoy this historic event with confidence in our infrastructure and knowledge that the risk to Connecticut residents remains low.”

What Connecticut is Monitoring

Ebola: Serious Globally, Low Direct Risk to Connecticut Residents

The Ebola outbreak in the Democratic Republic of the Congo and Uganda involves the Bundibugyo strain of Ebola, for which no approved vaccine currently exists. The risk to residents remains low.

Ebola does not spread through the air. It requires direct contact with the bodily fluids of a person who is actively sick. There are no confirmed cases in the United States linked to this outbreak at this time.

DPH notified healthcare facilities to have a heightened awareness for patients with travel histories presenting with fever, hemorrhagic symptoms, or unexplained severe illness, particularly those with recent travel to the DRC or Uganda. The Connecticut State Public Health Laboratory is equipped to test for Ebola, providing the state with critical in-state diagnostic capacity.

Measles: The Risk for Connecticut

Measles will likely pose a higher risk of transmission at the tournament, driven by high global burden and declining vaccination rates. As of early June, more than 2,000 measles cases have been reported in the United States this year. Since 2025, there have been more than 4,000 reported cases in the U.S., the largest number in decades. Connecticut’s measles vaccination (MMR) rate is the highest in the nation and the state has not had any cases in 2026.

Measles spreads easily through the air and can remain infectious in a room for hours after an infected person has left. Large international gatherings like these soccer matches create conditions where measles can move quickly through unvaccinated populations.

DPH urges all residents to verify that they are up to date on MMR vaccination before attending any large public gatherings, including tournament events, viewing parties, and travel to host cities. The MMR vaccine is safe, highly effective, and widely available through healthcare providers and pharmacies across Connecticut.

Clade I Mpox: Connecticut Has Confirmed Its First Case

Connecticut recently confirmed its first case of Clade I mpox, a strain that has been increasingly spreading internationally. Large international gatherings are often associated with

increases in sexual activity, tourism, and temporary social networks, all of which can contribute to increased transmission of mpox and other sexually transmitted infections including gonorrhea, chlamydia, syphilis, and HIV.

The mpox vaccine is available through healthcare providers and pharmacies across Connecticut.

Safer sex is about more than reducing risk, it's about making informed choices that protect personal health while supporting positive, enjoyable experiences. Testing for mpox and sexually transmitted infections is available through commercial laboratories and the Connecticut State Public Health Laboratory. (For more information, [click here.](#))

H5N1 Bird Flu: Ongoing Monitoring, Low General Public Risk

DPH continues to monitor H5N1 avian influenza, which has been detected in wildlife, dairy cattle herds, and poultry operations across the United States. No commercial dairy or poultry operations in Connecticut have been affected. Risk to humans remains low; however, busy summer events and the movement of international visitors through Connecticut means our surveillance systems must remain sharp.

As a reminder, commercially pasteurized dairy products are safe, and properly cooked poultry poses no H5N1 risk.

Respiratory Diseases: COVID-19 and Influenza Remain in Circulation

COVID-19 and influenza continue to circulate in Connecticut and nationally, and large international gatherings can accelerate the spread. Respiratory viruses spread easily in crowded indoor and outdoor settings, and an influx of international travelers increases the likelihood of exposure to circulating strains.

DPH encourages all residents and visitors to ensure they are up to date on both their COVID-19 and annual influenza vaccinations before attending tournament events, viewing parties, or traveling to host cities. Vaccines for both are widely available through healthcare providers and pharmacies across Connecticut. If individuals are feeling unwell, they are encouraged to stay home.

Hantavirus: Risk to Connecticut Remains Very Low

Following the Andes hantavirus cluster aboard a cruise ship in the Atlantic Ocean, DPH has maintained active monitoring and distributed guidance to healthcare partners statewide. The risk to the general Connecticut public remains extremely low. Andes hantavirus does not spread through casual contact or air, and there is no U.S. community spread linked to the cruise ship cluster.

Protect Yourself From Increased Infection Risk This Summer

Before attending large public gatherings or traveling:

- Confirm you and your family are up to date on all recommended vaccinations, especially MMR
- Speak with your healthcare provider if you have upcoming international travel

- Check CDC travel health advisories at www.cdc.gov/travel for the most current guidance for your destination
- Check CDC tips for soccer fans at www.cdc.gov/soccer

While attending large events or traveling:

- Use good hand hygiene, wash hands with soap and water frequently
- Practice safe sex and know how to access testing and care
- If you are unwell, stay home
- Prioritize water, rest, and shade to avoid heat-related illness

If you become ill after travel or attending large events:

- Contact your healthcare provider promptly and share your full travel history
- Do not self-present to an emergency department without calling ahead if you have symptoms consistent with a serious illness and recent international travel history
- Call 2-1-1 Connecticut to be connected to health resources in your area

Connecticut has invested in the infrastructure, laboratory capacity, clinical partnerships, and surveillance systems needed to detect, respond to, and contain infectious disease threats quickly and effectively. The Connecticut State Public Health Laboratory can test for Ebola, mpox, measles, and H5N1. DPH is in active, real-time coordination with the CDC and neighboring state health departments. Connecticut's hospitals and clinical partners have been briefed and have protocols in place.

Public health officials are monitoring a wide range of potential threats during the tournament, including both expected health concerns and unexpected challenges. The State of Connecticut will continue to issue updates as the situation evolves.

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Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Wednesday, June 10, 2026 2:21 PM
To: Robert L. Miller
Subject: Governor Lamont Declares Stage 2 Drought Advisory for Fairfield, Middlesex, and New Haven Counties

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STATE OF CONNECTICUT

GOVERNOR NED LAMONT

Governor Lamont Declares Stage 2 Drought Advisory for Fairfield, Middlesex, and New Haven Counties

Posted on June 10, 2026

(HARTFORD, CT) – Governor Ned Lamont announced today that he is declaring a Stage 2 drought advisory for Fairfield County, Middlesex County, and New Haven County due to significantly low streamflow in water bodies across the region, decreased precipitation, and increased wildfire danger across the state. Prior to today's announcement, there was no drought declaration statewide.

A Stage 2 drought advisory is an awareness stage, identifying an emerging drought event that could potentially impact water supplies, agriculture, and natural ecosystems. It is the second of five levels under the Connecticut Drought Preparedness and Response Plan, with Stage 1 being the lowest level and Stage 5 the most extreme.

“Warmer conditions and the lack of a significant amount of rain over these last few months have impacted all of Connecticut, particularly the regions around Fairfield, Middlesex, and New Haven counties,” **Governor Lamont said**. “The purpose of increasing these counties to Stage 2 is to raise awareness that if drier conditions persist, there is a possibility that this emerging drought event will intensify. While rain is in the forecast over the coming days, it is not predicted to be the long soaking rain we need to overcome current drought conditions.”

The decision to declare a Stage 2 drought advisory comes to the governor at the recommendation of the Connecticut Interagency Drought Workgroup, a state entity consisting of representatives from several state agencies that meets regularly to monitor and address drought conditions, and make recommendations to the governor on the state's response to drought events. The group met on June 10, 2026, and made a recommendation to increase these counties to Stage 2 based on an assessment of indicator data including precipitation, surface waters, groundwater, drinking water reservoirs, and fire conditions.

"We are experiencing drier than normal conditions entering the summer season, which may increase in severity as we enter the warmer months," **Interagency Drought Workgroup Chairman and Office of Policy and Management Undersecretary Martin Heft said**. "Across Connecticut, we have been witnessing the spread of increased drought conditions, and we must begin early steps now to mitigate potential harm, should the drought be prolonged."

During this Stage 2 drought advisory, individuals and businesses are encouraged to take voluntary measures to aid in minimizing future drought impacts. These measures may include:

- Reducing outdoor irrigation during the daylight hours
- Minimizing overall water use by fixing leaky plumbing and fixtures
- Running dishwashers and washing machines only when full

During this time, individuals and businesses should also look out for and follow any conservation requests issued by their local water suppliers and municipalities.

Rainfall and droughts do not follow state, county, and municipal boundaries and impacts may be more severe at certain locations. Those who depend on private wells, fire or irrigation ponds, and other highly localized water resources should be especially mindful of local conditions, especially in places where previous droughts have affected supplies. Those who depend on private wells should contact their local public health department if supplies are low or conditions worsen.

The most recent time any drought advisories were issued in Connecticut was on October 7, 2025, when Fairfield, Middlesex, and New Haven counties reached Stage 2.

The five levels of drought advisories under the State Drought Plan are:

- **Stage 1:** Below Normal Conditions
- **Stage 2:** Incipient Drought
- **Stage 3:** Moderate Drought
- **Stage 4:** Severe Drought
- **Stage 5:** Extreme Drought

The Connecticut Interagency Drought Workgroup consists of representatives from the Department of Agriculture, the Department of Emergency Services and Public Protection, the Department of Energy and Environmental Protection, the Department of Public Health, the Office of Policy and Management, and the Public Utilities Regulatory Authority. The workgroup also receives assistance from partners at the National Weather Service and the United States Geological Survey.

More Information on current drought conditions, the Interagency Drought Workgroup, and the State Drought Plan can be found online at portal.ct.gov/Water/Drought/Drought-Home.

Read on CT.gov

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To: Local Health Departments, Healthcare Providers
From: Lynn Sosa, MD, State Epidemiologist
Subject: Hantavirus Update
Date: May 11, 2026

The Connecticut Department of Public Health is closely monitoring the hantavirus outbreak related to the M/V Hondius cruise ship. The risk to Connecticut residents is extremely low. We are not aware at this time of any Connecticut residents being aboard this cruise ship or being exposed to illnesses associated with this outbreak. CDC is working with state and local public health departments and passengers who have returned to the United States on monitoring their health. This memo outlines the most current resources about this outbreak.

Hantaviruses are a family of viruses which can cause two types of disease: hantavirus pulmonary syndrome (HPS) or hemorrhagic fever with renal syndrome (HFRS). Both types of hantavirus disease can be deadly especially when seeking healthcare is delayed. There is no specific treatment for hantavirus. Hantavirus is spread primarily through contact with rodent urine, droppings and saliva or rarely, through a bite or scratch from an infected rodent. The type of hantavirus implicated in this outbreak is Andes virus. This hantavirus causes HPS and is not found in the US. Andes virus also spreads primarily through exposure to rodent urine, droppings or saliva and in limited situations, from person to person. Andes virus is the only hantavirus known to spread from person to person.

Hantavirus is an infrequent disease in the US and primarily occurs in the southwestern US. Since 1995 when hantavirus became a Nationally notifiable disease, Connecticut has only reported one case in 2014. We understand that this outbreak has generated concerns about exposure to hantavirus through rodents here in Connecticut. Concerned patients and residents can be advised of the following:

- The risk of being exposed to hantavirus in Connecticut is low.
- Avoid contact with rodent urine, droppings, saliva, and nesting materials.
- Seal holes and gaps in your home or garage to keep rodents out and clean up any easy-to-get food that might attract rodents.
- Place traps in and around your home to decrease rodent infestation and follow [CDC guidance](#) to safely clean up after rodents.

The latest resources about this outbreak and Andes virus can be found here:

- [2026 Multi-country Hantavirus Cluster Linked to Cruise Ship | HAN | CDC](#)
- [Hantavirus Toolkit](#)

Questions about hantavirus and this outbreak can be directed to the Epidemiology and Emerging Infections Program at 860.509.7994.

Environmental Health and Drinking Water Branch

EHDW Circular Letter #2026-06

TO: Community Public Water Systems
Non-Transient Non-Community PWS
Certified Operators

FROM: Christopher D. Roy, Public Health Section Chief, Drinking Water Section

DATE: April 24, 2026

SUBJECT: New Federal Regulation - Lead and Copper Rule Improvements

On October 30, 2024, the United States Environmental Protection Agency (EPA) promulgated the new lead and copper rule, the Lead and Copper Rule Improvements (LCRI) in the Code of Federal Regulations (CFR). The LCRI strengthens the requirements in the current Lead and Copper Rule (LCR) and Lead and Copper Rule Revisions (LCRR) to better protect children and adults from lead in drinking water. The compliance date for the LCRI is November 1, 2027.

The key requirements of the LCRI are:

- Replace lead services lines within 10 years,
- Locate existing lead pipes,
- Improve tap sampling,
- Lower the lead action level from 15 ppb to 10 ppb,
- Strengthen public health protection, and
- Improve communication.

The CFR requires all community and non-transient non-community public water systems to complete the following tasks by the noted deadline. Submit all documents to the CT Department of Public Health (DPH) at DPH.LeadandCopper@ct.gov:

By November 1, 2027:

Baseline Service Line Inventory
Service Line Replacement Plan
List of School and Childcare Facilities

By January 1, 2028:

Sampling Site Plan
Tap Sampling Protocol

In addition, water systems must identify all unknown service lines by December 31, 2037 and must validate non-lead service lines no later than December 31, 2034.

Please visit the Drinking Water Section's [LCRI webpage](#) for more information on this new rule and for training schedules and registration information

If you have any questions, please contact us at DPH.LeadandCopper@ct.gov.

Cc: Lisa Morrissey, Deputy Commissioner, CT DPH
Local Health Departments

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, May 12, 2026 9:42 AM
To: jeff.gordon@cga.ct.gov; Rep. Nuccio, Tammy
Cc: Robert L. Miller
Subject: Thank you

Hello Senator Gordon and Representative Nuccio,

I wanted to follow up and express my sincere appreciation for all of your efforts over the past two years working with my office to address the unintended consequences created when private well data was suddenly classified as confidential without prior notice to local health departments or affected property owners.

While we were not ultimately able to fully rescind the original law, the legislation passed this session, through your leadership and support, will go a long way toward reducing the bureaucratic burden placed on local health departments and restoring unfettered access to critical information for residents most at risk of groundwater contamination in neighborhood settings.

Thank you again for your partnership, responsiveness, and continued commitment to protecting rural drinking water and public health.

Yours in health,
Rob

Robert L. Miller, MPH, RS

Director of Health
Eastern Highlands Health District
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Storrs, CT 06268
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Robert L. Miller

From: Governor Lamont's Office <lamont.news@ct.gov>
Sent: Monday, April 27, 2026 1:26 PM
To: Robert L. Miller
Subject: Governor Lamont Signs Legislation Protecting Vaccine Access Amid Federal Public Health Rollbacks

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STATE OF CONNECTICUT

GOVERNOR NED LAMONT

Governor Lamont Signs Legislation Protecting Vaccine Access Amid Federal Public Health Rollbacks

Posted on April 27, 2026

(HARTFORD, CT) – Governor Ned Lamont today announced that he has signed into law legislation protecting the ability of Connecticut residents to continue accessing life-saving vaccines amid recent political actions at the federal level that threaten standards supported by the medical community for generations.

The legislation is House Bill 5044, *An Act Establishing Connecticut Vaccine Standards*.

"When thousands of cases of measles threatened communities across America this year, Connecticut had zero cases. That doesn't happen by accident. This legislation ensures that no matter what happens in Washington, Connecticut's immunization standards stay grounded in science and keep proven vaccines available and affordable," **Governor Lamont said**. "At a time when national vaccine guidance faces growing uncertainty, these changes empower doctors to make decisions based on evidence and to give families the reliable information they deserve. I appreciate the many members of the Connecticut General Assembly who voted in favor of this bill to support the ability of people to access vaccines and protect themselves from illness. Connecticut residents, including our most vulnerable, deserve public health policies based on the science, not skepticism and politics."

Last year, the Trump administration, under the leadership of appointee Robert F. Kennedy, Jr., removed all 17 sitting members of the U.S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and replaced them with new appointees – at least several of whom have been directly tied to the vaccine skepticism movement. Since then, the committee has made attempts to overhaul long-held U.S. vaccine policies by removing vaccines from standard of care schedules and deviating from rigorous, peer-reviewed research that has formed the basis of public health policy in the U.S. for decades.

More than 100 medical associations and groups – including the American Medical Association, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and the Infectious Diseases Society of America – recently published a letter about the dangers posed by these changes at ACIP, stating, "ACIP was established to provide evidence-based guidance on the use of immunizations to prevent diseases, but the revised charter [that ACIP published on April 9] paves the way for an unqualified committee to promote misleading narratives about vaccine safety."

The legislation signed today by Governor Lamont most notably removes the requirement under existing Connecticut statutes that the state's vaccine standards be linked to those set by this federal committee, and establishes the methods needed for the state to preserve the current vaccine standards. This move also ensures that pharmacists in Connecticut can continue to administer these vaccines, and that all state regulated individual and group insurance plans will continue covering their costs. The bill also establishes a voluntary adult flu vaccine pilot program to help patients access free flu vaccines if they are uninsured or underinsured.

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EHDW Circular Letter #2025-13

TO: Community Public Water Systems
 Non-Transient Non-Community Public Water Systems
 Certified Operators

From: Patricia Bisacky, Public Health Services Manager *PB*
 Toxicology and Emerging Contaminants Program

Date: October 22, 2025

Subject: Initial Monitoring Period for Environmental Protection Agency Final PFAS
 National Primary Drinking Water Regulation

In June 2024, the Environmental Protection Agency (EPA) promulgated the final Per- and Polyfluoroalkyl Substances (PFAS) National Primary Drinking Water Regulation (NPDWR) into the Code of Federal Regulations (CFR) 40 CFR Part 141 Subpart Z. While the EPA has indicated that rule may be revised in the future, the current rule remains in effect until such time that a new or amended rule is promulgated. EPA has also confirmed that the initial monitoring period will remain as established in the current rule.

Community and Non-Transient Non-Community Public Water Systems (PWS) must complete the EPA required initial monitoring by April 26, 2027. Compliance monitoring and public notification requirements will begin on April 26, 2027, and systems must comply with the newly established maximum contaminant levels (MCLs) by April 26, 2029.

The Connecticut Department of Public Health (CT DPH) recommends that PWS begin collecting initial monitoring samples as soon as possible to ensure timely completion of required monitoring. Some systems will need to begin collecting quarterly samples no later than the second quarter of 2026 which is less than six months away. Samples may be submitted by a certified laboratory or directly by the PWS through the Compliance Data Monitoring Portal.

Initial Monitoring Requirements:

Community and non-transient non-community PWSs must collect samples at every Point of Entry (POE) into the distribution system except for interconnections. A wholesale system is

required to conduct the testing and to notify any consecutive systems of any violations. Below shows the initial monitoring schedules established by the EPA:

<p><u>Surface Water Systems</u> serving all population sizes</p> <ul style="list-style-type: none"> • Quarterly within 12-month period • Samples collected 2 to 4 months apart. 	<p><u>Groundwater Systems</u> serving > 10,000 customers</p> <ul style="list-style-type: none"> • Quarterly within 12-month period • Samples collected 2 to 4 months apart. 	<p><u>Groundwater Systems</u> serving ≤ 10,000 customers</p> <ul style="list-style-type: none"> • Twice within 12-month period • Samples collected 5 to 7 months apart.
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The EPA requires samples to be analyzed for the six PFAS shown in Table 1 using a state approved laboratory certified to conduct EPA method 533 or 537.1 revision 2. All numerical results, including those below the Practical Quantification Level (PQL), must be reported, and all samples reported to a concentration no greater than the MCLs. The EPA is not allowing monitoring waivers or composite samples.

Table 1 – Summary of PFAS NPDWR

Contaminant	PQL ng/l	MCL ng/l	Trigger Level ng/l
PFOA	4.0	4.0	2.0
PFOS	4.0	4.0	2.0
HFPO-DA (GenX)	5.0	10	5
PFHxS	3.0	10	5
PFNA	4.0	10	5
PFBS	3.0	N/A	N/A
Hazard Index	N/A	1 (unitless)	0.5 (unitless)

Initial monitoring results will be utilized to establish the compliance monitoring schedule for each point of entry. If a system demonstrates all regulated PFAS are below the trigger level, a PWS may apply for a reduced compliance monitoring schedule.

The EPA PFAS NPDWR allows for previously collected data (voluntarily or through a program such as the Fifth Unregulated Contaminant Monitoring Rule (UCMR 5)) to be used to meet the initial monitoring requirements provided that data meets criteria established in the rule. Please review the rule or reach out to the CT DPH Emerging Contaminants Unit (ECU) at DPH.EmergingContaminants@CT.gov if you have specific questions on utilizing previously collected data.

Links to relevant Federal Resources:

- PFAS Rule Summary and Supporting Materials:
 - <https://www.epa.gov/sdwa/and-polyfluoroalkyl-substances-pfas#Summary>
 - General Information
 - Communications Toolkit
 - Technical Information
 - Webinar recordings
- Code of Federal Regulations (40 CFR Part 141 Subpart Z):
 - <https://www.ecfr.gov/current/title-40/part-141/subpart-Z>
- UCMR 5 Data Finder:
 - <https://www.epa.gov/dwucmr/fifth-unregulated-contaminant-monitoring-rule-data-finder>
- Emerging Contaminants in Small or Disadvantaged Communities Grant:
 - <https://www.epa.gov/dwcapacity/emerging-contaminants-ec-small-or-disadvantaged-communities-grant-sdc>

C: Lisa Michelle Morrissey, MPH, Deputy Commissioner

Kerry A. Colson, Acting Branch Chief, Environmental Health and Drinking Water Branch

Jenna Nicol, Public Health Section Chief, Environmental Health Section

Christopher Roy, Public Health Section Chief, Drinking Water Section



June 9, 2026

Mr. Stanley Nolan
University of Connecticut
25 Ledoyt Road
Unit 3252
Storrs, CT 06269-3252

PUBLIC WATER SYSTEM: University of Connecticut - Main Campus
Mansfield, CT
CLASSIFICATION TYPE: Community
PWSID: CT0780021

SUBJECT: PFAS INITIAL MONITORING REQUIREMENTS

Dear Mr. Nolan:

In June 2024, the Environmental Protection Agency (EPA) promulgated the final Per- and Polyfluoroalkyl Substances (PFAS) National Primary Drinking Water Regulation (NPDWR) into the Code of Federal Regulations (CFR) as 40 CFR Part 141 Part Z. The PFAS NPDWR applies to every Community Water System (CWS) and Non-Transient Non-Community (NTNC) public water system.

Initial Monitoring Requirements

Each CWS and NTNC public water system is required to complete the initial monitoring requirements for PFAS by **April 26, 2027**. Systems must collect PFAS samples at every entry point into the distribution system. The monitoring requirements are determined based on the population served and the type of source water provided by the entry point (i.e., surface or ground water). When a monitoring frequency of 4 consecutive quarterly samples is required, the samples must be collected 2 to 4 months apart within a 12-month period. When a monitoring frequency of 2 samples within a 12-month period is required, the samples must be collected 5 to 7 months apart.

The Connecticut Department of Public Health (DPH) is encouraging all public water systems to begin collecting initial monitoring samples as soon as possible to ensure all sample results are reported to DPH by **April 26, 2027**. Some systems will need to begin collecting quarterly samples no later than **June 30, 2026**. For convenience, the PFAS initial monitoring requirements for University of Connecticut - Main Campus have been added to the system's Water Quality Monitoring and Compliance Schedule.

Laboratory Information

PFAS samples must be analyzed using an EPA- or state-certified laboratory that is certified to perform EPA method 533 or 537.1, Version 2.0. A list of laboratories certified to conduct PFAS analysis can be found here: [State-Certified PFAS Laboratories](#). All samples must be submitted to the DPH by the certified laboratory through the Compliance Monitoring Data Portal (CMDP).

Previously Collected Data

The PFAS NPDWR allows data collected on or after January 1, 2019, (voluntarily or through a program such as the Fifth Unregulated Contaminant Monitoring Rule (UCMR 5)) to be used to meet the initial monitoring requirements provided that data meets criteria established in the rules under [40 CFR 141.901](#) and [40 CFR 141.902](#). To use previously collected data for initial monitoring, water systems must verify that the data meets the requirements established and work with the analyzing laboratory to submit the data through CMDP. For additional information and requirements for the previously submitted data, please see the EPA [Initial Monitoring: A Quick Reference Guide](#).

If the previously collected data alone does not satisfy the initial monitoring requirements, new samples may be collected to supplement the previous data. The new samples must be collected in accordance with the minimum monitoring frequency requirements. For example, if a system required to collect 2 samples within a 12-month period collected a sample in January 2020, the system could collect another sample in June, July or August 2026 (5 to 7 months later) to complete the initial monitoring requirements. Please contact the DPH Drinking Water Section (DWS) at boubie.nezien@ct.gov if you have specific questions on utilizing previously collected data.

Compliance Monitoring

Compliance monitoring will begin on **April 26, 2027**. The PFAS results from samples that meet the initial monitoring requirements will be used to determine the appropriate compliance monitoring schedule for each entry point. The 3 different compliance monitoring sampling schedules that may be assigned—triennial, annual and quarterly—will be based on the criteria summarized in Table 3 under [40 CFR 141.902\(b\)\(2\)](#).

PFAS Maximum Contaminant Levels

Water systems must comply with the established PFAS maximum contaminant levels (MCLs) by **April 26, 2029***. Compliance with the MCLs is based on the calculation of a running annual average for each contaminant at each entry point. The MCLs and other important levels are summarized in the table below. Refer to [40 CFR 141.903](#) for detailed compliance requirements.

PFAS			
Practical Quantitation Levels (PQLs), Maximum Contaminant Levels (MCLs) and Trigger Levels			
Contaminant	PQL ng/l	MCL ng/l	Trigger Level ng/l
PFOA	4.0	4.0	2.0
PFOS	4.0	4.0	2.0
HFPO-DA (GenX)*	5.0	10	5
PFHxS*	3.0	10	5
PFNA*	4.0	10	5
PFBS*	3.0	N/A	N/A
Hazard Index*	N/A	1 (unitless)	0.5 (unitless)

* On May 18, 2026, EPA announced its plan to propose two changes to the PFAS drinking water rule. The first proposed rule change will extend the compliance deadline for the PFOA and PFOS Maximum Contaminant Levels from April 29, 2029 to April 29, 2031. For more information, please see [Docket EPA-HQ-OW-2025-1742](#) and the May 20, 2026 [Federal Register Notice](#). The second proposed rule change will rescind the regulatory determinations and remove the related provisions for four PFAS substances (PFHxS, PFNA, HFPO-DA (GenX), and the Hazard Index). For more information, please see [Docket EPA-HQ-OW-2025-0654](#) and the May 20, 2026 [Federal Register Notice](#).

The DWS will provide public water systems with an update on EPA’s proposed changes and further instructions as more information becomes available.

If you have any questions, please contact Boubie Nezien at (860) 509-7350 or at boubie.nezien@ct.gov.

Sincerely,



Christopher D. Roy
Section Chief
Drinking Water Section

cc: Mr. Robert L. Miller, Director of Health, Eastern Highlands Health District
Kirk M. Ducharme, Certified Operator