REVIEW OF KEY LEGISLATION RELATING TO PROVIDERS OF SERVICES TO THE ELDERLY

2025

REGULAR SESSION OF THE CONNECTICUT GENERAL ASSEMBLY

PREPARED BY:

WIGGIN AND DANA

One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

&

LeadingAge Connecticut

110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

TABLE OF CONTENTS

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

TABLE OF ACRONYMS

ABCMS	Applicant Background Check Management System
AED	Automated External Defibrillator
APRN	Advanced Practice Registered Nurse
CON	Certificate of Need
CONNIE	Statewide Health Information Exchange
CRT	Complex Rehabilitation Technology
ADS	Department of Aging and Disability Services
DCP	Department of Consumer Protection
DPH	Department of Public Health
DSS	Department of Social Services
LTCO	Long-Term Care Ombudsman
MRC	Managed Residential Community
OHA	Office of the Healthcare Advocate
OHS	Office of Health Strategy
RCH	Residential Care Home

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

I. INTRODUCTION

This Legislative Summary is intended to provide summaries of legislation enacted during the Connecticut General Assembly's 2025 General Session affecting providers of services to the elderly. We note that certain provisions, particularly changes in statutes addressing nursing home rates and the nursing home provider tax, as well as anti-discrimination provisions, were enacted in early June almost a month before the federal "One Big Beautiful Bill" budget reconciliation bill (HR 1) became law. Because that new federal law addresses Medicaid funding, provider taxes and other measures, the General Assembly made an effort to maintain several state provisions and programs and may need to make adjustments and revisions to certain 2025 enactments, either in an upcoming special session this year, or during the 2026 General Session. We will provide an updated Legislative Summary in the event there are any changes to the provisions included herein.

II. BUDGET/IMPLEMENTER

1. PUBLIC ACT 25-168. AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2027, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET.
   Effective as noted

   §§ 116-120 — Telehealth Controlled Substance Prescription Authority
   Effective June 30, 2025

   These Sections remove the prior limitation that prohibited telehealth providers from prescribing opioid drugs. The amendment permits telehealth providers to prescribe any Schedule II or III controlled substance used either as part of medication-assisted treatment or to treat individuals with psychiatric disabilities or substance use disorders. These Sections also make technical changes to the definition of "opioid drug".

   § 166 — Community Ombudsman Statute Amendment Redefining Long-Term Care Services and Supports
   Effective July 1, 2025

   This Section amends the statute governing the Community Ombudsman Program, which provides support and advocacy for individuals receiving long-term care services and supports from home care providers. This Section expands the current definition of "home care provider," which includes licensed home health agencies, hospices and homemaker companion agencies, to add "any individual offering home and community-based long-term services and supports directly, whether formally or informally." In addition, this Section replaces the definition of

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

"long-term services and supports" provided by home care providers with a more detailed definition of "home and community-based long-term services and supports." This new term is defined as "a comprehensive array of health, personal care and supportive services, including, but not limited to, services and supports offered through (i) community-based programs administered by DSS, and (ii) a home care provider to a person with physical, cognitive or mental health conditions to (A) enhance such person's quality of life, (B) facilitate optimal functioning, and (C) support independent living in the setting of such person's choice."

§ 167 — Nursing Home Value Based Payment System Design
Effective October 1, 2025

This Section enables DSS to develop value-based payments for nursing homes. Specifically, the Act permits DSS to establish a quality metrics program by October 1, 2025 that provides payments to nursing homes (A) for high-quality outcomes based on their performance in the program and (B) to incentivize providing high-quality services to Medicaid residents based on DSS annual individualized reports to each nursing home showing the impact to the Medicaid rate for such home based on the quality metrics program. This Section requires that the quality metrics program measure these quality metrics using nursing home national quality measures issued by CMS and state-administered customer satisfaction measures. DSS may weigh certain quality measures higher for desired outcomes.

No later than February 1, 2027, DSS must submit a report to the General Assembly's Joint Committee on Appropriations and Human Services.

§§176 and 177 — DPH Non-Lapsing Accounts
Effective June 30, 2025

These Sections establish two non-lapsing accounts to be expended by DPH: (i) the Public Health Urgent Communication Account to pay for "timely, effective communication to members of the general public, health care providers and other relevant stakeholders during a public health emergency" and (ii) the Emergency Public Health Financial Safeguard Account to address unexpected shortfalls in public health funding and ensure DPH is able to respond to the health care needs of state residents and provide a continuity of essential public health services.

§ 178 — Epileptic Patient Notification
Effective July 1, 2025

This Section imposes a new notification requirement that, effective October 1, 2025, any physician, APRN, or physician assistant who regularly treats epileptic patients must inform such patients of the risk of sudden unexpected death in epilepsy and methods to mitigate such risk.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

§ 179 — AED Requirement for Nursing Homes and MRCs
Effective October 1, 2025

This Section imposes a new requirement upon nursing homes and MRCs to maintain an automated external defibrillator ("AED") in a central location in the facility that is known and accessible to staff, residents and family members who visit. In addition, nursing homes and MRCs must maintain and test the AED in accordance with the manufacturer's guidelines. State-funded congregate housing facilities, elderly housing complexes receiving assistance and funding through the United States Department of Housing and Urban Development's Assisted Living Conversion Program and any affordable housing unit subsidized under the state's assisted living demonstration project are exempted from this requirement. The deadline to comply with this new requirement is January 1, 2026.

§§ 184-186 — Home Health Care and Hospice Employee Safety Statutory Changes
Effective October 1, 2025

Section 184 clarifies the hospice exception to the requirement under C.G.S. § 19a-491f for home health care agencies to collect information about prospective clients during intake that relates to safety concerns for workforce members. In its current version, the statute states that this requirement is only inapplicable to a home health agency that is licensed as a hospice organization pursuant to C.G.S. § 19a-122b. The statute has been revised to add that the requirement is also inapplicable to:

- an agency that operates solely as a hospice agency;
- a hospice program, as defined in Conn. Agencies Regs. § 19-13-D72(b);
- a hospice-based home care program, as described in Conn. Agencies Regs. § 19a-495-5b(o); or
- a hospice inpatient facility, as defined in Conn. Agencies Regs. § 19a-495-6a.

In addition, Section 184 clarifies that any licensed health care provider (including a nursing home) that refers or transfers a patient to a home health care agency, home health aide agency or hospice agency must, at the time of such referral and to the extent feasible and consistent with state and federal laws, provide any documentation or information in such health care provider's possession relating to:

- the client's history of violence toward health care workers;
- the client's history of substance use;
- the client's history of domestic abuse;
- a list of the client's diagnoses, including, but not limited to, psychiatric history;
- whether the client's diagnoses or symptoms thereof have remained stable over time; and

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

- any information concerning violent acts involving the client that is contained in judicial records or any sex offender registry information concerning the client.

Section 185 removes the exemption for hospices from the requirement under C.G.S. § 19a-491g to adopt and implement a health and safety training curriculum for home care workers that is consistent with the health and safety training curriculum endorsed by the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health ("CDC") and the Occupational Safety and Health Administration ("OSHA") and provide annual staff training consistent with such health and safety curriculum. This Section also adds a requirement for a home health care agency, home health aide agency, and hospice agency to establish a system by which staff may promptly report an inciden[t] of violence or potential threat of violence in conjunction with monthly safety assessments conducted with direct care staff. Monthly safety assessments may occur through in-person or virtual staff meetings or other communication methods, including, but not limited to, electronic mail, text messages, telephone calls, a hotline or a reporting portal.

Section 186 removes the exemption for hospices from the requirement under C.G.S. § 19a-491h to report each instance of abuse by an agency client against an agency staff member and the actions taken by the agency to ensure the safety of the staff member. This Section also clarifies that this reporting requirement (i) applies to abuse not only by an agency client but also by any other person and (ii) is limited to abuse relating to the staff member's employment with the agency.

§ 188 — Expedited Conservator Appointment
Effective June 30, 2025

This Section requires the Probate Court Administrator and DSS to evaluate the feasibility of establishing an expedited process for appointment of a conservator for patients in hospital emergency rooms who lack capacity to consent in order to receive health care services from the hospital to ensure that these patients receive timely services and to avoid emergency department boarding and crowding. "Emergency department boarding" means holding patients who have been admitted to the hospital after presenting to the emergency department while awaiting an inpatient bed.

§ 189 — Hospital Reporting on Emergency Departments
Effective June 30, 2025

This Section broadens the current requirement for hospitals to report on emergency department crowding. Under the amendment, hospitals that are currently required to submit a report to the General Assembly's Public Health Committee regarding its findings and recommendations, are now also required to submit the report to DPH, OHS, and OHA by March 1, 2026, and annually thereafter.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

§ 190 — Hospital Discharge Working Group
Effective June 30, 2025

This Section establishes a working group to evaluate hospital discharge challenges, including, but not limited to, hospital discharge practices, and to propose strategies to reduce discharge delays, improve transitions of care and alleviate emergency department boarding. The working group must include various hospital and state representatives as well as a skilled nursing facility representative and a home health care or community-based services representative.

§§ 277-283 and 285 — Gender-Affirming Health Care Services
Effective July 1, 2025

These Sections implement various protective measures for health care providers and recipients who take part in reproductive or gender-affirming health care services in Connecticut, as follows:

- **§ 277:** C.G.S. § 52-571m generally shields health care providers and recipients who lawfully engage in reproductive health care services in Connecticut from liability imposed by another state by allowing them to seek recovery of damages in an action in Connecticut. This Section adds this protection for "gender-affirming health care services" which means all supplies, care and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative or supportive nature, including medication relating to the treatment of gender dysphoria and gender incongruence. This Section also revises the definition of "reproductive health care services" to include "assisted reproduction."
- **§ 278:** C.G.S. § 52-146w generally prohibits a HIPAA covered entity from disclosing in any civil action or preliminary proceeding, or in any probate, legislative or administrative proceeding, information relating to reproductive health care services that are permitted in Connecticut, unless the patient or that patient's conservator, guardian or other authorized legal representative explicitly consents in writing to the disclosure. The Section applies this prohibition to HIPAA business associates and to gender-affirming heath care services as well. This Section also adds a new requirement for a covered entity or business associate that receives a subpoena for patient information related to reproductive health care services or gender-affirming health care services to provide a copy of the subpoena to the Office of the Attorney General no later than seven (7) days after the date of receipt of the subpoena. The Office of the Attorney General must post notice of the methods by which a covered entity and business associate may send the copy of the subpoena. This does not apply when the disclosure is permitted under a statutory exemption or when it is accompanied by the written consent of the patient or the conservator, guardian or other authorized legal representative of the patient.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

- **§ 279:** C.G.S. § 19a-17e generally protects health care providers who provide reproductive health care by shielding them from adverse action from DPH or a board or commission based on pending action or complaint by an agency of another state, that is based solely on the alleged provision of, receipt of, assistance in provision or receipt of, material support for reproductive health care services that are permitted in Connecticut. This Section extends that protection to health care providers who provide gender affirming health care services as well.
- **§ 280:** C.G.S. § 19a-567 generally protects health care providers from adverse credentialing or privileging action based on provision of reproductive health care services. This Section extends that protection to health care providers who provide gender affirming health care services as well.
- **§ 281:** C.G.S. § 20-579a generally protects health care providers who provide reproductive health care by shielding them from adverse action from the Commissioner of Consumer Protection and the Commission of Pharmacy based on pending action or complaint by an agency of another state, that is based solely on the alleged provision of, receipt of, assistance in provision or receipt of, or material support for reproductive health care services that are permitted in Connecticut. This Section extends that protection to health care providers who provide gender affirming health care services as well.
- **§ 282:** C.G.S. § 38a-835 generally prevents insurers in Connecticut from taking adverse credentialing or privileging actions against health care providers based solely on the provision of reproductive health care services that are legal in Connecticut. This Section extends that protection to health care providers who provide gender affirming health care services as well.
- **§ 283:** C.G.S § 52-155a limits the issuance of subpoenas requested by out-of-state jurisdictions when the subpoena relates to reproductive health care services that are permitted under the laws of Connecticut. This Section extends that limitation to a subpoena that relates to gender affirming health care services as well.

§§ 359, 361, 363-364 — Nursing Home Provider Tax
Effective July 1, 2026

These Sections make various amendments to the current nursing home provider tax laws, as follows:

- **§ 359:** This Section adds a definition of the "nursing home facility service revenue" that is currently subject to the nursing home user fee or provider tax. This term is now defined to include revenue for which the nursing home provides Medicaid-covered nursing care services to an individual, whether or not these services are provided to Medicaid recipients, and states that the definition does not include Medicare payments.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

In other words, the definition covers private pay, private insurer and Medicaid revenues for any services that are covered by Medicaid, but it does not include Medicare revenues.

- **§ 361:** This Section amends the statute that requires nursing homes subject to the provider tax to file quarterly tax returns by requiring that each nursing home report nursing home facility service revenue in addition to net patient revenue. This Section also removes a significant provision that previously allowed a nursing home experiencing undue hardship to request an extension of time to make its quarterly tax payment. Nursing homes no longer have the ability to request a tax payment extension.

- **§ 363:** This Section provides for continuation for the fiscal year beginning July 1, 2025 of the current quarterly nursing home user fee based on resident days for the quarter. In addition, this Section authorizes a change in way nursing homes will be taxed for calendar quarters beginning July 1, 2026. Under this new provision, nursing homes will be taxed based on six percent (6%) of nursing facility service revenue, subject to the provisions discussed below in Section 364 that will apply if CMS finds that the six percent tax is impermissible. For calendar quarters beginning July 1, 2026, this Section maintains the current tax exemption for nursing homes licensed on or before July 1, 2017 that are owned and operated by a continuing care facility registered with DSS. In addition, this Section requires that DSS seek approval from CMS for the six percent tax, as well as the exemption for continuing care facility nursing homes licensed on or before July 1, 2017. DSS must also seek approval from CMS for a reduced tax rate of four and six-tenths per cent (4.6%) for nursing homes owned by municipalities and nursing homes licensed for more than 230 beds; these nursing homes currently pay a reduced user fee. This Section provides that if CMS denies this request, the tax rate for these facilities will be six percent. Finally, this section keeps in place the current provision requiring DSS to seek approval from CMS to exempt from the tax any nursing home that is affiliated with a registered continuing care facility and licensed on or after July 2, 2017.

- **§ 364:** This Section provides that the six percent nursing home tax will cease to be imposed on or after July 1, 2026 if CMS determines that the tax is impermissible under federal law. In that case, the current nursing home user fee will be reinstated starting with the calendar quarter during which CMS made its determination. This Section further provides that if DSS successfully appeals the federal determination, then the six percent tax will be reinstated beginning the calendar quarter immediately after the date of the decision.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

§§ 330 - 335 — Nursing Home Funding
Effective July 1, 2025

These Sections amend the nursing home Medicaid rate statute, C.G.S. § 17b-340d, as follows:

- **§ 330**: This Section provides that there will be no rebasing of nursing home rates for the state fiscal year ending June 30, 2026.
- **§ 331**: This Section continues the provision under current law stating that there will be no nursing home rate increases due to inflation by extending that provision to cover state fiscal years ending June 30, 2026 and June 30, 2027. This Section also requires that DSS file a state plan amendment to extend the case mix neutrality limit as deemed necessary by the Commissioner to stay within available appropriations, and further provides that the neutrality limit shall not decrease below the limit in effect for the fiscal year ending June 30, 2025, but may be otherwise adjusted as the Commissioner deems necessary to remain within available appropriations.
- **§ 332**: This Section authorizes rate add-ons for nursing homes to support wage increases for nursing, nurse's aides, dietary, housekeeping, laundry and maintenance and plant operations personnel. These rate add-ons are to be calculated using the direct care costs reported on the most recently audited cost report and will consist of a 3% rate add-on, effective July 1, 2025, a 3% rate add-on, effective July 1, 2026 and a 4% rate add-on effective, July 1, 2027. Facilities that receive rate add-ons for wage enhancements for employees but do not provide such enhancements may be subject to a rate decrease in the same amount as the adjustment.
- **§ 333**: For the fiscal year ending June 30, 2027, the DSS Commissioner may distribute up to $10 million dollars in the aggregate to nursing homes deemed eligible for supplemental funding "to promote workforce retention for nursing home providers that offer high standards of employee health and retirement security, as determined by the commissioner." Nursing homes that are deemed eligible for and receive the funding to provide wage increases but do not provide these increases may be subject to recoupment.
- **§ 334, amended by Section 220 of Public Act 25-174**: This Section requires that, for the fiscal year ending June 30, 2028, the DSS Commissioner distribute not more than $55 million in the aggregate in supplemental funding to nursing homes. The DSS Commissioner must adjust the distribution of such funds proportionately to stay within the funding allocated, if necessary, to support a two and one-half per cent (2.5%) wage increase on July 1, 2027, for nursing, nurse's aide, dietary, housekeeping, laundry and maintenance and plant operation personnel, and a minimum hourly rate of twenty-six dollars for nurse's aides by January 1, 2028, with

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

any remainder to be used for other wage increases and other minimum increases for nursing, nurse's aide, dietary, housekeeping, laundry and maintenance and plant operation personnel. Facilities determined eligible for supplemental funding that receive such funding for the purpose of providing wage increases but do not provide such increases may be subject to recoupment of any state funding paid to such nursing homes for such purpose.

- **§ 335**: This Section extends the provisions of C.G.S. § 17b-340e to the rate increases and supplemental payments provided for in Sections 332-334. C.G.S. § 17b-340e (i) authorizes DSS to impose a civil monetary penalty, in addition to recoupment and a rate decrease, for any nursing home that fails to use a rate increase designated for wage enhancements for that purpose (ii) permits DSS to enter into a recoupment schedule with a nursing home so as not to negatively impact patient care and (iii) affords a nursing home the right to appeal a civil penalty imposed for failure to apply rate increases for wage enhancements for that purpose.

§ 337 — Residential Care Home Funding
Effective July 1, 2025

This Section authorizes rate increases for RCH capital improvements approved by DSS for the health and safety of residents for fiscal years ending June 30, 2026 and June 30, 2027, only to the extent such rate increases are within available appropriations. It also authorizes the DSS commissioner to provide, within the commissioner's discretion and within available appropriations, pro rata fair rent increases to facilities (i) for fiscal year ending June 30, 2026 for facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2024, that are not otherwise included in rates issued and (ii) for fiscal year ending June 30, 2027 for facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2025, that are not otherwise included in rates issued.

§§ 348-349 — DSS Rehearing Appeals
Effective January 1, 2027

These Sections amend existing laws concerning provider Medicaid rate appeals and appeals of nursing home audits by removing mandatory arbitration provisions and requiring that providers wishing to contest any DSS decision at the conclusion of DSS's internal hearing process to file an appeal of the decision with the Superior Court. These appeals are to be privileged cases, heard by the Superior Court as soon as practicable after the return date.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

III. ACTS AFFECTING NURSING HOMES, ASSISTED LIVING SERVICES AGENCIES, MANAGED RESIDENTIAL COMMUNITIES, RESIDENTIAL CARE HOMES AND HOME HEALTH CARE AGENCIES

2. PUBLIC ACT 25-16. AN ACT ESTABLISHING AN ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE, REQUIRING HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING AND CONCERNING TRANSFERS AND DISCHARGES IN RESIDENTIAL CARE HOMES, TUITION WAIVERS FOR NURSING HOME RESIDENTS WHO TAKE COURSES AT REGIONAL COMMUNITY-TECHNICAL COLLEGES AND CLOSURES AND EVACUATIONS OF RESIDENTIAL CARE HOMES AND NURSING HOMES.
Effective June 3, 2025, except as otherwise noted

§1 — Criminal Background Checks
Effective October 1, 2025

This Section revises C.G.S.§ 19a-491c to expand the categories of individuals at long-term care facilities who are subject to criminal background checks. Currently, the law requires long-term care facilities, including nursing homes, residential care homes, home health care agencies, hospice agencies or home health aide agencies, assisted living services agencies, intermediate care facilities, and chronic disease hospitals, to conduct background checks of prospective employees who will have direct access to patients and residents. These background checks are conducted through DPH's criminal history and patient abuse background search program, also known as the Applicant Background Check Management System ("ABCMS").

The Act expands required ABCMS criminal background checks to apply to all individuals who will receive an offer of employment, or with whom the long-term care facility will contract to provide long-term care services, not just those who will have direct access to patients or residents. In addition, any volunteer who is expected to regularly perform duties similar to those of an employee with direct access, must undergo the ABCMS background check. Long term care facilities should ensure that they revise hiring procedures to cover these additional background checks effective October 1, 2025.

§2 — Alzheimer's Dementia Task Force
Effective October 1, 2025

This Section establishes a task force to examine the needs of those living with Alzheimer's disease and dementia, services available to these individuals and their caregivers and the ability of health care providers and institutions to meet their needs. In addition, the task force must develop a State

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

Alzheimer's Plan ("Alzheimer's Plan") that makes findings and recommendations regarding the following:

- State residents living with Alzheimer's and dementia and their service needs, including, but not limited to: (i) the State's role in providing or facilitating long-term care, family caregiver support and assistance to persons with early-stage and early-onset Alzheimer's or dementia, (ii) State policies regarding such persons and (iii) the fiscal impact of Alzheimer's and dementia on publicly funded health care programs;
- Existing resources, services and capacity to diagnose and care for such persons, including, but not limited: (i) the type, cost and availability of dementia care services, (ii) the availability of health care providers who can provide Alzheimer's or dementia-related services, including, but not limited to, neurologists, geriatricians and direct care workers, (iii) dementia-specific training requirements for public and private employees who interact with persons living with Alzheimer's or dementia, including, but not limited to, long-term care providers, case managers, adult protective services employees and law enforcement personnel and other first responders, (iv) home and community-based services, including, but not limited to, respite care services, (v) quality of care measures for home and community-based services and residential care facilities and (vi) state-supported Alzheimer's and dementia research conducted at higher education institutions located in the State; and
- Policies and strategies that (i) increase public awareness of Alzheimer's and dementia, (ii) educate health care providers to increase early detection and diagnosis of Alzheimer's and dementia, (iii) improve health care services for persons living with Alzheimer's or dementia, (iv) evaluate the capacity of the health care system in meeting the growing number and needs of such persons, (v) increase the number of health care providers available to treat such persons and the growing aging population, (vi) improve services provided in the home and community to delay and decrease the need for institutionalized care for persons living with Alzheimer's or dementia, (vii) improve long-term care services, including, but not limited to, assisted living services for such persons, (viii) assist unpaid caregivers of such persons, (ix) increase and improve research on Alzheimer's and dementia, (x) promote activities to maintain and improve brain health, (xi) improve data and information collection relating to Alzheimer's and dementia and the public health burdens associated with such diseases, (xii) improve public safety and address the safety-related needs of such persons, (xiii) address legal protections for, and legal issues faced by, such persons and (xiv) improve methods through which the State evaluates and adopts policies to assist such persons.

The task force will include the following individuals: one (1) person living with early-stage or early-onset Alzheimer's disease or dementia, one (1) family caregiver of a person living with Alzheimer's disease or dementia, one (1) representative of a municipality that provides services to senior citizens, one (1) representative of home health care agencies, two (2) health care providers with experience diagnosing and treating Alzheimer's disease, one (1) representative of

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

a national organization that advocates on behalf of persons living with Alzheimer's disease or dementia, one (1) representative of the area agencies on aging, established pursuant to C.G.S. § 17a-850, one (1) representative of long-term care facilities, one (1) expert in aging policy issues and one (1) representative of homemaker-companion agencies. Along with these eleven (11) individuals, the task force will include the Commissioners, or designees, of Aging and Disability Services, DPH and DSS, along with the LTCO or their designee.

The task force must submit a report on the Alzheimer's Plan to the Governor and the General Assembly's Joint Committees on Aging and Public Health and Human Services by January 1, 2027, and each following year, with recommendations for implementing the Alzheimer's Plan and barriers to implementation. The Alzheimer's Plan must be updated every four (4) years.

§3 — RCH Transfer Discharge Amendments
Effective October 1, 2025

This Section amends the current RCH transfer and discharge law by clarifying that, unless one of the statutory criteria for the transfer or discharge is met, the resident must be permitted to remain in the RCH. In addition, notices of transfer or discharge must now be provided in the form and manner prescribed by DPH, and requires that the notice include the following additional items: (i) the location to which the resident will be transferred or discharged; (ii) the name, mailing address and telephone number of the LTCO; and (iii) an attestation that the notice has been submitted to the LTCO's web site portal, which must occur on the same day as the resident receives notice. If any information in the notice changes prior to the transfer or discharge, the facility must provide an updated written notice to the recipient as soon as practicable.

The Act also requires RCHs to consider the resident's proximity to family members and other known support networks when assisting the resident in finding an alternative residence. Furthermore, if the RCH updates the location of where a resident will be transferred or discharged, each recipient of the transfer or discharge notice must be notified in writing as soon as practicable once the updated information becomes available. The affected resident may appeal the transfer or discharge within ten (10) days of receiving the updated notice, during which time the transfer or discharge must be stayed.

§§4 and 5 — Biomarkers
Effective January 1, 2026

Section 4 and Section 5 require individual and group health plans to provide coverage for biomarker testing for the purpose of diagnosis, treatment, appropriate management or ongoing monitoring of an insured's disease or condition, provided such biomarker testing provides clinical utility as demonstrated by medical and scientific evidence. These provisions set forth

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

protections for insureds wishing to obtain biomarker testing, with respect to exceptions to coverage, utilization review and prior authorization.

§6 — Waiver of Tuition Fees at Community Technical Colleges for Nursing Home Residents

Under current law, state residents 62 years of age or older are eligible to have their tuition waived at the regional community-technical colleges if there are enough other students and sufficient space available after accommodating them. This Section expands eligibility for the tuition fee waiver to nursing home residents, regardless of age, who enroll in any course at these colleges. To qualify, nursing home residents must be a resident of the facility for at least 30 days. In addition, there must be enough other students enrolled in the course to offer it, and space available in the course after accommodating these other students.

§7 — Amendment to Nursing Home Transfer/Discharge Statute

This Section amends the nursing home transfer/discharge statute, C.G.S. § 19a-535, specifically the provision requiring that a facility assist residents who are being discharged in finding an appropriate placement. This new provision requires that in providing this assistance, the facility must consider the "proximity to family members" and any other "known support networks." Although many nursing homes already take these factors into consideration for discharge planning, since the requirement is now specifically formalized, facilities may want to (i) consider revising policies and procedures on resident transfers and discharges to require consideration of proximity to family members and known support networks; (ii) address this item in each resident's discharge plan, including documentation of whether and to what extent the resident's discharge destination meets that standard and, if not, why the facility was unable to place the resident near family members and other known support networks and (iii) train staff involved in transfers/discharges on this new requirement.

§8 — Ombudsman RCH Working Group

This Section requires the LTCO, together with the DSS and DPH commissioners, to convene a working group to examine (i) residential care home evacuation procedures and (ii) whether residential care homes should be required to use a mutual aid digital platform that supports the risk management needs of health care organizations, which includes dedicated solutions for emergency management, inspections, testing and maintenance management, and health care coalition and inspections management. The working group must include at least two people representing residential care homes and submit a report with the group's findings and recommendations by January 1, 2026 to the General Assembly's Joint Committee on Human Services, Public Health and Aging.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

§9 — Waiting List Exemption
Effective October 1, 2025

This Section adds a new exemption to the nursing home waiting list law. A nursing home will be required to admit—without regard to its waiting list —an applicant who seeks transfer from a nursing home that (i) has filed a certificate of need ("CON") request for permission to close on which the Commissioner of DSS has not made a final decision and (ii) has five (5) or less residents. All other statutory conditions and grounds to deny admission under the statute remain unchanged.

3. PUBLIC ACT 25-17. AN ACT PROHIBITING LONG-TERM CARE FACILITIES FROM DISCRIMINATING AGAINST LONG-TERM CARE FACILITY RESIDENTS.
Effective October 1, 2025

This Act imposes new requirements upon nursing homes and MRCs related to nondiscrimination, resident privacy and cultural competency training. The requirements in this Act, as outlined below, apply to facility staff who are either employed by or contracted directly with a nursing home or MRC.

Nondiscrimination

Nursing homes and MRCs and their staff are prohibited from discriminating against residents based on a resident's race, color, religious creed, sex, actual or perceived gender identity or expression, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, physical disability, status as a veteran, status as a victim of domestic violence or human immunodeficiency virus status. The anti-discrimination provision does not apply if incompatible with professionally reasonable clinical judgment regarding the resident's care.

Nursing homes and MRCs must display the following non-discrimination notice in a prominent place in the facility printed in at least fourteen-point boldface capital letters:

> **"(NAME OF FACILITY) DOES NOT DISCRIMINATE AND DOES NOT PERMIT DISCRIMINATION, INCLUDING, BUT NOT LIMITED TO, BULLYING, ABUSE, HARASSMENT OR DIFFERENTIAL TREATMENT ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, SEX, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, MARITAL STATUS, AGE, NATIONAL ORIGIN, ANCESTRY, INTELLECTUAL DISABILITY, MENTAL DISABILITY, LEARNING DISABILITY, PHYSICAL DISABILITY, STATUS AS A VETERAN, STATUS AS A VICTIM OF DOMESTIC VIOLENCE OR HUMAN IMMUNODEFICIENCY VIRUS STATUS. YOU MAY FILE A COMPLAINT WITH THE OFFICE OF THE LONG-TERM CARE**

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

OMBUDSMAN (PROVIDE CONTACT INFORMATION) IF YOU BELIEVE THAT YOU HAVE EXPERIENCED DISCRIMINATION."

The LTCO must establish policies and procedures for recording complaints of resident discrimination.

Privacy During Physical Exams

Nursing home and MRC staff members who are not involved in providing direct care to residents may not be present during a physical examination or the provision of personal care if the resident is partially or fully unclothed, unless express consent is obtained from the resident or their legal guardian, legal representative or other legally responsible party. Doors, curtains, screens, or other effective visual barriers must be used whenever a resident is partially or fully unclothed. Residents must be informed of their right to refuse to be examined, observed or treated by any facility staff when the primary purpose of the examination, observation or treatment is educational or informational rather than therapeutic, or for the evaluation or reevaluation of a resident's health. A resident's refusal shall not diminish the resident's access to care for the primary purpose of diagnosis or treatment.

Cultural Competency Training

At least once every two years, nursing homes and MRCs must require direct-care staff to undergo cultural-competency training developed by DPH that focuses on residents who identify as lesbian, gay, bisexual, transgender or gender-nonconforming and residents living with human immunodeficiency virus. Direct care staff must complete the required training within six (6) months of hire unless they present proof of equivalent training received in the past two years and the facility accepts that the prior training is compliant with the Act's requirements, as described below. The facility must keep an onsite record of the content of the prior training to show that the prior training satisfies the Act's requirements.

DPH must develop the required cultural-competency training materials by January 1, 2026. The training materials can be developed in consultation with those who have expertise in the legal and social challenges faced by aging persons who identify as lesbian, gay, bisexual or transgender or gender-nonconforming or who are living with human immunodeficiency virus. The training materials must provide facility staff with the knowledge and skills necessary to provide effective care to such residents.

DPH Disciplinary Action

DPH may take disciplinary action against nursing homes and MRCs that fail to comply with the requirements set forth in this Act. Disciplinary action may include taking action against the facility license, restricting the ability to acquire other facilities, issuing an order compelling

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

compliance, imposing a directed plan or correction or assessing a civil penalty of up to $25,000. The Act preserves all other legal and equitable remedies available to residents.

Compliance Steps

Nursing homes and MRCs should take the following steps on or before the October 1, 2025 effective date: (i) Revise policies and procedures to ensure they reflect the discrimination prohibition consistent with the Act; (ii) Post the required notice; (iii) Revise policies and procedures to reflect the prohibition on the presence of staff not involved in care during physical examinations or personal care when the resident is fully or partially unclothed and the right of residents to be informed of and have the right to refuse examination, observation or treatment that is educational or informational rather than therapeutic; (iv) Develop and provide the required cultural-competency training.

4. PUBLIC ACT 25-51. AN ACT CONCERNING THE DEPARTMENT OF CONSUMER PROTECTION'S RECOMMENDATIONS REGARDING ALCOHOLIC LIQUOR REGULATION.
Effective as noted

§§ 1-16, 18-19, 21 — MRC Liquor Service
Effective October 1, 2025

These Sections expand the current use of a restaurant caterer permit to "qualified managed residential communities" that (i) have an adequate, suitable, and sanitary kitchen, dining room and facilities to provide hot meals in compliance with local health department regulations, (ii) provide daily meals in the dining room described in (i) above, and (iii) exclusively serves meals to (A) residents of the MRC and their guests, and (B) employees of the MRC.

MRCs that meet the above requirements of a qualified MRC will be able to serve liquor during (i) scheduled meals on MRC premises and (ii) other functions, occasions or events held on the MRC premises. MRCs would be limited to serving persons invited to and attending such function, occasion, event or meals and to only serving liquor during specific hours that such function, occasion, event, or meals are scheduled on such premises. DCP may permanently waive these restrictions for MRCs provided that the MRC offers alcohol exclusively with daily scheduled meals on the premises of the MRC. The annual fee for the qualified MRC is $1,450.

§20 — Conversion of Café Liquor Permit to Restaurant Permit
Effective July 1, 2025

Regardless of any provision in the Liquor Control Act, the bill allows, from July 1, 2025, to June 30, 2026, certain cafe permittees or restaurant permittees for wine and beer to apply to DCP to convert their permit to a restaurant permit without needing to follow the placarding requirements

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

(e.g., post certain information visible from the road). The DCP commissioner must prescribe how the permittees apply for the conversion. The cafe permits that qualify for the conversion exemption are those that have a suitable space in a permanent building, vessel, or structure that is held out to the public as a place where alcoholic liquor and food is served at retail for on-premises consumption. They cannot have public sleeping accommodations and do not need to serve hot meals or have a kitchen or dining room but must employ an adequate number of employees.

IV. ACTS AFFECTING VARIOUS HEALTH CARE PROVIDERS

5. PUBLIC ACT 25-162. AN ACT CONCERNING RECRUITMENT AND RETENTION OF HEALTHCARE WORKFORCE.
Effective July 1, 2025

§1 — Student Loan Reimbursement Grant to Health Care Providers

This Section requires DPH to establish, within available appropriations, a student loan reimbursement program for health care providers licensed by DPH whereby a qualifying grant recipient would be reimbursed annually for qualifying student loan payments in amounts determined by DPH. To be eligible, health care providers must be employed full-time and may not be self-employed or the sole proprietor of a professional health care practice. DPH must develop additional eligibility requirements, taking into consideration health care workforce shortage areas, and may include income guidelines.

Grants must be awarded as follows:

- At least 20% of grant recipients must be individuals employed full-time as primary care providers. Primary care providers are defined as those in the medical fields of family medicine, general pediatrics, primary care, internal medicine, primary care obstetrics or primary care gynecology, without regard to board certification.
- At least 20% of grant recipients must be individuals employed full-time as licensed health care providers in either a rural community of the State or employed by a federally qualified health center in the State.

A grant recipient will only be reimbursed for loan payments made while employed full-time in the State as a health care provider. DPH may adopt regulations to implement the loan reimbursement grant.

§2 — Virtual Education Program for CNAs and EMTs

This Section requires that by January 1, 2026, DPH must establish, within available appropriations, a home-based virtual education pilot program for individuals seeking to become CNAs or EMTs in the State. CNAs and EMTs completing virtual education programs must still

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

receive any in-person, supervised practical training currently required by law. To do so, DPH must collaborate with a Connecticut-based educational provider or educational technology provider to provide a virtual education program that offers courses satisfying the training and competency evaluation requirements for CNAs and EMTs. DPH will establish eligibility criteria for the virtual education program and is permitted to solicit and accept private funds to implement the pilot program. By January 1, 2027, DPH must report to the General Assembly's Public Health Committee on the outcome of the program.

§3 — Promoting Certain Health Care Careers

This Section requires that by January 1, 2026, the Commissioner of Education must amend the current Office of Workforce Strategy plan for promoting health care professions to high school and middle school students, to specifically promote professions in the fields of radiologic technology, nuclear medicine technology and respiratory care.

6. PUBLIC ACT 25-97. AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTE.
Effective June 24, 2025, except as otherwise noted

§3 — Physical Therapist Continuing Education Requirements
Effective July 1, 2025

This Section requires that continuing education for licensed physical therapists must include at least two hours of training or education on ethics and jurisprudence upon initial registration and then every two years. This requirement takes effect on January 1, 2026.

§4 — Patient Electronic Payments
Effective October 1, 2025

This Section prohibits health systems and health care providers from requiring patients to provide bank account details, credit or debit card numbers, or any other form of electronic payment information to be kept on file as a condition for receiving services. Violating this requirement will be considered a violation under the Connecticut Unfair Trade Practices Act. This law neither impacts a patient's responsibility to pay for services, nor does it prohibit providers from requesting, collecting or storing payment information that the patient agrees to provide.

§§5-17 and 52 — Psychologist Patient Confidentiality Protections

These Sections impose patient communications and records confidentiality requirements currently applicable to psychiatric mental health providers, upon psychologists.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

The amendments are made through various sections, as summarized below:

- **§5** *(Effective Oct. 1, 2025)*: This Section amends the following statutory definitions under C.G.S. § 52-146d:
    - "Communications and records" is expanded to include oral and written records of communication with psychologists and not just psychiatric mental health providers.
    - "Consent" has been redefined to mean a voluntary agreement.
    - "Mental health facility" is expanded to include a psychologist's office.
    - "Person" is a newly defined term meaning "an individual who consults a psychologist for purposes of diagnosis or treatment". This term is distinct from "patient", a currently defined term that means an individual who communicates with or is treated by a psychiatric mental health provider in diagnosis or treatment. This Section extends confidentiality protections to both "persons" and "patients".
    - "Psychiatric mental health provider" is expanded to now include not only those APRNs who are board certified by the American Nurses Credentialing Center, but also those APRNs who are board certified by other certifying bodies, including but not limited to the American Academy of Nurse Practitioners.
    - "Psychologist" is a newly defined term meaning an individual licensed to practice psychology under Chapter 383.
- **§6** *(Effective July 1, 2025)*: This Section allows consent for disclosure of communications or records to an individual, and not just an agency, as the statute previously allowed. The duty to not disclose confidential communications and records, unless appropriate consent is provided, is also extended to individuals in receipt of such disclosure.

- **§§7-17** *(Effective Oct. 1, 2025)*: These Sections make conforming changes to statutes that address confidentiality and disclosure of communications and records between patients and psychiatric mental health providers, and extends those provisions to communications between a psychologists and patients.

§18 — Increase in DPH Civil Penalty
Effective July 1, 2025

This Section increases the maximum fine that can be imposed by licensing boards and commissions for individual practitioners, as well as DPH where there is no board or commission for the individual practitioner (i.e. nursing home administrators), from $10,000 to $25,000.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

§ 19 — DPH Reports on Workplace Violence
Effective October 1, 2025

This Section amends current law requiring that health care employers maintain records on workplace violence and make annual reports to DPH on the number of workplace violence incidents occurring during the preceding calendar year and the specific area or department where the incidents occurred. Health care employers must now file the annual reports for the preceding calendar year by February 1st, rather than January 1st. No other changes were made to the requirements. Note that the definition of "health care provider" only applies to health care providers with fifty or more full or part-time employees, and the term is defined to include hospitals, nursing homes, residential care homes, home health care agencies, home health aide agencies, home health aide services and assisted living services agencies and only includes health care providers with fifty or more full or part-time employees.

§45 — Pediatric Hospice Working Group

This Section makes changes to the working group that was established by Public Act 24-19 to examine hospice services for pediatric patients. A deadline of March 1, 2025 was added for the working group to review existing hospice services for pediatric patients; make recommendations for appropriate levels of hospice services for pediatric patients; and evaluate payment and funding options for pediatric hospice care. This Section also added that on and after March 1, 2025, and before July 1, 2026, the working group will be responsible for developing recommendations for the establishment of a Children's Health, Advocacy, Management and Palliative Care program and a Pediatric Palliative and Hospice Care Center of Excellence pilot program, including, but not limited to, recommendations regarding (i) appropriations necessary to establish the programs, (ii) requirements for the operation of the pilot program, including, but not limited to, staff and facility requirements, (iii) education and curriculum requirements for nurses participating in the pilot program or providing pediatric palliative or hospice care services, and (iv) any licensing or certification requirements necessary for the operation of the pilot program or expanding the provision of pediatric palliative or hospice care services in the state. By March 1, 2026, the working group must report their recommendations to the General Assembly's Joint Committee on Public Health.

§47 — OHS Study of Connie

This Section requires OHS to conduct a study to:

- Evaluate the operational and financial implications of allowing a health care patient a granular choice in selecting what specific types of patient health information and medical records to share with the Statewide Health Information Exchange (known as "Connie"), including, but not limited to, the ability for a patient to choose to exclude patient health

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

information and medical records associated with a particular health care provider from Connie;

- Evaluate the operational and financial implications of allowing health care providers to participate in Connie using only a HIPAA business associate agreement;

- Examine current procedures relating to health care patients' ability to opt out of Connie and determine whether to enhance or improve such procedures by enhancing transparency and simplifying a patient's ability to opt out; and

- Summarize, using publicly available resources, the landscape of health data sharing in Connecticut, protections relating to data sharing and the benefits of provider access to patient health information.

By September 30, 2026, OHS must report the results of these studies to the General Assembly's Joint Committee on Public Health.

§48 — Connie Exemption, Breach Notification, and Subpoena Response Requirements
Effective October 1, 2025

This Section made several important changes to the statute governing Connie. First, this Section adds an exception to the requirement to participate in Connie for health care providers who do not actively practice in Connecticut. Second, this Section clarifies that participation with Connie means the active sharing of the designated record set, as defined in HIPAA, with Connie. A designated record set is defined under 45 CFR 164.501 as a group of records that comprises the medical records and billing records about individuals maintained by or for a covered health care provider nor other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. Third, this Section clarifies that if Connie experiences a data breach, ransomware or hacking, Connie will, on behalf of affected health care providers, notify affected patients and perform any mitigation that is necessary. Fourth, this Section prohibits Connie and its vendors from disclosing protected health information in response to a subpoena unless the disclosure fully complies with applicable federal and state laws regarding release of medical records.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

V. MISCELLANEOUS PUBLIC ACTS

7. PUBLIC ACT 25-174. AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE AND CONCERNING GRANT PROGRAMS, STATE GRANT COMMITMENTS FOR SCHOOL BUILDING PROJECTS, REVISIONS TO THE SCHOOL BUILDING PROJECTS STATUTES AND VARIOUS PROVISIONS REVISING AND IMPLEMENTING THE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2027.
Effective as noted

§§ 27-28 — Affordable Housing-Related Financial Assistance Programs
Effective July 1, 2026

These Sections authorize state bond activity over the next year to include $200 million for housing development and rehabilitation including improvements to certain types of state assisted affordable housing-related financial assistance programs that could include congregate and elderly housing.

Other bonding and finance initiatives of interest in the Act include:

- **§ 13**: $5 million appropriated to the ADS for grants-in-aid for aging in place programs
- **§ 105**: An amendment to the 2023 bonding statute to extend $60 million for the Time to Own Program ; and
- **§ 119**: $50 million to the Department of Housing to support housing authorities in expanding the availability of middle housing in municipalities with a population of $50,000 or less based on the most recent federal census.

§ 220 – Amending Public Act 25-168 § 334 Regarding Nursing Home Supplemental Payments of $55 million
Effective July 1, 2025

Note that this provision is discussed in summary of Public Act 25-168's provisions on nursing home funding.

8. PUBLIC ACT 25-48. AN ACT CONCERNING PROBATE COURT OPERATIONS.
Effective July 1, 2025

§7 — Probate Court Working Group Concerning Conservators

This Section requires the Probate Court Administrator to convene a working group to study and make recommendations on issues facing conservators in the probate court system, including payment delays, fee waiver requirements, and compensation levels. The group must include probate court judges, the DSS commissioner or her designee, nursing home representatives, and

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com

attorneys with expertise serving as conservators. The Probate Court Administrator must report to the Judiciary Committee on the study's results by January 15, 2026. The report may include legislative recommendations on probate court procedures and the topics in the study.

LeadingAge Connecticut, Inc.
110 Barnes Road
Wallingford, Connecticut 06492
(203) 678-4477
www.leadingagect.org

Wiggin and Dana LLP
One Century Tower
New Haven, Connecticut 06508
(203) 498-4400
www.wiggin.com