



2023 State Legislative Session Summary

June 8, 2023

The 2023 legislative session of the Connecticut General Assembly adjourned at midnight on June 7, ending the traditional long session of the legislature. It is in the long session that the General Assembly is responsible for producing a biennial state budget and a budget was indeed adopted with bipartisan support before the end of the session.

LeadingAge Connecticut had prepared well for the 2023 legislative session, eagerly looking to advance the PACE program, secure Medicaid funding, modernize the waiting list laws and encourage workforce development. We spearheaded collaborative efforts with other health care associations, met with legislators and regulators, and drafted legislative language.

We also knew we would be facing challenging issues that would be raised by others, which is always the case during a legislative session. What we did not anticipate, but which we did face head on, was an overwhelming wave of negative nursing home bill proposals that were introduced at the start of the legislative session and which placed us firmly in the role of defending our high-quality nursing home members. As a result, we did dedicate a significant amount of our advocacy time working to prevent the advancement of harmful pieces of legislation and negotiating more acceptable language in others.

Much of our proactive advocacy was dedicated to the budget process and we saw early success in the Governor's biennial budget proposal released in February. In that proposal, the Lamont Administration remained committed to their promise of funding the next two years of the three-year phased-in nursing home Medicaid rate increases so as to achieve by July 1, 2024 a full rebasing of the rates based on the 2019 cost year. The Governor also proposed a strong funding initiative for the residential care home sector. We advocated throughout the session for all of this funding to remain in the budget and we were pleased to see that it was included in the final budget bill passed before the end of the session.

We provided testimony and technical assistance on over fifty different bills this session and kept track of many, many more. We want to thank all of our members who participated in our advocacy efforts this session. Your emails, meeting participation, consultation and testimony were invaluable contributions to our efforts and to the outcomes we saw this session. The strength of our advocacy helped us to achieve several favorable and reasonable outcomes. In addition, much of our advocacy this session was conducted in collaboration with other health care associations, including CHA, CAHCF, CALA, and the CT Association for Healthcare at Home. We want to acknowledge the strong, collaborative relationship we have with these associations which truly benefits all of our members.

The following is an overview of the legislative outcomes from this session related to aging services and senior housing. A more detailed review is being developed by our legal counsel, Wiggin and Dana, and that review will be distributed to the membership at a later date. We will also be hosting an informational forum for the membership once that review is completed. To view the text or legislative history of any of the bills mentioned in this report, you can go to the Connecticut General Assembly's website at www.cga.ct.gov. Also please note that as of press time, none the bills listed below have been signed by the Governor. Once signed, that will indicate their full passage.

Connecticut State Biennial Budget FY 24-25

The General Assembly passed a biennial budget that sets forth the state's funding and spending plans for the next two state fiscal years. The budget was negotiated with the Governor's office and represents a bipartisan agreement. Please find below an overview of the funding and issues included in the biennial budget document that are relevant to the LeadingAge Connecticut membership. The budget bill, ([House Bill 6941](#)), is over 800 pages long and we have provided links to the actual documents.

[HB 6941, An Act Concerning the State Budget for the Biennium Ending June 30, 2025, And Making Appropriations Therefor, And Provisions Related to Revenue and Other Items Implementing the State Budget](#)

- [Link to the OLR bill summary](#)
- [Governor's press release](#)
- [Bond Package](#)

Nursing Homes

§§ 290 & 307 — Nursing Home Medicaid Rates and Funding (Effective from passage)

- 1) While denying inflationary rate adjustments for FYs 24-25, there is funding for the completion of the three-year phase-in of the 2019 rebased rates factored into the model for the [transition to an acuity-based reimbursement](#) system. Again, the funding for year two and year three of the nursing home three year [rate phase-in](#) is included in the budget. *This was a priority issue for us.*
- 2) Regarding the quality metrics program that will be part of the acuity-based rate system, beginning July 1, 2023, the budget requires DSS to issue individualized quality metrics reports to nursing homes annually and nursing homes may use these reports to evaluate the impact such a quality metrics program may have on their Medicaid reimbursement. By June 30, 2025, DSS must submit a report on the quality metric program to the committees of cognizance in the General Assembly. The report shall include information on the individualized reports and the impact on nursing homes *if* DSS were to implement a rate withhold as part of the quality metrics program. *Note that this legislation does not authorize DSS to initiate a rate withhold for at least the next two years. This was a priority issue for us.*
- 3) Makes technical changes to the rate statutes to bring some existing rate language over to the acuity-based reimbursement statutes.

- 4) Establishes a methodology for determining future inflationary adjustments.
- 5) Makes \$4 million available in the first year of the budget to fund new specialized nursing home unit infrastructure such as ventilator units.

§ 314 — Working Group on Skilled Nursing Facility Excess Licensed Bed Capacity *(effective from passage)*

Requires DSS to (1) appoint and convene a nine-member working group to review and evaluate excess licensed bed capacity at skilled nursing facilities, the effectiveness of Medicaid payment policies that support right-sizing and rebalancing efforts, the mitigating implications of staffing shortages, and consideration of the physical plant conditions, (2) issue a final report on findings and recommendations to the Human Services Committee by June 30, 2024, (3) report to each individual nursing home the implications of the working group's findings and recommendations on the nursing home's Medicaid rate; and (4) recommend Medicaid rate adjustments to address excess licensed bed capacity. *This working group was the result of a negotiated compromise and replaces the proposed automatic rate reduction for nursing homes with low census put forth by DSS at the beginning of the legislative session.*

Residential Care Homes

§ 292 — Residential Care Home Rates and Funding *(Effective July 1, 2023)*

- 1) Requires DSS to determine FY 24 rates based on 2022 cost report filings.
- 2) Allows rate increases, within available appropriations, for FYs 24 and 25 for certain costs, but prohibits rate increases based on any inflation factor for FY 24.
- 3) Establishes a method for calculating inflationary rate increases in subsequent years.
- 4) Requires DSS to determine when a change in ownership requires a rebasing of rates.
- 5) Makes \$5 million available in the first year of the budget to fund capital improvements to bring infrastructure up to code.

§ 287 — State Supplement Program (SSP) Benefit Start Date *(Effective October 1, 2023)*

Aligns the start date for state supplement program (SSP) eligibility for a residential care home or rated housing facility resident with the date the person begins residing in the home or a facility, subject to a 90-day limit *(retroactively)* based on when DSS received the application.

Home Health Care

§ 297 — Rates for Complex Care Home Health Nursing Services *(Effective January 1, 2024)*

Requires DSS to raise adult rates for at-home complex care nursing services to equal the pediatric rate and prohibits age-based rate differentials for these services.

Workforce

§§ 135 & 136 — Health Care Providers Serving as Adjunct Faculty *(Effective July 1, 2023)*

Requires public higher education institutions to consider any licensed health care provider with at least 10 years of clinical experience to be qualified for an adjunct faculty position; correspondingly requires Office of Higher Education (OHE), within available appropriations, to establish a program providing incentive grants to these providers who become adjunct professors. *This is in response to the need to increase the number of faculty available so that training programs can be expanded.*

§§ 183 & 184 — Student Loan Reimbursement Pilot Program *(Effective July 1, 2023, January 1, 2024)*

Requires OHE, within available appropriations, to establish a pilot program to reimburse eligible people for up to \$5,000 a year (for a total of up to \$20,000) for their student loan payments. Eligibility includes individuals who are licensed by the Department of Public Health.

PACE

§§ 174 & 420 — Program of All-Inclusive Care for the Elderly *(Effective July 1, 2023)*

Allows the DSS commissioner to submit a Medicaid state plan amendment to include and offer the Program of All-Inclusive Care for the Elderly (PACE) services in Connecticut, within available appropriations. *This language is duplicative of the language HB 6677 that has already passed both chambers and so we are not quite sure why this language is also included in this budget bill, but it does signal the administration's support of PACE.*

Miscellaneous

Medicaid Rate Study: Funds a comprehensive evaluation of Medicaid rates to inform future rate increases, with a focus on access barriers and equity considerations (\$3 million in ARPA). FY 2025 includes \$12 million in Medicaid to begin addressing rate disparities that may presumably be found in the study.

Adult Day Services Funding: Provides \$500,000 in each year of the budget targeted to adult day services, which will mean a 10% rate increase.

Housing Funding: Provides \$810 million over the biennium in capital support towards housing development and housing financial assistance, but with no specific focus on elderly housing.

Dementia Care: Funds a new dementia services coordinator at the Department of Aging and Disability Services to oversee the state run and funded dementia services.

Elderly Nutrition: Adds \$2.5 million in funding over the biennium to enhance elderly nutrition and meals on wheels.

Department of Housing: Makes the Department of Housing an executive branch agency instead of an agency within DECD *for administrative purposes only.* §§ 132-134

Connecticut Partnership for Long-Term Care Program Administration: Moves the Connecticut Partnership for Long-Term Care from Department of Aging and Disability Services to The Office of Policy and Management. § 305

HUSKY C Income Limit: Expands eligibility for HUSKY C by raising the income limit to 105% of Federal Poverty Level which in 2023 is \$1,276 per month for an individual and \$1,725 for a two-person family. § 318

Bond Package

[HB 6942, An Act Authorizing and Adjusting Bonds of The State and Concerning Grant Programs, State Construction Related Thresholds, School Building Projects, Resources and Support Services for Persons with an Intellectual or Developmental Disability](#)

The General Assembly also passed a separate bond package that authorizes the borrowing to finance capital projects, including a significant investment in housing development. The bond package includes the following:

- \$25 million in both years for the non-profit grant program.
- \$1 billion toward housing initiatives including the [Governor's plan](#) to put capital support towards housing development and housing financial assistance.
- Requires the Office of Workforce Strategy (OWS) to establish a Human Services Career Pipeline program.

Comprehensive Aging Services Legislation

[HB 5781, An Act Concerning Notice of a Proposed Involuntary Transfer or Discharge of a Nursing Facility Resident, Family Councils in Managed Residential Communities, Coordination of Dementia Services, Nursing Home Transparency and Homemaker-Companion Agencies \(Public Act 23-48\)](#)

This piece of legislation was the result of the legislature putting together several different Aging Committee bills and passing them as one large, comprehensive bill. The legislation does the following:

Nursing Home Involuntary Transfer or Discharge Notices – Federal regulation currently requires such notices to be sent to the Long-Term Care Ombudsman (LTCO) at the same time they are provided to the resident and/or their representative. The LTCO has established a web portal that must be used to transmit the notices and this legislation adds two new state requirements. First, the nursing home must affirm to the resident that the notice was given to the ombudsman. Second, if a nursing home fails to notify the ombudsman, the notice is considered invalidated and the involuntary transfer or discharge cannot go forward. *(Effective from passage)*

Family Councils in Managed Residential Communities – Similar to the nursing home requirement, this legislation will require a managed residential community where assisted living services are provided to encourage and help assist the establishment of family councils. The council is to be a self-determined, independent group of family members and friends, but an individual cannot participate without the resident's consent unless the resident lives in a dementia special care unit. *(Effective October 1, 2023)*

Coordination of Dementia Services – This would establish a dementia services coordinator with the Department of Aging and Disability Services that would be responsible for the coordination and evaluation of the state run and funded dementia services. *(Effective October 1, 2023)*

Nursing Home Transparency – This was a priority issue for AARP and the LTCO and the legislation places additional requirements in to the annual cost report filing. Nursing homes will now be required to submit a summary of cost expenditures include profit and loss statements, total revenue, total expenditures, total assets, total liabilities, short- and long-term debt, and cash flows from investing,

operating and financing activities. We were able to include in the bill that the summaries will be completed using a uniform narrative summary form developed by the Department of Social Services (DSS). In addition to the summary, nursing homes will have to identify any private equity ownership, submit audited financial statements, and the related party income reporting threshold will be lowered from \$50,000 to \$30,000. The advocates for this legislation claimed this additional information was needed to assist consumers and therefore there will also be a consumer guidebook developed by DSS to help the average person read and understand the cost reports. *(Effective July 1, 2023)*

Homemaker-Companion Agencies – This legislation will transfer the oversight of the homemaker companion agencies from the Department of Consumer Protection to the Department of Public Health (DPH) by August 1, 2024. It also incorporates other recommendations included in a task force report released before the session such as requirements for providing consumer information, the development of a complaint process, requiring consumer contracts, and clarification of permissible marketing practices. *(Various effective dates)*

Comprehensive Human Services Legislation

[SB 989, An Act Concerning Nursing Home Air Conditioning, Cost Reporting Transparency, Waiting List Requirements, and Transportation for Resident Social Visits](#)

This legislation was amended on the last day of the session and now includes only two sections directly related to the nursing home sector. It no longer includes any mandate or study of air conditioning in nursing home resident rooms and the cost report transparency proposals were removed because they were already adopted within HB 5781.

Medicaid Rate Study – Requires DSS to conduct a two-part study of Medicaid rates of reimbursement beginning with an examination of rates for physician specialists, dentists and behavioral health providers due by February 1, 2024, followed by a review of the reimbursement system for all other aspects of the Medicaid program due by January 1, 2025.

Innovative Incentive Program – Creates the *Innovation Incentive Program* which would allow a nonprofit private provider organization for health and human services contracting with DDS, DMHAS, DCF and DSS to retain unspent state funds at the end of the fiscal year.

Community Health Workers - Creates a Medicaid reimbursement category for certified community health workers.

Transportation for Resident Family Visits – Allows a nursing home to transport a non-ambulatory resident to their family’s home for a social visit and then requires DSS to evaluate and report back as to whether such transportation could qualify as a health-related social need.

Waiting List Working Group – Convenes a working group to review and report on any revisions necessary to the nursing home waiting list requirements. The working group will include representatives from the LTCOP, DSS, DPH and nursing home representatives. *This was one of our priority issues.*

Assisted Living Service Agency Modifications & Music Therapists

[HB 6733, An Act Concerning the Department of Public Health's Recommendations regarding Various Revisions to the Public Health Statutes \(PA 23-31\)](#)

This is the annual DPH proposal to revise and update various statutes related to public health. This year the legislation includes the following two items of interest.

Expanding the Scope of ALSA Services: This legislation expands the scope of services that an assisted living service agency (ALSA) may provide. Under current law, an ALSA may provide nursing services and assistance with activities of daily living only to people who are chronic and stable. This legislation will allow ALSAs to also serve people who are no longer chronic and stable if the person is either under the care of a licensed home health care agency or hospice agency or if the ALSA is arranging, in conjunction with a managed residential community), the delivery of ancillary medical services on the person's behalf, including physician, dental, hospice care, home health agency, pharmacy, podiatry, and restorative physical therapy services. *This final language was the result of collaborative negotiations with DPH. (Effective upon passage)*

Music Therapists – Requires music therapists to be licensed by DPH. *(Effective October 1, 2023)*

PACE and Adult Day Center Legislation

[HB 6677, An Act Concerning Adult Day Care \(Public Act 23-30\)](#)

A priority issue for us, this legislation permits DSS to add the Program for All-Inclusive Care for the Elderly (PACE) as an option within our Medicaid State Plan. The legislation also requires DSS to develop a plan to expand eligibility for adult day services within the Medicaid program. The adult day providers would like to be able to serve younger clients who are covered by Medicaid. Additional good news, adult day services will receive a 10% rate increase within the Medicaid waiver programs. *(Effective July 1, 2023)*

Modifications to the Change of Ownership Process

[HB 6731, An Act Concerning the Department of Public Health's Recommendations regarding Change of Ownership of Health Care Facilities](#)

This legislation was the result of a DPH proposal to strengthen and expand the change of ownership process for health care facilities including nursing homes, assisted living communities and residential care homes. DPH has for many years attempted to modify these statutes. This year, after many negotiation sessions with several provider associations, legislation was passed to update the statutes. The process now places more responsibility on the purchasing entity to produce an expanded amount of information to DPH. The full change of ownership process will now be required of all ownership transactions, but with the opportunity to request a waiver of the full process for ownership transactions of 5% or less. *(Effective October 1, 2023)*

Increased Standards for Nursing Home Discharge Procedures

[SB 956, An Act Requiring Discharge Standards Regarding Follow-Up Appointments And Prescription Medications For Patients Being Discharged From A Hospital Or Nursing Home Facility \(Public Act 23-39\)](#)

This legislation impacts the hospital and nursing home discharge statutes by adding additional requirements. For a nursing home, the written discharge plans will need to include the date and location of each follow-up medical appointment scheduled prior to the resident's discharge and a list of all medications the resident is currently taking and, to the extent known to the nursing home facility, will continue to take after the resident's discharge. The nursing home will also be required to transmit in an electronic manner to the resident's pharmacy each prescription ordered by a nursing home facility employee for the resident prior to discharge that the resident will need after discharge. *(Effective October 1, 2023)*

Medical Record Request Timelines & Workforce Initiatives

[SB 9, An Act Concerning Health and Wellness for Connecticut Residents](#)

Medical Records - In section 43 of this very large bill, there is a new requirement that sets deadlines for licensed health care institutions to transfer an electronic copy of a patient's medical records to another such institution upon receiving a medical records request directed by the patient or patient's representative. Under the bill, the transfer must occur (1) as soon as feasible, but no later than six days, for urgent requests, or (2) within seven business days, for non-urgent requests. The bill specifies that the institution is not required to get specific written consent from the patient before sending the electronic copy. *(Effective January 1, 2024)*

Workforce – The legislation also includes several elements to promote and enable health care workforce expansion.

Other Legislation of Interest

[SB 998, An Act Establishing a Tax Abatement for Certain Conservation Easements \(A comprehensive housing focused bill\)](#)

[SB 1088, An Act Concerning Financial Exploitation of Senior Citizens](#)

[SB 1058, An Act Concerning the Attorney General's Recommendations Regarding Consumer Protection and Financial Reporting by Charitable Organizations](#)

[HB 5001, An Act Concerning Resources and Support Services for Persons with an Intellectual or Developmental Disability](#)

[HB 5441, An Act Concerning Clinical Placements for Nursing Students, Reporting by the Office of Workforce Strategy, Promotion of the Development of the Insurance Industry and Connecticut Higher Education Supplemental Loan Authority Student Loan Subsidy Programs for Various Professions](#)

[HB 6669, An Act Protecting and Prohibiting Unnecessary Health Care Costs](#)

Legislative Proposals that Did Not Advance

There were several pieces of legislation that LeadingAge Connecticut opposed during the session. Several of the bills failed by not advancing, while others were modified due to our advocacy. Here is a list of those issues.

Nursing Home Rate Withhold - An attempt to implement a nursing home rate withhold to finance the acuity-rate system's quality metric program was thwarted and instead language we favored which required a two-year financial assessment of the quality metric program was placed in the budget implementer.

Nursing Home Rate Penalty for Low Census - A DSS proposal related to lowering the rates of lower census nursing homes was replaced in the budget document as a working group to review rightsizing initiatives after negotiations with the Department.

Nursing Home Air Conditioning Mandate - A nursing home air conditioning mandate did not pass this session, although we had supported the concept of DPH conducting a full study of the need, cost and building conditions related to the air conditioning goals.

Restrictions on Collections - A bill that would have prohibited the ability to take certain legal action to collect from a resident in the event of nonpayment for nursing home care did not advance.

Predictive Scheduling - A predicative scheduling bill that would have put restrictions on CNA scheduling in nursing homes did not advance.

Dictated for the Payment of Fines - A bill that would have required a nursing home or residential care home to pay for state citations using administrative funds did not advance.

Additional Investigatory Powers - A bill proposed to grant the Attorney General investigatory power for certain nursing home violations did not advance.

Criminal Background Check System for Residents - A bill that would have required the establishment of a new criminal background check system for all new nursing home and assisted living residents did not advance.