LeadingAge Connecticut & Rhode Island

Connecticut Legislative Update - End of Session Report

June 2026

The Connecticut General Assembly's 2026 legislative session adjourned at midnight on May 6, 2026. Legislative leaders were tasked with adopting midterm budget adjustments in a challenging political environment shaped by strict fiscal guardrails, economic uncertainty, and unprecedented changes at the federal level.

The approaching November elections also cast a significant shadow over the session. Voters will elect a Governor in a highly competitive race that includes a Democratic primary challenge from a sitting state representative and a Republican nominee currently serving in the state senate. In addition, all members of the General Assembly are up for reelection, with several notable retirements creating open seats, including that of Senate President Martin Looney, who will conclude a distinguished 42-year career in the legislature. Further adding to the political dynamics is a closely watched primary contest in Connecticut's 1st Congressional District, featuring a sitting state representative who currently serves as co-chair of the Human Services Committee.

In addition to the budget adjustments, many other bills were considered and debated this session – with several being merged into very large omnibus bills. The following is an overview of the enacted legislation that will impact on the aging services and senior housing sector.

Midterm Budget Revisions Bill – and a Fix It Bill

The FY 2027 midterm budget revision bill was passed by the Connecticut General Assembly as an amendment to Senate Bill 1 (now Public Act 26-68) and was immediately sent to the Governor's desk for his signature. This initial budget revisions bill also incorporated the bonding and school construction provisions, which are typically considered as separate legislation. Here are the links to the SB 1 Text | Fiscal Note | Bill Summary

Following passage of the initial bill, the legislature turned its attention to addressing several technical errors and omissions contained in the package. Senate Bill 477 (now Public Act 26-76) became the vehicle for these budget "fixes." Here is the link to the Summary of that budget "fix-it" bill.

The following is a high-level summary of what is included in the two budget revision bills that is of interest to our membership:

- Enacts the DSS plan to transition the nursing home Medicaid rate system to a PDPM model using a three-year phase-in period and implement a Medicaid utilization pool.
- Permits DSS to recalculate a nursing home's new Medicaid rate under certain circumstances related to the minimum allowable patient days requirement – language requested by LeadingAge Connecticut & Rhode Island.
- Requires DSS to distribute enhanced Medicaid quality performance payments to nursing homes from an annual pool of $10 million, beginning in FY 29.
- Specifies the type of nurses to be supported by the nursing home wage increases enacted in the biennial budget by excluding just the director and assistant director of nursing.
- Maintains the Appropriations Committee approved $30 million in new funding for Medicaid rates but separately directs DSS to find 25 million in efficiencies which may come from rates, effectively leaving only $5 million in new rate money on top of underlying budget's $45 million.
- Enacts an agreement between the hospitals and the state regarding the hospital tax revenue and funding. (The current multiyear hospital tax settlement was to sunset this year.)

- Establish a refundable personal income tax credit for caregiver costs.
- Eliminates the Office of Health Strategy (OHS) and transfers its functions to various successor agencies. The oversight of Connie, the statewide HIE, is transferred to the Office of Policy and Management (OPM).
- Makes it illegal to establish, conduct, manage, or operate a health care facility without the required Department of Public Health (DPH) license or certificate and imposes a maximum daily fine. Also imposes a maximum civil penalty of $25,000 per day against: (1) an individual who establishes, conducts, manages, or operates a health care facility without a required DPH license (or certificate for nursing facility management services); and (2) an individual who provides professional services without a required DPH license or certificate.

PA 26-74, An Act Concerning Public Hearings for Certain Rate Increases at Assisted Living Facilities, Municipal Agents for Aging, Emergency Power Generator Requirements for Certain Multifamily Housing Projects, Personal Protective Equipment for Home Health Aide Employees, the Nursing Home Bed Moratorium and Nursing Home Resident Data

This new law was one of the omnibus bills that merged several smaller bills from the Aging Committee into one large bill. Amongst the provisions of this law is new requirement that assisted living services agencies (ALSAs) hold informational hearings with their residents before raising fees by more than ten percent (Effective 10/1/26). It also will require municipal agents for the elderly to be free from conflicts of interest, change the applicability of an existing requirement that *certain* multifamily age-restricted buildings with at least 15 stories have a backup generator, require home health aide agencies to give their employees certain personal protective equipment for free (Effective 10/1/26), and establish a process for DSS to audit nursing homes' minimum data set information (Effective 7/1/26).

PA 26-103, An Act Requiring Nursing Homes To Annually Report Certain Ownership Information Regarding Investment Entities, Acquire, If Feasible, A Surety Bond Or A Similar Form Of Security In An Amount Equal To Ninety Days Of Operating Costs, Maintain Full Governance Control And Authority Over Nursing Home Assets And Activities And Annually Attest That No Investment Entity Has Control Over Nursing Home Resident Health, Safety Or Care

This is a law that attempts to address the growing concerns regarding private equity ownership of healthcare facilities. This law addresses nursing home ownership and it does not prohibit private equity ownership, but instead focuses on disclosure, transparency, governance control and study. It directs nursing homes to annually give DSS certain information about each investment entity that has a beneficial ownership interest of at least 5% in the nursing home. Since the bill directs new reporting requirements to DSS, all the provisions in the bill pertain only to nursing homes with Medicaid provider agreements.

The law then requires DSS, consulting with DPH, to review and evaluate the (1) disclosures nursing homes provided, as required under the bill; (2) quality of care at nursing homes where an investment entity has a beneficial interest compared to the care provided at homes without this ownership interest; and (3) the potential implications of requiring the owners of land or buildings where nursing homes are operating to get DPH's approval if the owner wants to sell or convey the property within five years of getting it.

Finally, the law requires each (1) nursing home licensee to have full control over the home's governance, assets, and activities, including clinical, operational, managerial, financial, and human resource matters, and (2) nursing home to annually attest to DPH that no investment entity has control over resident health, safety, or care.

PA 26-84, An Act Establishing Various Requirements Regarding Elevators

This law will enact notice requirements when an elevator is being repaired or receiving routine maintenance. While onerous, this amended final version is a welcome change from the initial proposal which would have imposed requirements and penalties if an elevator was inoperative for more than 48 hours. (Effective 10/1/26)

PA 26-12, An Act Concerning Workforce Development and Working Conditions in the State
The final version of this large bill, now law, was the result of a bipartisan negotiation and addressed many of our concerns in the sections related to aging services. Section 1 requires full wage replacement through the workers' compensation system for health care workers who are assaulted at work but no longer contains the proposed private right of action (Effective 10/1/26). Section 3 establishes a working group to study implementing a system for certain health care providers to report incidents of patient violence to the statewide health information exchange and to notify these providers when they have scheduled visits with patients who have a documented history of these incidences. Section 9 contains the controversial service contract worker retention requirements and health care providers were removed from this section.

PA 26-44, An Act Requiring Fear of Retaliation Training for Persons Providing Assisted Living Services in MRCs
This law expands the requirement of annual in-service staff training on residents' fear of retaliation to assisted living service agencies. Nursing homes are currently required to provide this training. (Effective 10/1/26)

PA 26-28, An Act Concerning the Use of Technology for Virtual Monitoring in Residential Care Homes
This bill expands the right to use video monitoring to the RCH residents. We worked closely with CARCH on the final wording of this bill. (Effective 10/1/26)

PA 26-50, An Act Requiring Training for Homemaker Companion Agency Employees
This law requires homemaker-companion agencies to annually provide at least eight hours of paid training to both their new and current employees on a variety of topics identified in the statute. This only applies to the agency employees that provide homemaker-companion services. (Effective 1/1/27)

PA 26-146, AN ACT CONCERNING A FIVE-YEAR MEDICAID RATE REVIEW, DENTAL REPRESENTATION ON A MEDICAL ASSISTANCE OVERSIGHT COUNCIL, BIOMARKER TESTING AND OPIOID PRESCRIPTION COVERAGE REQUIREMENTS AND A STUDY CONCERNING PAYMENT OF SPOUSES FOR STATE-SUBSIDIZED HOME CARE
This law requires DSS to create a five-year process to review Medicaid provider reimbursement rates and to establish a working group to study the feasibility of allowing spouses to be compensated for providing PCA for spouses enrolled in Medicaid home care programs.

PA 26-13, An Act Concerning Various Revisions to the Public Health Statutes
This law includes several provisions, including a requirement that the DPH commissioner establish a working group to advise the department on managed residential communities in the state that provide assisted living services and whether these communities should be licensed by the state. It also requires health care providers to notify patients in writing at their initial intake about the amount of time the law requires the provider to keep their medical records and how the patient can request copies of them (Effective 1/1/27). And it will expand DPH's nurse's aide registry to include nurse's aides working at any DPH-licensed health care institution, rather than just nursing homes as under current law, and makes related changes to expand DPH's authority to take disciplinary action against nurse's aides who commit specified misconduct.

PA 26-72, An Act Concerning Various Revisions to Human Services Statutes
This law does many things related to aging services, including adding a requirement that MRCs post DSS contact information to report suspected abuse, neglect, exploitation, or abandonment of an elderly person, or that an elderly person may need protective services (Effective 7/1/26). It also makes positive changes to the Long-Term Care Planning Committee by asking them to study state long-term care financing models, including payroll deductions for long-term care; best practices for workforce retention, wages, and standards; and projected federal support for long-term care and solutions for insufficient federal funding. It also requires the DSS commissioner to report annually on HUSKY C. It then expands the membership of the Long-Term Care Advisory Council (on which LeadingAge Connecticut & Rhode Island currently sits) and renames "LeadingAge Connecticut" as "LeadingAge Connecticut & Rhode Island" in various state laws referencing committees and councils that include the organization as member. Finally, it

incorporates into state law the federal regulations on giving antipsychotic pharmaceuticals to a nursing home resident.