



Substitute House Bill No. 6771

Public Act No. 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.

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

Section 1. Subsections (a) to (c), inclusive, of section 19a-491c of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) As used in this section:

(1) "Criminal history and patient abuse background search" or "background search" means (A) a review of the registry of nurse's aides maintained by the Department of Public Health pursuant to section 20-102bb, (B) checks of state and national criminal history records conducted in accordance with section 29-17a, and (C) a review of any other registry specified by the Department of Public Health which the department deems necessary for the administration of a background search program.

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(2) "Direct access" means physical access to a patient or resident of a long-term care facility that affords an individual with the opportunity to commit abuse or neglect against or misappropriate the property of a patient or resident.

(3) "Disqualifying offense" means a conviction of (A) any crime described in 42 USC 1320a-7(a)(1), (2), (3) or (4), (B) a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c, 53a-61a, 53a-321, 53a-322 or 53a-323.

(4) "Long-term care facility" means any facility, agency or provider that is a nursing home, as defined in section 19a-521, a residential care home, as defined in section 19a-521, a home health care agency, hospice agency or home health aide agency, as defined in section 19a-490, an assisted living services agency, as defined in section 19a-490, an intermediate care facility for individuals with intellectual disabilities, as defined in 42 USC 1396d(d), except any such facility operated by a Department of Developmental Services' program subject to background checks pursuant to section 17a-227a, a chronic disease hospital, as defined in section 19a-490, or an agency providing hospice care which is licensed to provide such care by the Department of Public Health or certified to provide such care pursuant to 42 USC 1395x.

(b) The Department of Public Health shall create and implement a criminal history and patient abuse background search program, within available appropriations, in order to facilitate the performance, processing and analysis of the criminal history and patient abuse background search of [individuals who have direct access] (1) any individual (A) to whom a long-term care facility will extend an offer of employment, or (B) with whom a long-term care facility will enter into a contract for the provision of long-term care services, and (2) any

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volunteer who a long-term care facility reasonably expects will regularly perform duties that are substantially similar to those of an employee with direct access.

(c) (1) Except as provided in subdivision (2) of this subsection, each long-term care facility, prior to extending an offer of employment to, or entering into a contract for, the provision of long-term care services with any individual, [who will have direct access,] or prior to allowing any individual to begin volunteering at such long-term care facility when the long-term care facility reasonably expects such volunteer will regularly perform duties that are substantially similar to those of an employee with direct access, shall require that such individual submit to a background search. The Department of Public Health shall prescribe the manner by which (A) long-term care facilities perform the review of (i) the registry of nurse's aides maintained by the department pursuant to section 20-102bb, and (ii) any other registry specified by the department, including requiring long-term care facilities to report the results of such review to the department, and (B) individuals submit to state and national criminal history records checks, including requiring the Department of Emergency Services and Public Protection to report the results of such checks to the Department of Public Health.

(2) No long-term care facility shall be required to comply with the provisions of this subsection if (A) the individual provides evidence to the long-term care facility that such individual submitted to a background search conducted pursuant to subdivision (1) of this subsection not more than three years immediately preceding the date such individual applies for employment, seeks to enter into a contract or begins volunteering with the long-term care facility and that the prior background search confirmed that the individual did not have a disqualifying offense, or (B) the commissioner determines the need to temporarily suspend the requirements of this subsection in the event of an emergency or significant disruption. The commissioner shall inform

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the long-term care facility when the commissioner has suspended the requirements of this subsection pursuant to subparagraph (B) of this subdivision and when such suspension is rescinded.

Sec. 2. (NEW) (*Effective October 1, 2025*) (a) There is established an Alzheimer's Disease and Dementia task force. The task force shall:

(1) Examine (A) the needs of persons living with Alzheimer's disease or dementia in the state, (B) the services available to such persons and their family caregivers, and (C) the ability of health care providers and institutions to meet the needs of such persons; and

(2) Develop a State Alzheimer's Plan, which shall make findings and recommendations regarding:

(A) State residents living with Alzheimer's disease 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 disease or dementia, (ii) state policies regarding persons living with Alzheimer's disease or dementia, and (iii) the fiscal impact of Alzheimer's disease and dementia on publicly funded health care programs;

(B) Existing resources, services and capacity relating to the diagnosis and care of persons living with Alzheimer's disease or dementia, including, but not limited to, (i) the type, cost and availability of dementia care services, (ii) the availability of health care providers who can provide Alzheimer's disease 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 disease or dementia, including, but not limited to, long-term care providers, case managers, adult protective services employees and law

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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 disease and dementia research conducted at higher education institutions located in the state; and

(C) Policies and strategies that (i) increase public awareness of Alzheimer's disease and dementia, (ii) educate health care providers to increase early detection and diagnosis of Alzheimer's disease and dementia, (iii) improve health care services for persons living with Alzheimer's disease or dementia, (iv) evaluate the capacity of the health care system in meeting the growing number and needs of persons living with Alzheimer's disease or dementia, (v) increase the number of health care providers available to treat the growing aging population and populations living with Alzheimer's disease or dementia, (vi) improve services provided in the home and community to delay and decrease the need for institutionalized care for persons living with Alzheimer's disease or dementia, (vii) improve long-term care services, including, but not limited to, assisted living services for persons living with Alzheimer's disease or dementia, (viii) assist unpaid Alzheimer's disease and dementia caregivers, (ix) increase and improve research on Alzheimer's disease and dementia, (x) promote activities to maintain and improve brain health, (xi) improve data and information collection relating to Alzheimer's disease and dementia and the public health burdens associated with such diseases, (xii) improve public safety and address the safety-related needs of persons living with Alzheimer's disease or dementia, (xiii) address legal protections for, and legal issues faced by, persons living with Alzheimer's disease or dementia, and (xiv) improve methods through which the state evaluates and adopts policies to assist persons living with Alzheimer's disease or dementia.

(b) The task force shall consist of the following members:

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(1) Eleven members appointed by the Governor, (A) one of whom shall be a person living with early-stage or early-onset Alzheimer's disease or dementia, (B) one of whom shall be a family caregiver of a person living with Alzheimer's disease or dementia, (C) one of whom shall represent a municipality that provides services to senior citizens, (D) one of whom shall represent home health care agencies, (E) two of whom shall be health care providers with experience diagnosing and treating Alzheimer's disease, (F) one of whom shall represent a national organization that advocates on behalf of persons living with Alzheimer's disease or dementia, (G) one of whom shall represent the area agencies on aging, established pursuant to section 17a-850 of the general statutes, (H) one of whom shall represent long-term care facilities, (I) one of whom shall have expertise in aging policy issues, and (J) one of whom shall represent homemaker-companion agencies;

(2) The Commissioner of Aging and Disability Services, or the commissioner's designee;

(3) The Commissioner of Public Health, or the commissioner's designee;

(4) The Commissioner of Social Services, or the commissioner's designee; and

(5) The State Ombudsman, or the State Ombudsman's designee.

(c) All initial appointments to the task force shall be made not later than January 1, 2026. Task force members first appointed pursuant to subparagraphs (A) to (D), inclusive, of subdivision (1) of subsection (b) of this section shall serve for a term of two years. Task force members first appointed pursuant to subparagraphs (E) to (J), inclusive, of subdivision (1) of subsection (b) of this section shall serve for a term of three years. Any subsequent task force member appointed pursuant to subdivision (1) of subsection (b) of this section shall serve for a term of

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two years, or until such member's successor is appointed. If the Governor determines that no suitable successor candidate exists to appoint to the task force, the Governor may reappoint an existing task force member for one two-year term.

(d) The Commissioner of Aging and Disability Services, or the commissioner's designee, shall convene the first meeting of the task force not later than thirty days after all task force members are appointed. At such meeting, the members of the task force shall select a chairperson and vice chairperson from among the members of the task force. The chairperson and vice chairperson may serve in such roles not more than two consecutive years. The task force shall meet not less than once every calendar quarter.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to aging shall serve as administrative staff of the task force.

(f) Not later than January 1, 2027, and annually thereafter, the task force shall submit a report on the State Alzheimer's Plan to the Governor and, in accordance with the provisions of section 11-4a of the general statutes, the joint standing committees of the General Assembly having cognizance of matters relating to aging, public health and human services. Such report shall include recommendations for the implementation of the State Alzheimer's Plan and identify any barriers to the implementation of such plan. The task force shall update the State Alzheimer's Plan every four years.

Sec. 3. Section 19a-535a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(a) As used in this section:

(1) "Facility" means a residential care home, as defined in section 19a-490;

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(2) "Emergency" means a situation in which a resident of a facility presents an imminent danger to the resident's own health or safety, the health or safety of another resident or the health or safety of an employee or the owner of the facility;

(3) "Department" means the Department of Public Health; and

(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee.

(b) A facility shall permit each resident to remain in the facility, and not transfer or discharge a resident [from the facility] unless (1) the transfer or discharge is necessary to meet the resident's welfare and the resident's welfare cannot be met in the facility, (2) the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility, (3) the health or safety of individuals in the facility is endangered, (4) the resident has failed, after reasonable and appropriate notice, to pay for a stay or a requested service at the facility, or (5) the facility ceases to operate.

(c) In the case of an involuntary transfer or discharge, the facility shall, in a form and manner prescribed by the commissioner, provide written notice to the resident and, if known, the resident's legally liable relative, guardian or conservator not less than thirty days prior to the proposed transfer or discharge date, except when the facility has requested an immediate transfer or discharge in accordance with subsection [(e)] (f) of this section. Such notice shall include (1) the reason for the transfer or discharge, (2) the effective date of the transfer or discharge, (3) the location to which the resident will be transferred or discharged, (4) the right of the resident to appeal a transfer or discharge by the facility pursuant to subsection [(d)] (e) of this section, [and] (5) the resident's right to represent himself or herself or be represented by legal counsel, [. Such notice shall be in a form and manner prescribed by

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the commissioner, as modified from time to time, and shall include the name, mailing address and telephone number of the State Long-Term Care Ombudsman and be sent by facsimile or electronic communication to the Office of the Long-Term Care Ombudsman on the same day as the notice is given to the resident] (6) the name, mailing address and telephone number of the State Long-Term Care Ombudsman, and (7) an attestation by the facility that such notice has been submitted to the Internet web site portal maintained by the State Ombudsman in accordance with subsection (h) of this section. Such notice shall be submitted to the Internet web site portal maintained by the State Ombudsman on the same day such notice is provided to the resident. If the facility knows the resident has, or the facility alleges that the resident has, a mental illness or an intellectual disability, the notice shall also include the name, mailing address and telephone number of the entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system. If any information provided in a notice provided pursuant to the provisions of this subsection changes prior to effecting the transfer or discharge of a resident, the facility shall update each recipient of the notice in writing as soon as practicable once the updated information becomes available. No resident shall be involuntarily transferred or discharged from a facility if such transfer or discharge presents imminent danger of death to the resident.

[(c)] (d) The facility shall be responsible for assisting the resident in finding an alternative residence and, in providing such assistance, shall consider the resident's proximity to family members and any other known support networks. A discharge plan, prepared by the facility, in a form and manner prescribed by the commissioner, as modified from time to time, shall include the resident's individual needs and shall be submitted to the resident not later than seven days after the notice of transfer or discharge is issued to the resident. The facility shall submit the discharge plan to the commissioner at or before the hearing held

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pursuant to subsection [(d)] (e) of this section.

[(d)] (e) (1) A resident or the resident's legally liable relative, guardian or conservator who has been notified by a facility, pursuant to subsection [(b)] (c) of this section, that the resident will be transferred or discharged from the facility may appeal such transfer or discharge to the Commissioner of Public Health by filing a request for a hearing with the commissioner (A) not later than ten days after the receipt of such notice, or (B) if the facility updates the location to which the resident will be transferred or discharged pursuant to subsection (c) of this section, not later than ten days after the receipt of such update, provided any involuntary transfer or discharge shall be stayed during such ten-day period. Upon receipt of any such request, the commissioner shall hold a hearing to determine whether the transfer or discharge is being effected in accordance with this section. Such a hearing shall be held not later than seven business days after the receipt of such request. The commissioner shall issue a decision not later than twenty days after the closing of the hearing record. The hearing shall be conducted in accordance with chapter 54.

(2) Any involuntary transfer or discharge that is appealed under this subsection shall be stayed pending a final determination by the commissioner.

(3) The commissioner shall send a copy of the decision regarding a transfer or discharge to the facility, the resident and the resident's legal guardian, conservator or other authorized representative, if known, or the resident's legally liable relative or other responsible party, and the State Long-Term Care Ombudsman.

[(e)] (f) (1) In the case of an emergency, the facility may request that the commissioner make a determination as to the need for an immediate transfer or discharge of a resident by submitting a sworn affidavit attesting to the basis for the emergency transfer or discharge. The facility

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shall provide a copy of the request for an immediate transfer or discharge and the notice described in subsection [(b)] (c) of this section to the resident. After receipt of such request, the commissioner may issue an order for the immediate temporary transfer or discharge of the resident from the facility. The temporary order shall remain in place until a final decision is issued by the commissioner, unless earlier rescinded. The commissioner shall issue the determination as to the need for an immediate transfer or discharge of a resident not later than seven days after receipt of the request from the facility. A hearing shall be held not later than seven business days after the date on which a determination is issued pursuant to this section. The commissioner shall issue a decision not later than twenty days after the date on which the hearing record is closed. The hearing shall be conducted in accordance with the provisions of chapter 54.

(2) The commissioner shall send a copy of the decision regarding an emergency transfer or discharge to the facility, the resident and the resident's legal guardian, conservator or other authorized representative, if known, or the resident's legally liable relative or other responsible party and the State Long-Term Care Ombudsman.

(3) If the commissioner determines, based upon the request, that an emergency does not exist, the commissioner shall proceed with a hearing in accordance with the provisions of subsection [(d)] (e) of this section.

[(f)] (g) A facility or resident who is aggrieved by a final decision of the commissioner may appeal to the Superior Court in accordance with the provisions of chapter 54. Pursuant to subsection (f) of section 4-183, the filing of an appeal to the Superior Court shall not, of itself, stay enforcement of an agency decision. The Superior Court shall consider an appeal from a decision of the commissioner pursuant to this section as a privileged case in order to dispose of the case with the least possible delay.

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[(g) Not later than six months after May 23, 2022, a] (h) A facility shall electronically report each involuntary transfer or discharge (1) in a manner prescribed by the State Ombudsman, appointed pursuant to section 17a-405, and (2) on an Internet web site portal maintained by the State Ombudsman in accordance with patient privacy provisions of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.

Sec. 4. (NEW) (*Effective January 1, 2026*) (a) As used in this section:

(1) "Biomarker" means a characteristic, including, but not limited to, a gene mutation or protein expression that can be objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes or pharmacologic responses to a specific therapeutic intervention for a disease or condition.

(2) "Biomarker testing" means the analysis of a patient's tissue, blood or other biospecimen for the presence of a biomarker, including, but not limited to, tests for a single substance, tests for multiple substances and diseases or conditions. "Biomarker testing" does not include an evaluation of how a patient feels, functions or survives.

(3) "Clinical utility" means the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision.

(4) "Nationally recognized clinical practice guidelines" means evidence-based clinical practice guidelines informed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options intended to optimize patient care developed by independent organizations or medical professional societies utilizing transparent methodologies and reporting structures and conflict-of-interest policies.

(b) Each individual health insurance policy providing coverage of the

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type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2026, shall 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, including, but not limited to, one or more of the following: (1) Approval or clearance of such test by the federal Food and Drug Administration or recommendations on labels of drugs approved by the federal Food and Drug Administration to conduct such test, (2) national coverage determinations or local coverage determinations for Medicare Administrative Contractors by the Centers for Medicare and Medicaid Services, or (3) nationally recognized clinical practice guidelines. Such policy shall provide such coverage in a manner that limits disruptions in care, including, but not limited to, the need for multiple biopsies or biospecimen samples. Such policy may require that biomarker testing be performed at an in-network clinical laboratory, as defined in section 19a-490 of the general statutes.

(c) Each entity providing such coverage shall establish a clear, readily accessible and convenient process through which an insured or an insured's health care provider may (1) request an exception to a coverage policy, or (2) dispute an adverse utilization review determination relating to such coverage. Each such entity shall post such process on the Internet web site maintained by such entity.

(d) If prior authorization is required before providing such coverage, each entity providing such coverage or each utilization review entity or other third party acting on behalf of such entity shall approve or deny such prior authorization and notify the insured, the insured's health care provider and any other entity requesting such prior authorization of such approval or denial (1) if the prior authorization is not urgent, as

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determined by the insured's health care provider, not later than seven days after receiving a prior authorization request, or (2) if the prior authorization is urgent, as determined by the insured's health care provider, not later than seventy-two hours after receiving a prior authorization request.

Sec. 5. (NEW) (*Effective January 1, 2026*) (a) As used in this section:

(1) "Biomarker" means a characteristic, including, but not limited to, a gene mutation or protein expression that can be objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes or pharmacologic responses to a specific therapeutic intervention for a disease or condition.

(2) "Biomarker testing" means the analysis of a patient's tissue, blood or other biospecimen for the presence of a biomarker, including, but not limited to, tests for a single substance, tests for multiple substances and diseases or conditions. "Biomarker testing" does not include an evaluation of how a patient feels, functions or survives.

(3) "Clinical utility" means the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision.

(4) "Nationally recognized clinical practice guidelines" means evidence-based clinical practice guidelines informed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options intended to optimize patient care developed by independent organizations or medical professional societies utilizing transparent methodologies and reporting structures and conflict-of-interest policies.

(b) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended

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or continued in this state on or after January 1, 2026, shall 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, including, but not limited to, one or more of the following: (1) Approval or clearance of such test by the federal Food and Drug Administration or recommendations on labels of drugs approved by the federal Food and Drug Administration to conduct such test, (2) national coverage determinations or local coverage determinations for Medicare Administrative Contractors by the Centers for Medicare and Medicaid Services, or (3) nationally recognized clinical practice guidelines. Such policy shall provide such coverage in a manner that limits disruptions in care, including, but not limited to, the need for multiple biopsies or biospecimen samples. Such policy may require that biomarker testing be performed at an in-network clinical laboratory, as defined in section 19a-490 of the general statutes.

(c) Each entity providing such coverage shall establish a clear, readily accessible and convenient process through which an insured or an insured's health care provider may (1) request an exception to a coverage policy, or (2) dispute an adverse utilization review determination relating to such coverage. Each such entity shall post such process on the Internet web site maintained by such entity.

(d) If prior authorization is required before providing such coverage, each entity providing such coverage or each utilization review entity or other third party acting on behalf of such entity shall approve or deny such prior authorization and notify the insured, the insured's health care provider and any other entity requesting such prior authorization of such approval or denial (1) if the prior authorization is not urgent, as determined by the insured's health care provider, not later than seven days after receiving a prior authorization request, or (2) if the prior

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authorization is urgent, as determined by the insured's health care provider, not later than seventy-two hours after receiving a prior authorization request.

Sec. 6. Subsection (d) of section 10a-77 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Said board of trustees shall waive the payment of tuition at any of the regional community-technical colleges (1) for any dependent child of a person whom the armed forces of the United States has declared to be missing in action or to have been a prisoner of war while serving in such armed forces after January 1, 1960, which child has been accepted for admission to such institution and is a resident of the state at the time such child is accepted for admission to such institution, (2) subject to the provisions of subsection (e) of this section, for any veteran, as defined in section 27-103, who performed service in time of war, as defined in section 27-103, except that for purposes of this subsection, "service in time of war" shall not include time spent in attendance at a military service academy, which veteran has been accepted for admission to such institution and is domiciled in this state at the time such veteran is accepted for admission to such institution, (3) for any resident of the state (A) sixty-two years of age or older, or (B) who is a resident of a nursing home, as defined in section 19a-490, and has maintained residency at such nursing home for not less than thirty days, provided, at the end of the regular registration period, there are enrolled in the course a sufficient number of students other than those residents eligible for waivers pursuant to this subdivision to offer the course in which such resident intends to enroll and there is space available in such course after accommodating all such students, (4) for any student attending the Connecticut State Police Academy who is enrolled in a law enforcement program at said academy offered in coordination with a regional community-technical college which accredits courses taken in

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such program, (5) for any active member of the Connecticut Army or Air National Guard who (A) has been certified by the Adjutant General or such Adjutant General's designee as a member in good standing of the guard, and (B) is enrolled or accepted for admission to such institution on a full-time or part-time basis in an undergraduate degree-granting program, (6) for any dependent child of a (A) police officer, as defined in section 7-294a, or supernumerary or auxiliary police officer, (B) firefighter, as defined in section 7-323j, or member of a volunteer fire company, (C) municipal employee, or (D) state employee, as defined in section 5-154, killed in the line of duty, (7) for any resident of the state who is a dependent child or surviving spouse of a specified terrorist victim who was a resident of this state, (8) for any dependent child of a resident of the state who was killed in a multivehicle crash at or near the intersection of Routes 44 and 10 and Nod Road in Avon on July 29, 2005, and (9) for any resident of the state who is a dependent child or surviving spouse of a person who was killed in action while performing active military duty with the armed forces of the United States on or after September 11, 2001, and who was a resident of this state. If any person who receives a tuition waiver in accordance with the provisions of this subsection also receives educational reimbursement from an employer, such waiver shall be reduced by the amount of such educational reimbursement. Veterans and members of the National Guard described in subdivision (5) of this subsection shall be given the same status as students not receiving tuition waivers in registering for courses at regional community-technical colleges. Notwithstanding the provisions of section 10a-30, as used in this subsection, "domiciled in this state" includes domicile for less than one year.

Sec. 7. Subsection (g) of section 19a-535 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) The facility shall be responsible for assisting the resident in

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finding appropriate placement and, in providing such assistance, shall consider the resident's proximity to family members and any other known support networks.

Sec. 8. (*Effective from passage*) The State Ombudsman, in conjunction with the Commissioners of Public Health and Social Services, shall convene a working group to examine (1) residential care home evacuation procedures, and (2) whether to require residential care homes to participate in a mutual aid digital platform that supports the risk management needs of health care organizations, including dedicated solutions for emergency management, inspection, testing and maintenance management, inspections management and health care coalition management. The working group shall include not less than two representatives of residential care homes. Not later than January 1, 2026, the working group shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and aging regarding the findings and recommendations of the working group.

Sec. 9. Subsection (h) of section 19a-533 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(h) Notwithstanding the provisions of this section, a nursing home shall, without regard to the order of its waiting list, admit an applicant who (1) seeks to transfer from a nursing home that is closing, [or] (2) seeks to transfer from a nursing home in which the applicant was placed following the closure of the nursing home where such applicant previously resided or, in the case of a nursing home placed in receivership, the anticipated closure of the nursing home where such applicant previously resided, provided (A) the transfer occurs not later than sixty days following the date that such applicant was transferred from the nursing home where he or she previously resided, and (B)

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except when the nursing home that is closing transferred the resident due to an emergency, the applicant submitted an application to the nursing home to which he or she seeks admission at the time of the applicant's transfer from the nursing home where he or she previously resided, or (3) seeks to transfer from a nursing home that (A) has filed a certificate of need request pursuant to section 17b-352 on which the Commissioner of Social Services has not issued a final decision, and (B) has five residents or less. A nursing home that qualifies for a waiting list exemption pursuant to subsection (f) or (g) of this section shall not be required to admit an indigent person under this subsection except when the resident is being transferred from a nursing home that is closing due to an emergency. No nursing home shall be required to admit an applicant pursuant to the provisions of this subsection if the nursing home has determined that (i) the applicant does not have a payor source because the applicant has been denied Medicaid eligibility or the applicant has failed to pay a nursing home that is closing for the three months preceding the date of the application for admittance and has no pending application for Medicaid, (ii) the applicant is subject to a Medicaid penalty period, or (iii) the applicant does not require nursing home level of care as determined in accordance with applicable state and federal requirements.

Governor's Action:

Approved June 3, 2025