



General Assembly

Amendment

January Session, 2025

LCO No. 7979



Offered by:

REP. GARIBAY, 60th Dist.

REP. BOLINSKY, 106th Dist.

To: Subst. House Bill No. 6771

File No. 107

Cal. No. 92

"AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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4 general statutes are repealed and the following is substituted in lieu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

6 (a) As used in this section:

7 (1) "Criminal history and patient abuse background search" or
8 "background search" means (A) a review of the registry of nurse's aides
9 maintained by the Department of Public Health pursuant to section 20-
10 102bb, (B) checks of state and national criminal history records
11 conducted in accordance with section 29-17a, and (C) a review of any
12 other registry specified by the Department of Public Health which the
13 department deems necessary for the administration of a background

14 search program.

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

19 (3) "Disqualifying offense" means a conviction of (A) any crime
20 described in 42 USC 1320a-7(a)(1), (2), (3) or (4), (B) a substantiated
21 finding of neglect, abuse or misappropriation of property by a state or
22 federal agency pursuant to an investigation conducted in accordance
23 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a
24 conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c,
25 53a-61a, 53a-321, 53a-322 or 53a-323.

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

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

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

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

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

79 subdivision and when such suspension is rescinded.

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

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

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

88 (A) State residents living with Alzheimer's disease and dementia and
89 their service needs, including, but not limited to, (i) the state's role in
90 providing or facilitating long-term care, family caregiver support and
91 assistance to persons with early-stage and early-onset Alzheimer's
92 disease or dementia, (ii) state policies regarding persons living with
93 Alzheimer's disease or dementia, and (iii) the fiscal impact of
94 Alzheimer's disease and dementia on publicly funded health care
95 programs;

96 (B) Existing resources, services and capacity relating to the diagnosis
97 and care of persons living with Alzheimer's disease or dementia,
98 including, but not limited to, (i) the type, cost and availability of
99 dementia care services, (ii) the availability of health care providers who
100 can provide Alzheimer's disease or dementia-related services,
101 including, but not limited to, neurologists, geriatricians and direct care
102 workers, (iii) dementia-specific training requirements for public and
103 private employees who interact with persons living with Alzheimer's
104 disease or dementia, including, but not limited to, long-term care
105 providers, case managers, adult protective services employees and law
106 enforcement personnel and other first responders, (iv) home and
107 community-based services, including, but not limited to, respite care
108 services, (v) quality of care measures for home and community-based
109 services and residential care facilities, and (vi) state-supported

110 Alzheimer's disease and dementia research conducted at higher
111 education institutions located in the state; and

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

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

137 (1) Eleven members appointed by the Governor, (A) one of whom
138 shall be a person living with early-stage or early-onset Alzheimer's
139 disease or dementia, (B) one of whom shall be a family caregiver of a
140 person living with Alzheimer's disease or dementia, (C) one of whom
141 shall represent a municipality that provides services to senior citizens,
142 (D) one of whom shall represent home health care agencies, (E) two of

143 whom shall be health care providers with experience diagnosing and
144 treating Alzheimer's disease, (F) one of whom shall represent a national
145 organization that advocates on behalf of persons living with
146 Alzheimer's disease or dementia, (G) one of whom shall represent the
147 area agencies on aging, established pursuant to section 17a-850 of the
148 general statutes, (H) one of whom shall represent long-term care
149 facilities, (I) one of whom shall have expertise in aging policy issues, and
150 (J) one of whom shall represent homemaker-companion agencies;

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

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

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

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

158 (c) All initial appointments to the task force shall be made not later
159 than January 1, 2026. Task force members first appointed pursuant to
160 subparagraphs (A) to (D), inclusive, of subdivision (1) of subsection (b)
161 of this section shall serve for a term of two years. Task force members
162 first appointed pursuant to subparagraphs (E) to (J), inclusive, of
163 subdivision (1) of subsection (b) of this section shall serve for a term of
164 three years. Any subsequent task force member appointed pursuant to
165 subdivision (1) of subsection (b) of this section shall serve for a term of
166 two years, or until such member's successor is appointed. If the
167 Governor determines that no suitable successor candidate exists to
168 appoint to the task force, the Governor may reappoint an existing task
169 force member for one two-year term.

170 (d) The Commissioner of Aging and Disability Services, or the
171 commissioner's designee, shall convene the first meeting of the task
172 force not later than thirty days after all task force members are
173 appointed. At such meeting, the members of the task force shall select a

174 chairperson and vice chairperson from among the members of the task
175 force. The chairperson and vice chairperson may serve in such roles not
176 more than two consecutive years. The task force shall meet not less than
177 once every calendar quarter.

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

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

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

192 (a) As used in this section:

193 (1) "Facility" means a residential care home, as defined in section 19a-
194 490;

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

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

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

202 (b) A facility shall permit each resident to remain in the facility, and

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

212 (c) In the case of an involuntary transfer or discharge, the facility
213 shall, in a form and manner prescribed by the commissioner, provide
214 written notice to the resident and, if known, the resident's legally liable
215 relative, guardian or conservator not less than thirty days prior to the
216 proposed transfer or discharge date, except when the facility has
217 requested an immediate transfer or discharge in accordance with
218 subsection [(e)] (f) of this section. Such notice shall include (1) the reason
219 for the transfer or discharge, (2) the effective date of the transfer or
220 discharge, (3) the location to which the resident will be transferred or
221 discharged, (4) the right of the resident to appeal a transfer or discharge
222 by the facility pursuant to subsection [(d)] (e) of this section, [and] (5)
223 the resident's right to represent himself or herself or be represented by
224 legal counsel, [. Such notice shall be in a form and manner prescribed by
225 the commissioner, as modified from time to time, and shall include the
226 name, mailing address and telephone number of the State Long-Term
227 Care Ombudsman and be sent by facsimile or electronic communication
228 to the Office of the Long-Term Care Ombudsman on the same day as
229 the notice is given to the resident] (6) the name, mailing address and
230 telephone number of the State Long-Term Care Ombudsman, and (7) an
231 attestation by the facility that such notice has been submitted to the
232 Internet web site portal maintained by the State Ombudsman in
233 accordance with subsection (h) of this section. Such notice shall be
234 submitted to the Internet web site portal maintained by the State
235 Ombudsman on the same day such notice is provided to the resident. If
236 the facility knows the resident has, or the facility alleges that the resident

237 has, a mental illness or an intellectual disability, the notice shall also
238 include the name, mailing address and telephone number of the entity
239 designated by the Governor in accordance with section 46a-10b to serve
240 as the Connecticut protection and advocacy system. If any information
241 provided in a notice provided pursuant to the provisions of this
242 subsection changes prior to effecting the transfer or discharge of a
243 resident, the facility shall update each recipient of the notice in writing
244 as soon as practicable once the updated information becomes available.
245 No resident shall be involuntarily transferred or discharged from a
246 facility if such transfer or discharge presents imminent danger of death
247 to the resident.

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

258 ~~[(d)]~~ (e) (1) A resident or the resident's legally liable relative, guardian
259 or conservator who has been notified by a facility, pursuant to
260 subsection ~~[(b)]~~ (c) of this section, that the resident will be transferred or
261 discharged from the facility may appeal such transfer or discharge to
262 the Commissioner of Public Health by filing a request for a hearing with
263 the commissioner (A) not later than ten days after the receipt of such
264 notice, or (B) if the facility updates the location to which the resident will
265 be transferred or discharged pursuant to subsection (c) of this section,
266 not later than ten days after the receipt of such update, provided any
267 involuntary transfer or discharge shall be stayed during such ten-day
268 period. Upon receipt of any such request, the commissioner shall hold a
269 hearing to determine whether the transfer or discharge is being effected

270 in accordance with this section. Such a hearing shall be held not later
271 than seven business days after the receipt of such request. The
272 commissioner shall issue a decision not later than twenty days after the
273 closing of the hearing record. The hearing shall be conducted in
274 accordance with chapter 54.

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

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

283 ~~[(e)]~~ (f) (1) In the case of an emergency, the facility may request that
284 the commissioner make a determination as to the need for an immediate
285 transfer or discharge of a resident by submitting a sworn affidavit
286 attesting to the basis for the emergency transfer or discharge. The facility
287 shall provide a copy of the request for an immediate transfer or
288 discharge and the notice described in subsection ~~[(b)]~~ (c) of this section
289 to the resident. After receipt of such request, the commissioner may
290 issue an order for the immediate temporary transfer or discharge of the
291 resident from the facility. The temporary order shall remain in place
292 until a final decision is issued by the commissioner, unless earlier
293 rescinded. The commissioner shall issue the determination as to the
294 need for an immediate transfer or discharge of a resident not later than
295 seven days after receipt of the request from the facility. A hearing shall
296 be held not later than seven business days after the date on which a
297 determination is issued pursuant to this section. The commissioner shall
298 issue a decision not later than twenty days after the date on which the
299 hearing record is closed. The hearing shall be conducted in accordance
300 with the provisions of chapter 54.

301 (2) The commissioner shall send a copy of the decision regarding an

302 emergency transfer or discharge to the facility, the resident and the
303 resident's legal guardian, conservator or other authorized
304 representative, if known, or the resident's legally liable relative or other
305 responsible party and the State Long-Term Care Ombudsman.

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

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

318 [(g) Not later than six months after May 23, 2022, a] (h) A facility shall
319 electronically report each involuntary transfer or discharge (1) in a
320 manner prescribed by the State Ombudsman, appointed pursuant to
321 section 17a-405, and (2) on an Internet web site portal maintained by the
322 State Ombudsman in accordance with patient privacy provisions of the
323 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
324 191, as amended from time to time.

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

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

331 (2) "Biomarker testing" means the analysis of a patient's tissue, blood
332 or other biospecimen for the presence of a biomarker, including, but not

333 limited to, tests for a single substance, tests for multiple substances and
334 diseases or conditions. "Biomarker testing" does not include an
335 evaluation of how a patient feels, functions or survives.

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

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

346 (b) Each individual health insurance policy providing coverage of the
347 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
348 of the general statutes delivered, issued for delivery, renewed, amended
349 or continued in this state on or after January 1, 2026, shall provide
350 coverage for biomarker testing for the purpose of diagnosis, treatment,
351 appropriate management or ongoing monitoring of an insured's disease
352 or condition, provided such biomarker testing provides clinical utility
353 as demonstrated by medical and scientific evidence, including, but not
354 limited to, one or more of the following: (1) Approval or clearance of
355 such test by the federal Food and Drug Administration or
356 recommendations on labels of drugs approved by the federal Food and
357 Drug Administration to conduct such test, (2) national coverage
358 determinations or local coverage determinations for Medicare
359 Administrative Contractors by the Centers for Medicare and Medicaid
360 Services, or (3) nationally recognized clinical practice guidelines. Such
361 policy shall provide such coverage in a manner that limits disruptions
362 in care, including, but not limited to, the need for multiple biopsies or
363 biospecimen samples. Such policy may require that biomarker testing
364 be performed at an in-network clinical laboratory, as defined in section
365 19a-490 of the general statutes.

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

372 (d) If prior authorization is required before providing such coverage,
373 each entity providing such coverage or each utilization review entity or
374 other third party acting on behalf of such entity shall approve or deny
375 such prior authorization and notify the insured, the insured's health care
376 provider and any other entity requesting such prior authorization of
377 such approval or denial (1) if the prior authorization is not urgent, as
378 determined by the insured's health care provider, not later than seven
379 days after receiving a prior authorization request, or (2) if the prior
380 authorization is urgent, as determined by the insured's health care
381 provider, not later than seventy-two hours after receiving a prior
382 authorization request.

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

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

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

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

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

404 (b) Each group health insurance policy providing coverage of the
405 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
406 of the general statutes delivered, issued for delivery, renewed, amended
407 or continued in this state on or after January 1, 2026, shall provide
408 coverage for biomarker testing for the purpose of diagnosis, treatment,
409 appropriate management or ongoing monitoring of an insured's disease
410 or condition, provided such biomarker testing provides clinical utility
411 as demonstrated by medical and scientific evidence, including, but not
412 limited to, one or more of the following: (1) Approval or clearance of
413 such test by the federal Food and Drug Administration or
414 recommendations on labels of drugs approved by the federal Food and
415 Drug Administration to conduct such test, (2) national coverage
416 determinations or local coverage determinations for Medicare
417 Administrative Contractors by the Centers for Medicare and Medicaid
418 Services, or (3) nationally recognized clinical practice guidelines. Such
419 policy shall provide such coverage in a manner that limits disruptions
420 in care, including, but not limited to, the need for multiple biopsies or
421 biospecimen samples. Such policy may require that biomarker testing
422 be performed at an in-network clinical laboratory, as defined in section
423 19a-490 of the general statutes.

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

430 (d) If prior authorization is required before providing such coverage,
431 each entity providing such coverage or each utilization review entity or
432 other third party acting on behalf of such entity shall approve or deny
433 such prior authorization and notify the insured, the insured's health care
434 provider and any other entity requesting such prior authorization of
435 such approval or denial (1) if the prior authorization is not urgent, as
436 determined by the insured's health care provider, not later than seven
437 days after receiving a prior authorization request, or (2) if the prior
438 authorization is urgent, as determined by the insured's health care
439 provider, not later than seventy-two hours after receiving a prior
440 authorization request.

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

444 (d) Said board of trustees shall waive the payment of tuition at any of
445 the regional community-technical colleges (1) for any dependent child
446 of a person whom the armed forces of the United States has declared to
447 be missing in action or to have been a prisoner of war while serving in
448 such armed forces after January 1, 1960, which child has been accepted
449 for admission to such institution and is a resident of the state at the time
450 such child is accepted for admission to such institution, (2) subject to the
451 provisions of subsection (e) of this section, for any veteran, as defined in
452 section 27-103, who performed service in time of war, as defined in
453 section 27-103, except that for purposes of this subsection, "service in
454 time of war" shall not include time spent in attendance at a military
455 service academy, which veteran has been accepted for admission to such
456 institution and is domiciled in this state at the time such veteran is
457 accepted for admission to such institution, (3) for any resident of the
458 state (A) sixty-two years of age or older, or (B) who is a resident of a
459 nursing home, as defined in section 19a-490, and has maintained
460 residency at such nursing home for not less than thirty days, provided,
461 at the end of the regular registration period, there are enrolled in the
462 course a sufficient number of students other than those residents eligible

463 for waivers pursuant to this subdivision to offer the course in which
464 such resident intends to enroll and there is space available in such
465 course after accommodating all such students, (4) for any student
466 attending the Connecticut State Police Academy who is enrolled in a law
467 enforcement program at said academy offered in coordination with a
468 regional community-technical college which accredits courses taken in
469 such program, (5) for any active member of the Connecticut Army or
470 Air National Guard who (A) has been certified by the Adjutant General
471 or such Adjutant General's designee as a member in good standing of
472 the guard, and (B) is enrolled or accepted for admission to such
473 institution on a full-time or part-time basis in an undergraduate degree-
474 granting program, (6) for any dependent child of a (A) police officer, as
475 defined in section 7-294a, or supernumerary or auxiliary police officer,
476 (B) firefighter, as defined in section 7-323j, or member of a volunteer fire
477 company, (C) municipal employee, or (D) state employee, as defined in
478 section 5-154, killed in the line of duty, (7) for any resident of the state
479 who is a dependent child or surviving spouse of a specified terrorist
480 victim who was a resident of this state, (8) for any dependent child of a
481 resident of the state who was killed in a multivehicle crash at or near the
482 intersection of Routes 44 and 10 and Nod Road in Avon on July 29, 2005,
483 and (9) for any resident of the state who is a dependent child or
484 surviving spouse of a person who was killed in action while performing
485 active military duty with the armed forces of the United States on or
486 after September 11, 2001, and who was a resident of this state. If any
487 person who receives a tuition waiver in accordance with the provisions
488 of this subsection also receives educational reimbursement from an
489 employer, such waiver shall be reduced by the amount of such
490 educational reimbursement. Veterans and members of the National
491 Guard described in subdivision (5) of this subsection shall be given the
492 same status as students not receiving tuition waivers in registering for
493 courses at regional community-technical colleges. Notwithstanding the
494 provisions of section 10a-30, as used in this subsection, "domiciled in
495 this state" includes domicile for less than one year.

496 Sec. 7. Subsection (g) of section 19a-535 of the general statutes is

497 repealed and the following is substituted in lieu thereof (*Effective from*
498 *passage*):

499 (g) The facility shall be responsible for assisting the resident in
500 finding appropriate placement and, in providing such assistance, shall
501 consider the resident's proximity to family members and any other
502 known support networks.

503 Sec. 8. (*Effective from passage*) The State Ombudsman, in conjunction
504 with the Commissioners of Public Health and Social Services, shall
505 convene a working group to examine (1) residential care home
506 evacuation procedures, and (2) whether to require residential care
507 homes to participate in a mutual aid digital platform that supports the
508 risk management needs of health care organizations, including
509 dedicated solutions for emergency management, inspection, testing and
510 maintenance management, inspections management and health care
511 coalition management. The working group shall include not less than
512 two representatives of residential care homes. Not later than January 1,
513 2026, the working group shall submit a report, in accordance with the
514 provisions of section 11-4a of the general statutes, to the joint standing
515 committees of the General Assembly having cognizance of matters
516 relating to human services, public health and aging regarding the
517 findings and recommendations of the working group.

518 Sec. 9. Subsection (h) of section 19a-533 of the general statutes is
519 repealed and the following is substituted in lieu thereof (*Effective October*
520 *1, 2025*):

521 (h) Notwithstanding the provisions of this section, a nursing home
522 shall, without regard to the order of its waiting list, admit an applicant
523 who (1) seeks to transfer from a nursing home that is closing, [or] (2)
524 seeks to transfer from a nursing home in which the applicant was placed
525 following the closure of the nursing home where such applicant
526 previously resided or, in the case of a nursing home placed in
527 receivership, the anticipated closure of the nursing home where such
528 applicant previously resided, provided (A) the transfer occurs not later

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2025	19a-491c(a) to (c)
Sec. 2	October 1, 2025	New section
Sec. 3	October 1, 2025	19a-535a
Sec. 4	January 1, 2026	New section
Sec. 5	January 1, 2026	New section
Sec. 6	from passage	10a-77(d)
Sec. 7	from passage	19a-535(g)
Sec. 8	from passage	New section
Sec. 9	October 1, 2025	19a-533(h)