



2025 Acts Affecting People With Disabilities

By: Mary Fitzpatrick, Principal Analyst
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Notice to Readers

This report provides summaries of new laws (public acts) significantly affecting people with disabilities enacted during the 2025 regular legislative session. OLR's other Acts Affecting reports, including Acts Affecting Seniors and Acts Affecting Health Professions, are, or will soon be, available on [OLR's website](#).

Each summary indicates the public act (PA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden. Complete summaries of public acts are, or will soon be, available on [OLR's website](#).

Readers are encouraged to obtain the full text of acts that interest them from the [General Assembly's website](#) or the Connecticut State Library.

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Abuse and Neglect Protections

Abuse and Neglect Reporting for People With Intellectual and Developmental Disabilities (IDD)

A new law requires the Department of Developmental Services (DDS) to (1) annually report to the Human Services and Public Health committees on abuse and neglect complaints received and investigations conducted according to existing laws for people with IDD and (2) review related department policies and procedures every five years. The new law also allows the Appropriations, Human Services, and Public Health committees to hold annual joint informational hearings to review state agency efforts to ensure the safety and quality of care for people with disabilities who receive Medicaid waiver services ([PA 25-89](#), §§ 1 & 6, effective upon passage, except the provision on joint informational hearings is effective July 1, 2025).

DDS Abuse and Neglect Registry

By law, DDS maintains a registry of certain former employees who were fired from or left their jobs because of a substantiated abuse or neglect complaint against them. A new law expands the registry to include (1) community companion home (CCH) licensees whose licenses were revoked or surrendered due to abuse or neglect and (2) CCH designees against whom there has been a finding of abuse or neglect. It also provides a process for a CCH licensee, under these circumstances, to request a hearing to contest the license revocation or placement on the registry.

Additionally, the new law makes registry information available to the probate court administrator to determine whether a proposed guardian appears on the registry, and allows DDS to share information with the probate court for this same purpose if a group home's or CCH's DDS-issued license was revoked or surrendered because of substantiated abuse or neglect ([PA 25-79](#), §§ 5 & 6, effective October 1, 2025).

Benefits Programs

ABLE Program

A new law passed this session made various changes to Connecticut's ABLE program, which allows people to save money for disability-related expenses of a designated beneficiary without losing eligibility for certain means-tested programs. Among other things, the new law:

1. expands eligibility to open an ABLE account to align with federal law, including beginning January 1, 2026, increasing from 26 to 46 the maximum age of disability onset for program eligibility;

2. allows the state treasurer, who administers the ABLE program, to pay fees associated with administering individual ABLE accounts; and
3. to the extent allowed by federal law, disregards ABLE accounts in all means-tested public assistance programs the state administers, rather than only the specific programs under prior law.

The new law also updates references to federal ABLE statutes and regulations in Connecticut's statutes to ensure (1) Connecticut's definitions related to program participants and eligibility align with federal criteria and (2) any future federal changes are automatically incorporated into state statute ([PA 25-148](#), §§ 2-7, & [PA 25-168](#), §§ 449-454, effective upon passage).

Federal Veterans' Benefits and Certain Public Assistance Programs

A new law requires the Department of Social Services (DSS) commissioner, when determining income for certain means-tested public assistance programs, to disregard (1) U.S. Department of Veterans Affairs (U.S. DVA) administered non-service-connected pension benefits and (2) housebound pension benefits granted to veterans or surviving spouses. Under the new law, the income disregards apply to various programs, to the extent federal law allows, including HUSKY A and D, the Medicare Savings Program, and Temporary Family Assistance, among others ([PA 25-95](#), §§ 2-8, effective July 1, 2025, and for program applications filed on or after July 1, 2025).

Hospital Patient Financial Assistance Portal

Under a new law, the Office of the Healthcare Advocate (OHA) must contract with a vendor to develop an online hospital financial assistance portal that serves as a navigation tool for patients and family members to help them identify and apply for hospital financial assistance toward the cost of care. Among other things, starting in July 2026, the new law requires hospitals that offer financial assistance programs to give OHA contact information for their programs ([PA 25-168](#), § 182, effective July 1, 2025).

State Supplement Program (SSP) Benefits

The SSP provides cash assistance to people who are aged, blind, or living with a disability. These benefits are meant to supplement other income (e.g., federal Supplemental Security Income (SSI)). The law generally requires the DSS commissioner to annually increase SSP payment standards based on the consumer price index within certain parameters. This session, the legislature passed a new law that, among other things, freezes SSP payment standards for FYs 26 and 27 ([PA 25-168](#), § 324, effective July 1, 2025).

Veteran Disability Benefit Disregard for Public Defender Services

A new law excludes a person's U.S. DVA service-connected disability benefits from the public defender services commission's guidelines that are used to determine whether someone has the financial ability to secure competent legal representation or qualifies as an indigent defendant for public defender services ([PA 25-95](#), § 14, effective July 1, 2026).

Children, Schools, and Special Education

DCF Outpatient Psychiatric Clinics

By law, the Department of Children and Families (DCF) administers an outpatient psychiatric clinic program that provides behavioral health services to children and adolescents under age 18 with psychiatric conditions, and their families. Under the program, DCF licenses community-based psychiatric clinics and designates a subset of them as child guidance clinics that receive DCF grants to help maintain or expand them. A new law specifies that Department of Public Health (DPH)-licensed hospitals are not required to also obtain DCF licensure to participate in the program, including (1) provide inpatient or outpatient mental health services to patients of any age and (2) receive any related DCF grants ([PA 25-97](#), § 22, effective upon passage).

Katie Beckett Waiting List

After convening a working group on the topic over the interim, this session the legislature enacted a law to address long waiting lists for the Katie Beckett Medicaid waiver, which allows children with severe physical disabilities to be eligible for Medicaid home- and community-based care. The new law requires DSS to develop a five-year plan to eliminate the program's waiting list and add home modifications as a service. Among other things, the new law also requires DSS to administer an annual survey to applicants on the waiting list to allow them to confirm or update their information and choose to be removed or remain on the list ([PA 25-42](#), most provisions effective upon passage).

Priority School District Mental Health Pilot Program

A new law requires the state Department of Education (SDE), within available appropriations, to create a pilot program to allow at least 100,000 students in priority school districts to use an electronic mental and behavioral health awareness and treatment tool (through a website, mobile application, or other online service). SDE must create the program by January 1, 2026, and select the tool to be used in the program.

Under the new law during the program's first year, its objectives are to (1) build partnerships between priority school districts and community organizations providing mental and behavioral

health care services and (2) launch a digital marketing campaign to raise awareness and engagement among students about these issues. During the program's second year, its objectives are to (1) refer students to mental and behavioral health care providers, as needed, and (2) enhance students' engagement with mental and behavioral health tools, including coping strategies and clinician support. By January 1, 2026, and again by January 1, 2027, the act requires the SDE commissioner to report to the Education and Public Health committees on the program's success in achieving these objectives ([PA 25-97](#), § 51, effective upon passage).

Special Education Eligibility for Children With Developmental Delays

A new law allows children with developmental delays to qualify for special education through age eight without falling under one of the specific disability categories in the federal Individuals with Disabilities Education Act (IDEA). Under prior law, children with developmental delays qualified if they were age three through five years; the act extends this age range from three to eight years ([PA 25-67](#), § 1, effective July 1, 2025).

Special Education Grants, Rate Schedules, and Other Changes

The legislature passed two new laws with significant changes for special education and services in public schools. One new law (1) creates a new per-student grant for all school districts based on the number of special education students in each district and (2) establishes a process for SDE to set rates that public special education service providers can charge school boards for services and propose rates for private providers (then the proposed rates are submitted to the General Assembly for a vote). Among other things, this law also (1) requires SDE to make unannounced visits to special education programs and (2) makes certain procedural changes to special education due process hearings ([PA 25-67](#), §§ 3, 7, 9, 18, 19 & 24, most provisions effective July 1, 2025).

The other new law creates a new competitive grant to help enhance existing in-district or regional special education programs or establish new ones. It also exempts the grant funds from being included in a school district's minimum budget requirement ([PA 25-93](#), §§ 17 & 19, effective July 1, 2025).

(For additional provisions affecting special education, see OLR's [2025 Acts Affecting Education](#) report.)

Conservators and Guardians

Conservator Appointment Expedited Process Study

A new law requires the probate court administrator and DSS commissioner to evaluate the feasibility of establishing an expedited process to appoint a conservator for hospital emergency department patients who lack the capacity to consent to services, to ensure that these patients receive timely services and to help reduce emergency department crowding and boarding (i.e. holding admitted patients while they wait for an inpatient bed). By January 1, 2026, they must report on the evaluation and any legislative recommendations to the Public Health Committee ([PA 25-168](#), § 188, effective upon passage).

Conservator Working Group

A new law requires the probate court administrator to convene a working group to study and make recommendations on issues facing conservators in the probate court system, including payment delays, fee waiver requirements, and compensation levels. The probate court administrator must report to the Judiciary Committee on the study's results by January 15, 2026, and may include legislative recommendations ([PA 25-48](#), § 7, effective July 1, 2025).

Guardianship for Asset Management

A new law allows an adult person with intellectual disability (i.e. a protected person), the protected person's legal representative, or the DDS commissioner (or his designee), as well as the guardian himself or herself, to petition for a guardian to be granted authority to manage the protected person's assets if the value does not exceed \$10,000. Prior law only allowed the protected person's guardian to do so, thus those without guardians were unable to seek formal help managing their finances unless they applied for guardianship ([PA 25-79](#), § 3, effective upon passage).

Involuntary Conservatorship Notice to Relatives

A new law expands the circumstances in which the required notice to certain relatives about an involuntary conservatorship application must be made by certified mail (in addition to the required notice to the respondent and spouse by personal service or specified alternate ways if this cannot be done). The act requires this if (1) DSS brought the conservatorship application for an elderly person who is being abused, neglected, exploited, or abandoned and lacks the capacity to consent to protective services or (2) the spouse is out of state, his or her address is unknown, or personal service or service at the spouse's usual residence cannot reasonably be done in the state. Prior law instead required the notice to certain relatives to be sent by certified mail if (1) DSS brought the

application as described above and (2) the respondent was unmarried or the spouse could not be located ([PA 25-48](#), § 5, effective upon passage).

Health Care Access

EMS Administering Glucagon Nasal Powder

A new law allows emergency medical services (EMS) personnel to administer glucagon nasal powder when they (1) are trained in administering injectable glucagon and (2) determine that doing so is necessary to treat the patient. It requires all EMS personnel to receive this training from an organization designated by the public health commissioner. It also allows licensed or certified ambulances to have glucagon nasal powder for EMS personnel to administer ([PA 25-168](#), § 181, effective upon passage).

Health Care Discrimination

A new law specifically prohibits health care providers from knowingly discriminating in providing health care services due to various characteristics, including (among various other things) intellectual, mental, learning, or physical disability. But the new law specifies that it does not (1) require the delivery of futile health care and services that conflict with a provider's professional judgment or ethical considerations, (2) affect the professional standard of care, or (3) interfere with public health planning. It also classifies discrimination by health care providers as a discriminatory practice under the Commission on Human Rights and Opportunities laws ([PA 25-154](#), effective October 1, 2025).

Medicaid Coverage for Breast Prostheses

A new law requires the DSS commissioner to distribute information about Medicaid coverage for a custom-made, noninvasive breast prosthesis. She must (1) include the information in a bulletin for Medicaid-enrolled providers and communication materials for Medicaid enrollees and (2) collaborate with the public health commissioner to distribute the information through existing programs. Under the law, a "custom-made, noninvasive breast prosthesis" is an exterior, custom-made form to fit a mastectomy patient's individual physical profile to restore the patients symmetrical appearance after surgery ([PA 25-168](#), § 341, effective upon passage).

Medicaid Coverage for Sickle Cell Disease Treatments

A new law requires the DSS commissioner to provide Medicaid coverage for federal Food and Drug Administration (FDA)-approved gene therapies to treat sickle cell disease. (Federal law already generally requires Medicaid coverage for these therapies for manufacturers participating in the Medicaid Drug Rebate Program.) The commissioner must apply for any federal initiative to increase

cost-effective access to these therapies (as is current practice). The law requires the commissioner to report, by January 1, 2026, to the Human Services Committee on (1) efforts to increase cost-effective access to these therapies; (2) the number of Medicaid recipients who received Medicaid-covered therapies and the state's cost to cover them; and (3) estimated state appropriations needed for this coverage ([PA 25-63](#), effective upon passage).

Medical Marijuana Certifications

A new law made various changes to the medical marijuana certification laws. Among other things, it allows a written certification for medical marijuana use to have durations of six months, one year, 18 months, or two years, as determined by the health professional (e.g., physician) issuing the certification. Prior law only allowed certifications to last up to one year. The same law also allows a licensed dispensary (i.e. pharmacist employed by a dispensary facility or hybrid retailer) to grant a temporary extension of up to 90 days for an expired certification issued by a health professional ([PA 25-101](#), § 5, effective January 1, 2026).

Pancreatic Cancer Screening and Treatment Referral Program

Under a new law, by January 1, 2026, and within available appropriations, DPH must establish a pancreatic cancer screening and treatment referral program. The program must (1) promote pancreatic cancer screening and detection among people who may be susceptible to the disease due to higher risk factors; (2) educate the public, including unserved and underserved populations, about this cancer and the benefits of early detection; and (3) provide referrals to appropriate pancreatic screening and counseling services and treatment referral services ([PA 25-168](#), § 180, effective October 1, 2025).

Step Therapy Restrictions

The legislature limited a health carrier's use of step therapy under a new act. Step therapy is a prescription drug protocol that generally requires patients to try less expensive drugs before higher-cost drugs. The act prohibits certain health insurance policies or contracts from requiring the use of step therapy for drugs used to treat multiple sclerosis or rheumatoid arthritis, as long as the drug complies with approved FDA indications. Additionally, the act makes permanent a prohibition on the use of step therapy for drugs used to treat schizophrenia, major depressive disorder, or bipolar disorder ([PA 25-94](#), §§ 4 & 5, effective January 1, 2026).

Higher Education, Workforce, and Employment

Governmental Employment Opportunities Task Force

This session, the legislature established a task force to study expanding governmental employment opportunities for people with disabilities. The study must include best practices nationwide for governmental employment programs for people with disabilities and the costs and benefits of adopting these programs in Connecticut. The task force's membership includes government officials and stakeholders with expertise regarding employment of and advocacy for people with disabilities. The task force must report its findings and recommendations to the Government Administration and Elections, Higher Education and Employment Advancement, Human Services, Judiciary, Labor and Public Employees, and Public Health committees by January 1, 2027 ([PA 25-148](#), § 1, effective upon passage).

Plan for Inclusive Educational Opportunities Within the Connecticut State University System (CSUS)

A new law requires the Board of Regents for Higher Education (BOR), in consultation with DDS, DSS, and SDE, to develop a plan for inclusive educational programs at universities within CSUS for students with intellectual or developmental disabilities who are at least age 18. BOR must submit its plan to the Higher Education and Employment Advancement Committee by January 1, 2027 ([PA 25-168](#), § 139, effective July 1, 2025).

Small and Minority Owned Business Set-Aside Program

A new law makes changes to the state's Small and Minority Owned Business Set-Aside Program. Among other things, it converts the set-aside program into the spending allocation program by replacing the current 25% set-aside requirements for small contractors or minority business enterprises (MBEs) with (1) annual spending allocation goals for goods and services by industry category and (2) contract-specific spending allocation goals for public works contracts based on the percentage of available businesses in the relevant industry and geographic market area. By law, MBEs are generally small contractors with majority ownership by women, minorities, or people with disabilities who meet certain criteria ([PA 25-168](#), §§ 198-227, effective October 1, 2025).

Workforce Incentive Grant Program

A new law modifies the eligibility criteria and parameters for the Department of Economic and Community Development's grant program for nonprofits employing people with intellectual disability. Principally, the new law:

1. expands eligibility for the grants to all employers, rather than just nonprofits;

2. requires employers to meet specified eligibility criteria to qualify, including having a workforce composed of at least 5% people with intellectual disability that meet specified employment and wage criteria;
3. modifies the purposes for which the grants may be awarded to include programmatic costs, rather than start-up costs, in addition to infrastructure and expansion costs as existing law allows; and
4. changes the parameters for qualifying for the program's \$25,000 and \$75,000 maximum grants ([PA 25-165](#), § 6, effective July 1, 2025).

Judicial Procedure and Criminal Justice

Anti-SLAPP Suits

The legislature broadened the applicability of the anti-SLAPP law that allows a party in a civil action to file a special motion to dismiss a lawsuit that is based on certain free speech, petition, or association rights. It does this by expanding the “right to free speech” for purposes of the law to include written communication made without malice about (1) the alleged commission of a crime or (2) a discriminatory practice under the state’s human rights and opportunities laws ([PA 25-77](#), effective October 1, 2025, and applicable to actions filed on or after that date).

DOC Health Care Services

A new law specifically requires the Department of Correction’s (DOC) health care services plan to ensure that various requirements are met, rather than to include guidelines for implementing them. It adds certain components to the plan, including interviewing incarcerated people at intake about their mental health history and providing evidence-based services by a mental health provider or therapist, as needed, within two business days of a determination of need.

The new law requires the state’s correction ombuds to evaluate the provision of health care services for incarcerated people, including medical, dental, and mental health care and substance use disorder treatment services. The DOC commissioner must also ensure that everyone in the department’s custody is given a form allowing them to authorize someone else to access their medical records that would otherwise be subject to nondisclosure under HIPAA ([PA 25-168](#), §§ 187, 264, 266 & 272, various effective dates).

Long-Term Care Facilities, Hospitals, and Other Facilities

DDS Death Reviews

By law, DDS must conduct a comprehensive and timely review when a person dies and the department had direct or oversight responsibility for the person’s medical care (e.g., people living in

CCHs or community living arrangements). A new law requires health care providers to give the DDS commissioner any information he deems necessary to complete these reviews. Providers must do this at the commissioner's request and only if federal law (e.g., HIPAA) allows. Any information health care providers give to DDS as part of its review process (1) is confidential and not subject to further disclosure; (2) is not admissible as evidence in a court or agency proceeding; and (3) must be used solely for medical or scientific research purposes ([PA 25-79](#), § 10, effective upon passage).

Discrimination in Long-term Care Facilities

A new law generally prohibits nursing homes and assisted living facilities (and their staff) from discriminating against residents based on certain characteristics and statuses, including: race, color, religious creed, sex, gender identity or expression, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, physical disability, status as a veteran, status as a victim of domestic violence, or HIV status. Among other things, it requires long-term care facilities to post a printed nondiscrimination notice, ensure direct care staff receive cultural competency training, and respect residents' physical privacy in the context of their care ([PA 25-17](#), § 1, effective October 1, 2025).

Emergency Department Diversion

Under a new law, no later than two hours after a hospital declares an emergency department diversion, it must notify DPH in a manner the commissioner sets. An "emergency department diversion" occurs when hospitals reroute incoming ambulances to other hospitals because they lack medical capability ([PA 25-96](#), § 10, effective October 1, 2025).

Emergency Departments and EMTALA

A new law sets various requirements and restrictions for hospital emergency departments related to emergency care and the federal Emergency Medical Treatment and Labor Act (EMTALA).

It requires hospital emergency departments, in cases when there is a serious risk to a patient's life or health, to include as part of their required care reproductive health care services related to pregnancy complications if those services are legal and necessary to treat the patient, such as services related to miscarriage management and ectopic pregnancy treatment.

It prohibits emergency departments, or any health care provider providing care at an emergency department, from discriminating against a patient when providing emergency care based on various factors. But it is not discrimination for an emergency department provider to consider any of these factors if the provider believes it is medically significant to providing appropriate care. The new law

also requires hospital emergency departments to meet the requirements of (1) EMTALA or (2) related DPH regulations that DPH must adopt if EMTALA is revoked, not enforced, or no longer applies.

Under the new law, hospitals that provide emergency care must adopt policies and procedures to implement these provisions and make them available to DPH upon request ([PA 25-168](#), §§ 171 & 172, effective upon passage).

Mental Health and Neurological Conditions

SUDEP Information

Starting October 1, 2025, a new law requires physicians, advanced practice registered nurses, and physician assistants (PAs) who regularly treat patients with epilepsy to inform them about the risks of sudden unexpected death in epilepsy (SUDEP) and ways to mitigate those risks ([PA 25-168](#), § 178, effective July 1, 2025).

UConn Health Neuromodulation Center

Legislation enacted this session requires the UConn Health Center to establish a Center of Excellence for Neuromodulation Treatments. It allows the health center to collaborate with an in-state hospital to provide neuromodulation treatments to patients at this center. According to UConn Health, the center will be focused on stroke recovery for veterans ([PA 25-168](#), § 140, effective upon passage).

Mobility and Transportation

CHEAPR Incentives for Adaptive E-Bikes

A new law exempts adaptive e-bikes from the \$3,000 manufacturer's suggested retail price (MSRP) cap for the Department of Energy and Environmental Protection (DEEP) e-bike voucher program, which applies by law until June 30, 2027. By law, DEEP administers the e-bike program as part of the Connecticut Hydrogen and Electric Automobile Purchase Rebate (CHEAPR) program. Under the act, adaptive e-bikes with MSRPs above that amount are eligible for a voucher if they are to be used by a resident with a disability. The act also gives residents with physical disabilities priority for vouchers ([PA 25-65](#), § 24, effective July 1, 2025).

Driver Training and Evaluation for People With Disabilities

A law passed this session transfers, from the Department of Aging and Disability Services to the Department of Motor Vehicles (DMV), a unit responsible for driver training and evaluation for people

with disabilities. Under existing law, staff working in the unit, while engaged in driver instruction or evaluation, have the same authority and immunity with respect to these activities as motor vehicle inspectors. The new law extends this authority and immunity to unit staff while examining people with disabilities' driving ability ([PA 25-148](#), § 8, & [PA 25-168](#), § 339, effective July 1, 2025).

Handicap Parking Width Requirements

A new law authorizes the State Building Code to impose greater width requirements than otherwise required by law for handicap parking spaces to accommodate the presence of electric vehicle charging stations. Generally, handicap parking spots must be (1) 15 feet wide and include five feet of cross hatch for passenger vehicles, and (2) 16 feet wide and include eight feet of cross hatch for passenger vans ([PA 25-108](#), & 2, effective October 1, 2025).

Reduced Fare for Public Buses

A new law requires the Department of Transportation (DOT) to give up to a 50% fare discount for state-owned or -controlled public buses to veterans, people age 65 or older, people age 18 or younger, and people with disabilities (DOT already offers reduced fares for people age 65 or older and with a qualifying disability on CT transit and other bus systems operating under DOT contract) ([PA 25-65](#), § 37, effective October 1, 2025).

Sales and Use Tax Exemption for Ambulances

This session, the legislature exempted the following ambulances from sales and use tax: (1) ambulance-type vehicles used exclusively to transport medically incapacitated individuals, except those used to transport these individuals for payment; and (2) ambulances operating under a license or certificate issued by DPH ([PA 25-168](#), § 368, effective July 1, 2025, and applicable to sales occurring on or after that date).

Wheelchair Insurance Law

A new act authorizes, rather than requires as under prior law, the insurance commissioner to adopt regulations to implement health insurance requirements for medically necessary wheelchair repairs and replacements. By law, an insurer cannot require a new prescription or prior authorization for the medically necessary repair or replacement of a complex rehabilitation technology wheelchair unless the original prescription is more than five years old ([PA 25-132](#), §§ 3 & 4, effective upon passage).

Yellow Envelopes for People With Cognitive Impairments or Physical Disabilities

The legislature enacted a new law requiring DMV, in consultation with the Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO) and other specified entities, to develop yellow envelopes and related public awareness materials for people with cognitive impairments or physical disabilities. The yellow envelopes must (1) be designed to hold a driver's license, registration, insurance card, and other materials about a person's cognitive impairment or physical disability and (2) have information on how first responders can accommodate and effectively interact with these individuals.

The act requires DMV to provide the yellow envelopes and public awareness materials to its department offices and certain first responders. It correspondingly requires these people and entities to give the envelopes and materials, by request and at no cost, to people with a cognitive impairment or physical disability. It also requires (1) CWCSEO to coordinate and identify related education and training programs for first responders and (2) several existing trainings for various first responders to provide information about the envelopes ([PA 25-159](#), §§ 29-34, effective upon passage, except certain training requirements are effective January 1, 2026).

Providers

Connecticut Retirement Security Program

This year, the legislature made several changes to the Connecticut Retirement Security Program, which generally provides state-administered Roth individual retirement accounts for eligible private-sector employees. Starting July 1, 2026, a new law extends the program to cover certain personal care attendants (PCAs) who provide personal care assistance under a state-funded program (such as the Medicaid Acquired Brain Injury Waiver Program or Medicaid Personal Care Assistance Waiver Program for adults with disabilities).

It correspondingly makes the consumers who receive services from these PCAs “qualified employers” under the retirement security program who must (1) give their PCAs certain information about the program, (2) automatically enroll the PCAs in the program within 60 days after giving them this information, and (3) withhold their PCAs' contributions to the program from their compensation and submit it to the program. The new law also creates a notice requirement and financial penalty for employers that fail to enroll eligible employees in the program or timely remit employee contributions to the program ([PA 25-30](#), effective July 1, 2025).

DDS Payments to Providers

A new law requires the DDS commissioner, in FY 27, to distribute up to \$5 million (in total) in supplemental funding to DDS-contracted residential services providers. It also requires the commissioner, from an available \$105 million pool, to increase the rates for contracted services on July 1, 2027, and again on January 1, 2028, each time by 3.3%, with an additional 3% for residential services providers ([PA 25-174](#), §§ 221 & 222, as amended by [PA 25-175](#), § 3, effective July 1, 2025).

Home Health Care and Hospice Worker Safety

The legislature made various changes to laws on staff safety for home health care and home health aide agencies (“home health agencies”) and hospice agencies. Among other things, the new law:

1. generally requires health care providers, when referring or transferring a patient to a home health or hospice agency, to give the agency any documentation or information the provider has on the topics that home health agencies must collect during client intake (generally client and service location information);
2. extends to hospice agencies various existing requirements for home health agencies, such as on safety-related staff training and monthly safety assessments (and allows the assessments to occur through virtual meetings or other communication methods);
3. requires these agencies to create a system for staff to report violent incidents or threats; and
4. requires the agencies to report threats or abuse against staff members by anyone, not just clients as under prior law, if related to the staff member’s employment ([PA 25-168](#), §§ 184-186, effective October 1, 2025).

PA Licensure Compact and Background Checks

This session, the legislature entered Connecticut into the Physician Assistant Licensure Compact, which creates a process authorizing PAs who are licensed in one participating state to practice across state boundaries (including by telehealth) without requiring licensure in each state. Participating states must grant the “compact privilege” (meaning, the authority to practice in the state) to PAs who meet the compact’s eligibility requirements. In practice, the compact is still being implemented, and compact privileges are projected to be available in early 2026.

Relatedly, under the act, the DPH commissioner must require anyone applying for PA licensure to submit to a state and national fingerprint-based criminal history records check (corresponding to a compact requirement) ([PA 25-168](#), §§ 457 & 458, effective July 1, 2025).

(For additional laws affecting health care providers, see OLR's [2025 Acts Affecting Health Professions](#) report.)

Rare Diseases

Rare Disease Advisory Council

A new law allows Connecticut's Rare Disease Advisory Council to (1) apply for and accept grants, gifts, bequests, sponsorships, and in-kind donations of funds from various sources to carry out its responsibilities and (2) enter into contracts or agreements as may be needed to distribute or use money, services, or property in line with any required conditions of a grant, gift, bequest, sponsorship, or donation ([PA 25-96](#), § 1, effective upon passage).

Reports, Studies, and Working Groups

Complex Case Team for Young Adults With IDD

A new law requires the Office of Policy and Management to establish a working group on creating an interagency complex case team for young adults (ages 17 to 22) with IDD who urgently need services and qualify for support from more than one state agency. Among other things, the working group must report its findings on creating a formalized process to address long hospital stays for these young adults and safe discharges with community supports ([PA 25-89](#), § 5, effective upon passage).

DDS Quarterly Report on Appropriated Funds and Waiting Lists for Services

A new law requires DDS to report quarterly to the Appropriations, Human Services, and Public Health committees on progress expending funds appropriated for programs the department administers, including, among other things, reasons appropriated funds were not spent and waiting lists for DDS services ([PA 25-89](#), § 2, effective July 1, 2025).

Hospital Discharge Working Group

This session, new legislation created a working group to evaluate hospital discharge challenges, including discharge practices, and propose strategies to reduce discharge delays, improve care transitions, and alleviate emergency department boarding. By January 15, 2026, the group must report its findings and recommendations to the Human Services and Public Health committees ([PA 25-168](#), § 190, effective upon passage).

Southbury Training School Working Group

A new law requires DDS to convene a working group to make recommendations on the current and potential future use of Southbury Training School. The DDS commissioner must report the working group's findings to the Appropriations, Human Services, and Public Health committees by February 1, 2026 ([PA 25-89](#), § 3, effective upon passage).

State-Wide Autism Needs Assessment

Under a new law, DSS must apply for any available federal funds or private grants to conduct a state-wide autism needs assessment. If funded, the assessment must collect data from people living with autism spectrum disorder and their caregivers to inform policy and service delivery ([PA 25-89](#), § 4, effective upon passage).

Utility Shut-Off Protections Evaluation and Report

Under existing law, utility customers who are seriously ill or have someone in their household who is seriously ill have certain protections from utility shutoffs. A new law requires the Public Utilities Regulatory Authority (PURA) to evaluate (1) the winter shut-off moratoria duration and (2) criteria and standards for appropriate protections from service termination and disconnection for medically protected gas and electric utility customers. PURA must open the proceeding (or amend the notice for an existing proceeding) by July 1, 2025, and report a summary of the results to the Energy and Technology Committee by March 16, 2026 ([PA 25-173](#), § 4, effective upon passage).

Substance Use Disorder

Opioid Settlement Advisory Committee

A new law increases, from 51 to 53, the membership of the Opioid Settlement Advisory Committee by increasing the number of governor-appointed municipal representatives from 23 to 25. By law, the committee ensures (1) Opioid Settlement Fund moneys are allocated and spent on specified substance use disorder abatement purposes and (2) robust public involvement, accountability, and transparency in allocating and accounting for the fund's moneys ([PA 25-168](#), § 115, effective upon passage).

Opioid Use Disorder as a Public Health Crisis

A new law declares opioid use disorder to be a public health crisis in the state. The act (1) requires the Connecticut Alcohol and Drug Policy Council to convene a working group to set goals to combat this disorder's prevalence and (2) provides that the disorder will continue to be a public health crisis until these goals are met ([PA 25-168](#), §§ 174 & 175, effective upon passage).

Payment for Certain Pretrial Programs

A new law requires a person's insurance (specifically private, Medicaid, or Medicare), rather than the Department of Mental Health and Addiction Services (DMHAS), to cover the costs of substance use treatment under the pretrial Drug Intervention and Community Service Program or pretrial Impaired Driving Intervention Program if (1) the court finds the person is indigent and unable to pay, (2) the court waives the costs, and (3) these costs are a covered benefit under the person's insurance. DMHAS must continue to pay other program-related treatment costs not covered by insurance, including copays, coinsurance, and deductibles ([PA 25-168](#), §§ 113 & 114, effective July 1, 2025).

Telehealth Prescribing of Opioids

A new removes a prior prohibition on telehealth providers' ability to prescribe schedule II or III opioids to treat a psychiatric disability or substance use disorder, including through medication-assisted treatment. This clarifies that medications such as methadone and buprenorphine may be prescribed through telehealth ([PA 25-168](#), § 116, effective upon passage).

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