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SpecialReport

# 2025 Acts Affecting Health Professions

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# Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting health professions enacted during the 2025 regular legislative session. OLR's other Acts Affecting reports, including Acts Affecting Insurance, are, or will soon be, available on OLR's website.

Each summary indicates the public act (PA) or special act (SA) 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.

The report generally includes acts that affect the (1) licensure and scope of practice of health care professionals, (2) regulation of health care facilities, and (3) delivery of health care services. Summaries are divided into categories for ease of reference; some provisions may fall into multiple categories.

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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# Table of Contents

# Disabilities

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

A new law requires the Department of Developmental Services (DDS) to annually report on abuse and neglect reports filed and investigations conducted under existing laws for people with IDD and, by next February and then every five years, review related department policies and procedures. The act also allows the Appropriations, Human Services, and Public Health committees to hold joint informational hearings to review DDS and Department of Social Services (DSS) efforts to ensure the safety and quality of care for people with disabilities who receive Medicaid waiver services. Hearing topics may include (1) how the agencies address audit findings and recommendations on abuse and neglect prevention and (2) timely abuse and neglect complaint reporting and related corrective action (PA 25-89, §§ 1 & 6, effective upon passage, except the provision on joint informational hearings is effective July 1, 2025).

## *Complex Case Team for Young Adults With IDD*

A new law requires the Office of Policy and Management (OPM) 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. By February 1, 2026, the OPM secretary must report to the Human Services and Public Health committees on, among other things, the working group's findings on the need for 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 Abuse and Neglect Registry*

By law, DDS maintains a registry of certain former employees fired from or who 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 was 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 act makes registry information available to the Office of the Probate Court Administrator to determine if a proposed guardian is on the registry, and allows DDS to share information with the probate court for this same purpose if a DDS-licensed group home's or CCH's license was revoked or surrendered because of substantiated abuse or neglect (PA 25-79, §§ 4-6, effective October 1, 2025).

## *DDS Death Reviews*

By law, DDS must conduct a comprehensive and timely review when a person whose medical care the department had direct or oversight responsibility for dies (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 the reviews. They must do this at the commissioner's request and only if federal law (e.g., HIPAA) allows it. Any information the providers give to DDS as part of its review process (1) is confidential and not subject to further disclosure; (2) is inadmissible 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).

## *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).

## *Epinephrine and Insulin Administration by Non-Nursing Staff*

A new law allows non-nursing staff to administer epinephrine and insulin by auto-injectors to patients living in DDS-licensed or -certified facilities to treat an allergic reaction or diabetes. The staff must have specialized training to do so (PA 25-79, §§ 1 & 2, effective upon passage).

## *Southbury Training School Working Group*

A new law requires DDS to convene a working group to study and 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).

## *Statewide Autism Needs Assessment*

Under a new act, DSS must apply for any available federal funds or private grants to conduct a statewide 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).

# Emergency Medical Services (EMS)

## *Administration of Epinephrine*

A new law allows EMS personnel (paramedics, emergency medical responders, and emergency medical technicians (EMTs)) to administer epinephrine by any device the federal Food and Drug Administration (FDA) approves (including nasal spray), instead of only by auto-injectors or prefilled vials or syringes as under prior law. The personnel must (1) be trained on administering the medication in line with national standards the Department of Public Health (DPH) commissioner recognizes and (2) administer it under the written protocol or standing order of a physician serving as an EMS medical director. Ambulances must be equipped with epinephrine devices (PA 25-97, § 2, effective July 1, 2025).

## *Administration of Glucagon Nasal Powder*

A new law allows EMS personnel to administer glucagon nasal powder when they (1) are trained in administering injectable glucagon and (2) determine that administering it is necessary to treat the patient. It requires all EMS personnel to receive this training from an organization the DPH commissioner designates. The new law also allows licensed or certified ambulances to have glucagon nasal powder for personnel to administer (PA 25-168, § 181, effective upon passage).

## *Fallen Hero Fund*

A new law expands the availability of the "Fallen Officer Fund" to include additional first responders, including EMTs and paramedics, and correspondingly renames it the "Fallen Hero Fund." This fund gives a lump sum death benefit totaling $100,000 to a surviving family member or beneficiary of a first responder killed in the line of duty or who sustained injuries that were the direct or proximate cause of the first responder's death, within available appropriations. The new law also allows certain survivors to apply for or keep their health care coverage for one year after the death and to renew the coverage annually for up to five years (PA 25-61, effective July 1, 2025).

## *Loans for Paramedic Certificate Programs*

A new law requires the:

1. chief workforce officer, by September 1, 2025, to evaluate DPH-approved paramedic certificate programs and identify those that qualify as high-value certificate programs;

2. Connecticut Higher Education Supplemental Loan Authority to create a high-value certificate loan program to provide loans to students in high-value certificate programs, including those in the identified paramedic certificate programs; and

3. Office of Workforce Strategy, starting by October 1, 2025, to annually identify, post on its website, and give DPH-approved paramedic certificate programs a list of public or private financial aid sources for their students (PA 25-158, effective July 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 DPH-issued license or certificate (PA 25-168, § 368, effective July 1, 2025, and applicable to sales occurring on or after that date).

### *UConn Supplemental Paramedic*

A new law authorizes UConn's EMS organization to apply to the DPH commissioner for a certificate of authorization as a supplemental paramedic in a similar way as existing law allows supplemental first responders. This certificate will allow UConn EMS paramedics to respond to emergency calls covered by other primary service area responders (PSARs). By law, a PSAR is a provider assigned by DPH to a specific geographic area for a category of emergency medical response services.

The act also specifies that, when any combination of a PSAR, supplemental paramedic, and supplemental first responder is at the same scene, the PSAR controls and directs emergency activities. If a PSAR is not present, the supplemental paramedic must do it (PA 25-56, effective October 1, 2025).

## Environmental Health and Water Regulation

### *Public Water Systems*

A new law updates the statutory process for reviewing and approving new public water systems to reflect current practice, generally requiring DPH to adopt regulations with requirements for (1) an application and approval process; (2) location restrictions and construction; (3) water quality testing, monitoring, and treatment; and (4) related inspections (PA 25-96, § 19, effective upon passage).

### *Sewage Disposal Working Group*

A new law establishes a working group to assess and make recommendations on (1) regulatory requirements for sewage disposal, including nitrogen discharge limits and their impact on housing development, public health, and the environment, and (2) balancing the costs of housing development and a risk-based approach to protecting public health and the environment. Under the

act, the working group chairperson must report on the group's assessment and recommendations by February 1, 2026, to the DPH commissioner and the Environment, Housing, and Public Health committees (PA 25-97, § 49, effective upon passage).

## *Sewage Treatment Systems*

A new law expands DPH's authority over alternative on-site sewage treatment systems to include those with a daily capacity of up to 10,000 gallons, instead of up to 5,000 gallons as under prior law. It requires DPH to amend its regulations to establish and define discharge categories for these systems and set minimum requirements for them.

The act authorizes the DPH commissioner to implement policies and procedures while in the process of adopting regulations for alternative on-site and subsurface sewage systems under DPH jurisdiction (certain small community sewerage systems and household and small commercial subsurface sewage disposal systems). Additionally, it allows her to issue and update technical standards on the alternative systems and requires her to do this for subsurface sewage systems (PA 25-96, §§ 17 & 18, effective July 1, 2025).

## *Subsurface Sewage System Regulations*

PA 23-207 transferred regulatory authority from the Department of Energy and Environmental Protection (DEEP) to DPH over small community sewerage systems and household and small commercial subsurface sewage disposal systems with daily capacities of up to 10,000 gallons. Prior law required DEEP to amend its regulations by July 1, 2025, to effectuate the transfer. A new law instead requires the DEEP commissioner to post notice of her intent to amend these regulations on the eRegulations system by July 1, 2026, and only after the sewage disposal working group (see above) has convened. Before amending the regulations, she must consider the working group's recommendations (PA 25-97, § 50, effective upon passage).

## *Water Fluoridation*

A new law codifies the amount of fluoride that water companies must add to the water supply, rather than tying the amount to federal Department of Health and Human Services (HHS) recommendations as prior law did. In doing so, it maintains the prior required level (but HHS recently directed the Centers for Disease Control and Prevention (CDC) to reexamine the federal recommendation) (PA 25-168, § 169, effective upon passage).

# Health Care Facilities

## *AHEAD Federal Demonstration Model*

A new law requires the DSS commissioner, within available appropriations, to develop a methodology and implementation plan for financing structures or alternative payment methodologies for hospitals under the Advancing All-Payer Health Equity Approaches and Development (AHEAD) federal demonstration program administered by the federal Centers for Medicare and Medicaid Services (CMS).

Under the act, the commissioner must report by January 31, 2026, to the Appropriations, Human Services, and Public Health committees on the implementation plan and methodologies. At least 30 days after doing so, she may apply to CMS for a Medicaid waiver to implement the methodologies she develops. Hospitals are not required to participate in the AHEAD program and it cannot be a condition of Medicaid reimbursement or certificate of need approval.

AHEAD is an 11-year federal demonstration program (from 2024 to 2034) administered by CMS. It is a state total cost of care model under which Connecticut assumes responsibility for managing health care quality and costs across all payors (Medicaid, Medicare, and private insurers) (PA 25-168, § 47, effective October 1, 2025).

## *Certificate of Need*

Two new laws modify the state's certificate of need (CON) program for health care entities administered by the Office of Health Strategy's (OHS's) Health Systems Planning Unit (HSPU). Under the program, health care entities must generally receive CON approval when establishing new facilities or services, changing ownership, acquiring certain equipment, or terminating certain services.

Existing law requires the state to conduct a cost and market impact review (CMIR) of certain CON applications that propose to transfer a hospital's ownership. A new law expressly authorizes HSPU, when reviewing these applications, to consider the CMIR preliminary report and the response to it, the final report, and the parties' written comments on the report. It prohibits HSPU from placing the preliminary report in the public record until the transacting parties have had an opportunity to respond to its findings.

Additionally, these acts (1) expand the definition of "termination of services" for CON purposes to include the termination of any services for a combined total of more than 180 days within a consecutive two-year period, instead of a period greater than 180 days as under prior law and (2)

establish a separate emergency CON process for bankruptcy-related hospital ownership transfers and set application, public hearing, and other related requirements (PA 25-168, §§ 275 & 276, and PA 25-2, § 1, effective upon passage except the CMIR provision is effective October 1, 2025).

## *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 they receive timely services and to help reduce emergency department crowding and boarding. 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).

## *DCF Outpatient Psychiatric Clinics*

By law, the Department of Children and Families (DCF) administers an outpatient psychiatric clinic program that provides mental health services to children and adolescents under age 18 with psychiatric conditions, and their families. Under the program, DCF licenses psychiatric clinics and designates a subset of them as child guidance clinics that receive DCF grants to provide community-based psychiatric services.

A new law specifies that DPH-licensed hospitals are not required to also obtain DCF licensure to provide inpatient or outpatient mental health services to patients of any age (PA 25-97, § 22, effective upon passage).

## *DPH Disciplinary Actions*

A new allows DPH to take disciplinary action (under existing procedures) against health care institutions violating applicable requirements under the public health statutes generally, not just the health care institutions chapter (PA 25-96, § 8, effective upon passage).

## *DPH Workplace Violence Reports*

A new law extends, from January 1 to February 1, the date by which health care employers must annually report to DPH workplace violence incidents. Existing law requires certain health care employers (e.g., DPH-licensed institutions with at least 50 employees) to report to the department on how many workplace violence incidents occurred in the prior year on the employer's premises and the specific area or department where they occurred (PA 25-97, § 19, effective October 1, 2025).

## *Emergency Department Diversion*

Under a new law, within two hours after a hospital declares an emergency department diversion, it must notify DPH and do so 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).

First, it requires hospital emergency departments, 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, including services related to miscarriage management and treating ectopic pregnancies.

It prohibits emergency departments, or health care providers providing care at them, 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 he or she believes it is medically significant to providing appropriate care. The act also requires hospital emergency departments to meet the requirements of (1) EMTALA or (2) related regulations that DPH must adopt under the act if EMTALA is revoked, unenforced, or no longer applies.

Under the act, 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).

## *Facility Fees*

A new act reinstates a provision that makes it an unfair trade practice for a hospital, health system, or hospital-based facility to violate facility fee limits. A "facility fee" is any fee a hospital or health system charges or bills for outpatient hospital services provided in a hospital-based facility that is (1) intended to compensate the hospital or health system for its operational expenses and (2) separate and distinct from the provider's professional fee (PA 25-94, § 10, effective January 1, 2026).

## *Facility Inspections and License Renewals*

A new law allows DPH to renew licenses for additional types of facilities, other than nursing homes, without performing an inspection if the facility is federally certified under Medicare or Medicaid (which requires its own inspection). Prior law allowed this only for hospitals or home health care or home health aide agencies (PA 25-96, § 5, effective October 1, 2025).

## *Hospital Chief Medical and Nursing Officers*

Under a new law, starting this October, chief medical officers and chief nursing officers employed by hospitals must be licensed in Connecticut under the medical or nursing practice acts, respectively (PA 25-96, § 15, effective upon passage).

## *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).

## *Hospital Financial Assistance Portal*

A new law requires the Office of the Healthcare Advocate (OHA) to contract with a vendor to develop an online hospital financial assistance portal for patients and family members. The portal must serve as a navigation tool to help identify and apply for hospital financial assistance at Connecticut hospitals to partially or fully reduce patients' liability for the cost of care.

The act also authorizes OHA to (1) consult with OPM and publish information about the state's medical debt erasure initiative on the OHA website and (2) develop, in consultation with relevant organizations, recommendations on the initiative that may help patients and family members avoid future medical debt, including ways to streamline the hospital financial assistance application process.

Starting July 1, 2026, hospitals that offer financial assistance programs must give OHA certain contact information for their programs. If a hospital revises the program's application form or referral contact or establishes a new program, it must notify OHA and give it any new contact information within 30 days after doing so (PA 25-168, § 182, effective July 1, 2025).

## *Hospital Medicaid Supplemental Payments*

This session, the legislature increased Medicaid supplemental payments to hospitals by $140 million for FY 27. For FY 28 and after, the new law requires increasing these payments by $25 million over the preceding year if the total amount of hospital provider tax collected for that year, across all hospitals subject to the tax, increased by at least $25 million over the preceding year. But it explicitly prohibits DSS from making these payments in a way that does not comply with applicable federal requirements and required federal approvals. This includes making payments that cause the total hospital payments in an applicable category to exceed the upper payment limit (PA 25-168, § 362, effective July 1, 2026).

## *Hospital Nurse Staffing Plan Compliance Reports*

By law, each hospital must report biannually to DPH whether it has complied in the past six months with at least 80% of nurse staffing assignments in its nurse staffing plan. A new law requires hospitals to report by each (1) January 15 for the most recent six-month period ending January 1 and (2) July 15 for the most recent six-month period ending July 1. Prior law required them to report by each October 1 and April 1 (PA 25-97, § 21, effective October 1, 2025).

## *Hospital Provider Tax*

The FY 26-27 budget and implementer act makes several changes to the hospital provider tax that take effect beginning in FY 27. Specifically, the act:

1. requires the base year on which the tax is calculated to be tied to an applicable federal fiscal year, rather than FY 16, and makes various corresponding changes;
2. increases, by $375 million, the total revenue on which the tax on outpatient hospital services is calculated and requires the starting amount used to calculate the tax in later years to be increased by $25 million over the prior fiscal year;
3. requires the DSS commissioner to seek approval from CMS to remove the exemption for children's general hospitals; and
4. makes other administrative changes to the tax (PA 25-168, §§ 360 & 361, effective July 1, 2026, and applicable to calendar quarters beginning on or after July 1, 2026).

## *Hospital Reporting on Emergency Departments*

Existing law generally requires hospitals to annually analyze certain emergency department data toward the goals of (1) developing ways to reduce admission wait times, (2) informing potential ways to improve admission efficiencies, and (3) examining root causes for admission delays. By each March 1 (until 2029) they must report to the Public Health Committee on their findings and

recommendations. A new law requires them to also submit these reports to the DPH and OHS commissioners and the Healthcare Advocate (PA 25-168, § 189, effective upon passage).

## *Sexual Assault Evidence Collection*

The legislature set a new process for creating, with the victim's consent, a label for designating sexual assault evidence collection kits, based on whether the victim wants to be identified and wants to report the assault to law enforcement at the time of evidence collection. Similar to prior law, this new law requires the health care facility that collects the evidence to contact law enforcement to receive it and transfer it to the Department of Emergency Services and Public Protection (DESPP) for analysis (PA 25-29, § 2, effective October 1, 2025).

## *State Healthcare Costs for Hospital Services*

A new law requires the state comptroller, by the end of FY 26, to negotiate with nongovernmental licensed short-term general hospitals to revise the reimbursement rates for inpatient and outpatient care they provide to current state employees and non-Medicare retired state employees. Any hospital that agrees to reduced rates must accept reduced payments from the comptroller's contracted administrative services organization as payment in full. For any hospital that does not agree to revised rates under these negotiations, its existing contract for in-network participation continues to apply.

Before FY 27, if the comptroller estimates that reimbursement rates will be reduced for FY 27 because of these rate negotiations, the act requires that supplemental Medicaid payments to hospitals be increased by at least the amount of the reductions for that year, subject to certain restrictions (PA 25-168, § 28, effective upon passage).

## *Strategic Plan for Birth Centers and Birthing Hospitals*

A new law requires OHS to develop a strategic plan to increase the number of birth centers and birthing hospitals in areas with high percentages of Medicaid recipients and limited access to these facilities. The OHS commissioner must report by January 1, 2027, to the Appropriations, Human Services, and Public Health committees on recommendations and estimated appropriations needed to help open more birth centers and birthing hospitals in underserved areas (PA 25-38, § 1, effective July 1, 2025).

# Health Professionals

## *Board of Examiners for Nursing Contested Case Hearings*

A new law specifically allows the state Board of Examiners for Nursing to hold contested case hearings before hearing officers, not just board members. By law, the board has jurisdiction to hear charges that a nurse failed to conform to the profession's accepted standards (PA 25-96, § 7, effective upon passage).

## *DPH Civil Penalties*

A new law reverses PA 24-68's $15,000 reduction (from $25,000 to $10,000) in the maximum civil penalty that DPH or its licensing boards or commissions may impose, under existing procedures, against individual health care providers (PA 25-97, § 18, effective July 1, 2025).

## *Health Care Discrimination*

A new law specifically prohibits health care providers from knowingly discriminating in providing health care services due to various characteristics, such as someone's race, religion, sex, gender identity or expression, sexual orientation, age, or disability. But the act 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 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).

## *Marital and Family Therapists*

A new law generally allows DPH to grant a license, without examination, to marital and family therapists licensed or certified in other U.S. states, territories, or commonwealths. Under prior law, (1) DPH could do so only if the other jurisdiction's licensure standards were equivalent to or higher than Connecticut's and (2) applicants licensed in jurisdictions whose standards did not meet that threshold could substitute three years of work experience for the supervised practicum or internship and postgraduate experience generally required for licensure here (PA 25-76, effective October 1, 2025).

## *Occupational Disease Reporting*

A new law requires physicians, physician assistants (PAs), and advanced practice registered nurses (APRNs) to report suspected occupational diseases to the state Department of Labor (the provision is generally similar to one repealed in 2022) (PA 25-117, § 3, effective upon passage).

## *Occupational License Fees for Specified Health Care Professionals*

The FY 26-27 budget and implementer act eliminated initial occupational license fees for specified health care professionals, such as PAs, registered nurses, APRNs, licensed practical nurses, dental hygienists, physical therapists, and occupational therapists (PA 25-168, §§ 415-432, effective October 1, 2025, as amended by PA 25-174, §§ 187 & 188).

## *Oxygen-Related Patient Care*

A new law authorizes magnetic resonance imaging (MRI) and radiologic technicians to perform certain oxygen-related patient care activities in hospitals, including (1) connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting, or adjusting the mask, tubes, and other patient oxygen delivery apparatus; and (4) adjusting the oxygen rate or flow consistent with a medical order. By law, designated licensed health care providers and certified ultrasound, nuclear medicine, and polysomnographic technologists may already do these things.

As with the other providers and technologists under existing law, MRI and radiologic technicians may perform these activities only to the extent allowed by hospitals' policies and procedures, including applicable bylaws, rules, and regulations (PA 25-97, § 20, effective July 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 without requiring licensure in each state. Participating states must grant the "compact privilege" (that is, 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, which corresponds to a compact requirement (PA 25-168, §§ 457 & 458, effective July 1, 2025).

## *Physical Therapist Continuing Education*

Starting January 1, 2026, a new law requires licensed physical therapists to complete at least two hours of training or education on ethics and jurisprudence as part of their existing continuing education requirements. The requirement applies only (1) during the first license renewal period for

which continuing education is required (i.e. the second license renewal) and (2) at least once every two years after that (PA 25-97, § 3, effective July 1, 2025).

## *Psychologist Patient Confidentiality Protections*

A new law updates requirements for psychologists on confidentiality of patient communications and records to align with those of other behavioral health providers. It does so by repealing prior law's requirements for psychologists and instead subjecting them to similar patient confidentiality requirements that already apply to psychiatrists and APRNs certified as behavioral health providers.

As under prior law, a psychologist is generally prohibited from disclosing communications and related records about a patient's diagnosis and treatment without the patient's or his or her authorized representative's consent. The patient or representative may withdraw their consent in writing at any time (PA 25-97, §§ 5-17 & 52, largely effective October 1, 2025).

## *Retired or Volunteer Physicians*

Starting January 1, 2026, a new law allows retired physicians to renew their licenses, at a reduced fee of 10% of the class I professional services fee or $95, whichever is greater. (The class I fee is $565; the annual renewal fee for physician licenses is $575.) DPH must indicate on the license that the physician is retired. The act requires the DPH commissioner to adopt regulations on related matters, such as setting appropriate restrictions on retired physicians' scope of practice, including restricting the license to providing unpaid volunteer services. The act also (1) allows retired physicians whose licenses are void due to nonrenewal to apply for reinstatement, for the same reduced fee and (2) requires the commissioner to adopt regulations on related matters.

It also exempts physicians from having to maintain malpractice insurance when providing volunteer behavioral health services at a nonprofit clinic that provides free services and maintains its own insurance in specified amounts (PA 25-96, §§ 11-14, effective October 1, 2025).

## *SUDEP Information*

Starting October 1, 2025, a new law requires physicians, APRNs, and PAs who regularly treat patients with epilepsy to inform them about the risk of sudden unexpected death in epilepsy (SUDEP) and ways to mitigate it (PA 25-168, § 178, effective July 1, 2025).

## *UConn Health Center Employee Fringe Benefits*

A new law eliminates a requirement that the comptroller each fiscal year use up to $4.5 million of the resources appropriated for State Comptroller-Fringe Benefits to fund the fringe benefit cost

differential between the average rate for fringe benefits of private hospitals in the state and the fringe benefit rate for UConn Health Center (UCHC) employees. It also eliminates a requirement for the comptroller to enter a memorandum of understanding with UCHC to provide operating support (PA 25-168, §§ 135 & 136, July 1, 2025).

### *Workers' Compensation Act Fee Schedule*

Existing law generally requires the Workers' Compensation Commission's chairperson to annually (1) set a fee schedule for workers' compensation medical providers who provide medical services under the Workers' Compensation Act and (2) update relative values based on the Medicare resource-based relative value scale (RBRVS), which ranks medical services by the relative cost of resources needed to produce them.

By law, the chairperson had to convert to a fee schedule using the RBRVS as the basis for workers' compensation practitioner fees in 2008, and the conversion had to be revenue-neutral. A new law removes the revenue-neutrality requirement, clarifying that it does not apply to the annual RBRVS-based fee schedule updates (PA 25-50, effective July 1, 2025).

## Home Health Care and Hospice

### *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 act:

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 them to report 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).

### *Pediatric Hospice Working Group*

A new law expands the required duties of the working group on pediatric hospice services in the state established under 2024 legislation. Specifically, from March 1, 2025, through June 30, 2026, it requires the working group to make recommendations to establish (1) a Children's Health, Advocacy, Management, and Palliative Care program and (2) within that program, a Pediatric Palliative and Hospice Care Center of Excellence pilot program, as described in the group's March 2025 report. The group's chairpersons must report the recommendations to the Public Health Committee by March 1, 2026 (PA 25-97, § 45, effective upon passage).

## Insurance

### *Biomarker Testing*

This session, the legislature passed a new law generally requiring health insurance policies to cover biomarker testing to diagnose and treat patient diseases, such as cancer. Use of the testing must be supported by medical and scientific evidence, such as FDA approval, Medicare coverage determinations, or nationally recognized clinical guidelines. Generally, biomarker testing identifies certain gene mutations, proteins, or other molecules that help health care providers diagnose diseases and choose targeted treatments (PA 25-16, §§ 4 & 5, effective January 1, 2026).

### *General Anesthesia Reimbursement*

A new act prohibits certain individual and group health insurance policies that cover general anesthesia from (1) imposing arbitrary time limits on reimbursement for general anesthesia during a medically necessary procedure or (2) denying, reducing, terminating, or failing to provide reimbursement for general anesthesia solely because its duration exceeded the insurer's predetermined time limit (PA 25-94, §§ 8 & 9, effective January 1, 2026).

### *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 (PA 25-168, §§ 113 & 114, effective July 1, 2025).

### *Pharmacy Benefits Manager Drug Pricing for Health Plans*

A newly enacted law requires a pharmacy benefits manager (PBM) to offer a health plan the option of being charged the same price for a prescription drug that the PBM pays a pharmacy for the drug (PA 25-167, § 2, January 1, 2026).

### *Pharmacy Benefits Manager Duty of Good Faith and Fair Dealing*

A new law requires PBMs to exercise good faith and fair dealing in performing their contractual duties to health carriers or other health benefit plan sponsors. It also specifies that a PBM has an obligation of good faith and fair dealing in performing its duties with all parties, including carriers and other plan sponsors. Under the new law, a PBM must notify the heath carrier or plan sponsor, in writing, if any of the PBM's activities, policies, or practices directly or indirectly present a conflict of interest with these duties (PA 25-167, § 1, 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 ones. The act prohibits certain health insurance policies or contracts from requiring step therapy for drugs used to treat multiple sclerosis or rheumatoid arthritis, as long as the drug complies with approved FDA indications. Additionally, it makes permanent a prohibition on requiring step therapy for drugs used to treat schizophrenia, major depressive disorder, or bipolar disorder (PA 25-94, §§ 4 & 5, effective January 1, 2026).

## Local Health Departments and Districts

### *Bleeding Control Training and Kits*

A new law allows (1) DESPP to administer a bleeding control trainer qualification program in each district health department and (2) qualified bleeding control trainers to provide bleeding control training to members of the public. If DESPP administers the program, each district's health director must determine the program's eligibility criteria, and program participants must be members of specified groups from within the district. Additionally, the act allows DPH to work with district health departments to install bleeding control kits in certain public places (e.g., public buildings) (PA 25-160, effective July 1, 2025).

### *Food Code Revisions*

Existing law requires the DPH commissioner to adopt the FDA Food Code for regulating food establishments, and DPH regulations doing so took effect in early 2023. A new law requires the commissioner to adopt into the state code any FDA code revision issued by December 31, 2024. It

gives her the discretion to adopt into the state code other supplements to the federal code, rather than requiring her to do it as under prior law (PA 25-168, § 183, effective upon passage).

### *Local Health Department and District Funding*

Starting in FY 27, a new law increases funding to local and district health departments as follows: (1) from $1.93 to $2.13 per capita for municipal health departments and (2) from $2.60 to $3.00 per capita for district health departments. By law, to qualify for this funding, among other things, (1) municipalities must have a full-time health department and a population of at least 50,000 and (2) health districts must have a total population of at least 50,000 or serve three or more municipalities regardless of combined population (PA 25-168, §§ 159 & 160, effective upon passage).

## Long-Term Care and Older Adults

### *AEDs at Certain Long-Term Care Facilities*

A new law requires administrators of nursing homes and certain managed residential communities (MRCs), by January 1, 2026, to have and maintain an automated external defibrillator (AED) in a central location at the home or MRC. They must (1) make the AED's location known and accessible to staff members and residents and their visiting family members and (2) maintain and test the AED according to the manufacturer's guidelines (PA 25-168, § 179, effective October 1, 2025).

### *Community Ombudsman Program*

A new law expands the scope of the community ombudsman program in the Office of the Long-Term Care Ombudsman to cover a broader category of health, personal care, and supportive services. Specifically, it includes (1) DSS community-based programs and (2) providers of home care to people with physical, cognitive, or mental health conditions to enhance quality of life, facilitate optimal functioning, and support independent living in a setting of the person's choice. The act also expands who is considered a home care provider by adding individuals who formally or informally offer direct home- and community-based long-term services and supports. Previously, only home health or hospice agencies and homemaker-companion agencies were considered home care providers (PA 25-168, § 166, July 1, 2025).

### *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, such as race, religion, sex, gender identity or expression, sexual orientation, age, or disability. 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).

## *DSS Quality Reimbursement Program for Nursing Homes*

By law, DSS is transitioning from a cost-based Medicaid reimbursement system for nursing homes to an acuity-based system that reimburses facilities based on residents' level of care. A new law effectuates this transition by authorizing DSS, starting October 1, 2026, and within available appropriations, to establish a quality metrics program to pay nursing homes (1) for achieving high quality outcomes based on their performance on these metrics and (2) to incentivize providing high-quality services to Medicaid residents, based on individualized reports existing law requires DSS to give them.

Under the act, the program must evaluate nursing homes based on national quality measures issued by CMS and state-administered consumer satisfaction measures. It requires DSS to report on the program's implementation by February 1, 2027, to the Appropriations and Human Services committees (PA 25-168, § 167, effective October 1, 2025).

## *Long-Term Care Facility Employee Background Check*

A new law requires all prospective employees at long-term care facilities (whether direct hires or contracted positions for long-term care services) to undergo a criminal history and patient abuse background check under DPH's Long-Term Care Background Check Program. (Prior law required only those prospective employees with direct patient access to do so.)

By law, the Long-Term Care Background Check Program includes (1) state and national criminal history record checks; (2) a review of DPH's nurse's aide registry; and (3) a review of any other registry DPH specifies (PA 25-16, § 1, effective October 1, 2025).

## *Long-Term Care Provider Rates and Other State Payments*

Laws enacted this session include several provisions affecting rates and payments for various types of long-term care providers, such as:

1. increasing nursing home reimbursement rates to support wage increases for employees (i.e. nurses; nurse's aides; and dietary, housekeeping, laundry, maintenance, and plant operation personnel), within available appropriations in FYs 26 and 27 (PA 25-168, § 332, effective July 1, 2025);

2. distributing supplemental funding in FYs 27 and 28 to promote workforce retention, high employee health and retirement security standards, and wage increases in nursing homes (PA 25-168, §§ 333-335, as amended by PA 25-174, § 220, each effective July 1, 2025);

3. increasing reimbursement rates for intermediate care facilities for people with intellectual disabilities for FYs 26-28 and allowing certain facilities to receive fair rent increases and rate increases for specified capital improvements in FYs 26 and 27 (PA 25-168, § 336, effective July 1, 2025); and

4. allowing DSS, in FYs 26 and 27 and within available appropriations, to give residential care homes (RCHs) a rate increase for certain capital costs as well as pro rata fair rent increases (PA 25-168, § 337, effective July 1, 2025).

## *Nursing Home Transfers*

A new law requires all Medicaid certified nursing facilities, Medicare certified skilled nursing facilities, and nursing homes to consider a resident's proximity to family and known support networks when, as required by existing law, they help residents find a new appropriate placement when leaving or being transferred from the facility (PA 25-16, § 7, effective upon passage).

## *Nursing Home Waiting List Exemptions*

Generally, the law requires Medicaid-certified nursing homes to (1) admit residents on a first-come, first-served basis, regardless of their payment source and (2) keep waiting lists of and admit applicants in the order they are received, with certain exceptions (e.g., when an applicant directly transfers from a home that is closing). A new law generally requires a nursing home to disregard its waiting list and admit an applicant who seeks to transfer from a nursing home that (1) has filed a CON request (but before the DSS commissioner makes a decision) and (2) has five residents or less. Another new law generally requires a nursing home to admit a veteran regardless of the waiting list if the (1) nursing home has a contract with the U.S. Department of Veterans Affairs (U.S. DVA) to provide care for veterans and (2) veteran applicant meets U.S. DVA's service-connected and other eligibility criteria.

But under these acts, nursing homes are not required to admit these applicants under certain circumstances, such as when the nursing home determines that the applicant does not (1) have a payor source because they were denied Medicaid eligibility or (2) require a nursing home level of care according to law. The same exceptions apply under existing law for certain other transfers (PA 25-15, § 10, effective July 1, 2025, and PA 25-16, § 9, effective October 1, 2025).

## *Residential Care Home Transfers and Discharges*

Generally, if an RCH involuntarily transfers or discharges a resident, the law requires the facility to give written notice at least 30 days in advance to the resident and (if known) the resident's legally liable relative, guardian, or conservator. A new law requires the written notice to include (1) the location to which the resident is being transferred or discharged and (2) an attestation by the facility that the notice was submitted to the Long-Term Care Ombudsman's website portal (and the notice must be sent to the portal the same day it was given to the resident). If the information in the written notice changes before the resident's transfer or discharge, the facility must update the notice as soon as practically possible. It also requires RCHs to consider a resident's proximity to family and known support networks when, as required by existing law, they help residents find a new appropriate placement when leaving or being transferred from the facility (PA 25-16, § 3, effective October 1, 2025).

## *Residential Care Home Working Group*

A new law requires the state ombudsman, with the DPH and DSS commissioners, to convene a working group to examine (1) RCH evacuation procedures and (2) if RCHs should be required to use a mutual aid digital platform that supports the risk management needs of health care organizations (such as solutions for emergency management and inspections).

The working group must report its findings and recommendations to the Aging, Human Services, and Public Health committees by January 1, 2026 (PA 25-16, § 8, effective upon passage).

## *Tax on Nursing Homes and Intermediate Care Facilities*

The FY 26-27 budget and implementer act terminates the quarterly user fee on nursing homes and intermediate care facilities (ICFs) for individuals with intellectual disabilities as of July 1, 2026, and instead imposes a quarterly 6% tax on their revenue. Under the act, this tax will cease to apply if CMS determines that it is an impermissible tax under federal law. If CMS issues this determination, the nursing home and ICF user fees are reinstated and apply starting with the calendar quarter during which the determination was made. The act also makes other related changes, such as requiring DSS to seek CMS approval to exempt specified types of facilities from the tax and apply a lower tax rate to other types (PA 25-168, §§ 359, 361, 363 & 364, effective July 1, 2026; provisions concerning the facilities' quarterly returns and payment extensions apply to calendar quarters starting on or after July 1, 2026).

# Maternal and Infant Health

## *Infant Mortality Review Program Data Sharing*

A new law allows the DPH commissioner to disclose information and data from the Infant Mortality Review Program to the child advocate, if the commissioner deems it necessary for the child advocate to perform her statutory duties. In turn, the act allows the child advocate to share information with the DPH commissioner about infant deaths (those occurring between birth and one year of age) if the child advocate determines it is necessary for the purpose of the Infant Mortality Review Program.

Any data disclosed for these purposes (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 25-97, §§ 43 & 44, effective October 1, 2025).

## *Lactation Consultant Licensure*

Starting in July 2026, a new law creates a DPH licensure program for lactation consultants. To receive a license, an applicant must have a certification in good standing from the International Board of Lactation Consultant Examiners or any successor to it.

The act generally prohibits unlicensed people from practicing lactation consulting for compensation, using the "lactation consultant" title, or holding themselves out to the public as licensed lactation consultants. But it does not restrict unlicensed people meeting specified criteria from practicing lactation consulting or providing related services if they do not refer to themselves as "lactation consultants" (PA 25-168, §§ 192-197, effective July 1, 2026).

## *Maternal Mortality Review Program and Review Committee*

A new law allows DPH to use information it obtains for the Maternal Mortality Review Program, and findings of the Maternal Mortality Review Committee, to improve the accuracy of vital statistics data. In practice, this allows DPH to share this information and findings with its Vital Records Office's Surveillance Analysis and Reporting Unit, which tracks data on causes of death (PA 25-96, §§ 2-4, effective July 1, 2025).

## *Maternity Care Report Card*

A new law requires the DPH commissioner, starting July 1, 2026, to establish an annual maternity care report card that evaluates maternity care provided at birth centers and hospitals that provide obstetrics care.

When doing so, the commissioner must first establish an advisory committee to create the report card's quantitative metrics, qualitative measures, and assessment methodology and report on them to the Public Health Committee by February 1, 2026. The commissioner must also (1) post the report card on the DPH website annually, starting by January 1, 2027, and (2) revise the report card criteria at least once every three years in consultation with the advisory committee and, if she chooses, other experts (PA 25-168, § 124, effective upon passage).

### *Perinatal Mental Health and Doula Advisory Committee*

New legislation requires the DPH commissioner, within available appropriations, to convene an advisory committee to study (1) improving perinatal mental health care services in the state and (2) the benefits and challenges of making hospitals more doula friendly. The commissioner must submit an initial report by February 1, 2026, and a final report by the following January, to the Public Health Committee on the group's findings and recommendations (SA 25-7, effective upon passage).

### *Umbilical Cord Blood Information*

A new law eliminates a requirement that a health care provider who provides pregnancy-related health care services to a woman during the last trimester of pregnancy give her information to make an informed and voluntary choice about banking or donating umbilical cord blood (PA 25-111, § 56, effective October 1, 2025).

## Medicaid and Other Medical Assistance Programs

### *DSS Appeal Process*

When certain providers (such as hospitals, nursing homes, residential care homes, and intermediate care facilities for people with disabilities) are aggrieved by a decision DSS makes on their payment rates or DSS's final report on an audit, the provider may request a rehearing. Under a new law, any items not resolved at the rehearing may be appealed to the Superior Court. Prior law required unresolved items to be submitted for binding arbitration (PA 25-168, §§ 348 & 349, effective January 1, 2027).

### *Federally Qualified Health Center (FQHC) Medicaid Rates*

A new law requires DSS to provide an alternative, updated prospective payment methodology for FQHC Medicaid rates. The act requires any rate rebasing established under the updated methodology to be phased in over three years, from FY 26 to FY 28. It also changes the procedures for adjusting an FQHC's rates due to changes in its scope of services (PA 25-168, §§ 350-352, effective July 1, 2025).

## *GLP-1 Data Collection*

A new law requires the DSS commissioner to collect data on Medicaid beneficiaries' use of glucagon-like peptide (GLP-1) drugs and related costs and benefits to the state. The commissioner must report annually, beginning by January 15, 2026, to the Appropriations, Human Services, and Public Health committees on the:

1. number of Medicaid recipients who received GLP-1 drug treatment in the last calendar year and how many recipients were prescribed this treatment for (a) type 2 diabetes or (b) cardiovascular concerns,
2. total cost to the state to provide Medicaid coverage for GLP-1 drugs, and
3. total amount of rebates or discounts the state received from pharmaceutical companies associated with including these drugs in the Medicaid program to the extent permissible.

The law also requires the comptroller to collect and report corresponding data on state employees and retirees enrolled in the state employee health plan, and additionally on the number of these enrollees prescribed GLP-1 drug treatment for weight loss (PA 25-168, §§ 328 & 329, effective upon passage).

## *Inflationary Increases for Nonprofit Providers*

Starting July 1, 2027, a new law establishes annual inflationary increases for rates paid to nonprofit human services providers that contract with the state to provide services for people with physical, intellectual, or developmental disabilities or behavioral health services. The act similarly requires DSS to annually adjust Medicaid rates for nonprofit human services providers contracting with the department (PA 25-151, effective upon passage).

## *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 Medicaid-enrolled provider's bulletin and Medicaid enrollees' communication materials and (2) collaborate with the DPH commissioner to spread 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 patient's symmetrical appearance after surgery (PA 25-168, § 341, effective upon passage).

### *Obesity Treatment Under Medicaid and CHIP*

Under federal law, states may elect to provide coverage for certain obesity treatment under Medicaid and the Children's Health Insurance Program (CHIP). A law passed this session allows, rather than requires as under prior state law, DSS to provide this coverage in Connecticut, and limits obesity drug coverage to FDA-approved drugs for outpatient treatment for patients with (1) type 2 diabetes or (2) obesity and a comorbid condition. Additionally, under the new law, if obesity treatment is provided under Medicaid and CHIP, the DSS commissioner must require prior authorization and, under certain conditions, step therapy for up to 180 days when clinically appropriate before covering these drugs. However, the law prohibits requiring step therapy for a person with a body mass index of 40 or higher if a licensed health care provider certifies in writing that the person is scheduled to undergo surgery requiring anesthesia within the next six months (PA 25-168, § 327, effective July 1, 2025).

Another new law requires the DSS commissioner to petition the federal HHS secretary to authorize generic, lower cost forms of GLP-1 prescription drugs that are FDA approved to treat obesity or diabetes. Under the act, if HHS approves the petition, the DSS commissioner may contract with a manufacturer to supply the state with a generic form of these drugs for HUSKY Health members. The commissioner may enter into a consortium with other states for such a contract (PA 25-167, § 22, effective upon passage).

## Office of the Chief Medical Examiner (OCME)

### *OCME Investigation Record Fees*

By law, OCME must investigate deaths that (1) involve certain conditions, such as violence or suspicious circumstances, or (2) are sudden or unexpected and not caused by an easily recognizable disease. The office must keep complete records of these investigations (including autopsy and toxicology reports and a copy of the death certificate). A new law prohibits OCME from charging a fee to a parent or adult sibling of a deceased minor for copies of the minor's records (PA 25-97, § 1, effective July 1, 2025).

### *Reporting on Chief Medical Examiner Facilities*

New legislation requires the Department of Administrative Services, by October 1, 2025, to submit a report to the Finance, Revenue and Bonding and Government Administration and Elections committees on the status of the design, alteration, renovation, and construction of the facilities for OCME. Then, the department must continue to provide quarterly reports until the construction is completed (PA 25-174, § 132, effective July 1, 2025).

# Opioids

## *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 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).

## *Telehealth Prescribing of Opioids*

A new law 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 buprenorphine may be prescribed through telehealth (PA 25-168, § 116, effective upon passage).

# Pharmacy and Prescription Drugs

## *Canadian Prescription Drug Importation Program*

A new law allows the Department of Consumer Protection (DCP) commissioner, after a feasibility study by a consultant, to seek federal approval to establish a program to import prescription drugs from Canada for distribution in the state. It addresses several related issues if the program is established, such as setting requirements for (1) drug safety and tracking and (2) supplier and wholesaler recordkeeping. If the drug importation program is not feasible, the act allows a DCP consultant to conduct a feasibility review of Canadian prescription drug price benchmarking and develop policy recommendations (PA 25-167, §§ 9-18, effective October 1, 2027, except provisions on the feasibility study and definitions are effective July 1, 2025).

## *Epinephrine and Glucagon Administration*

This session, the legislature passed a law expanding how epinephrine and glucagon can be administered to include through nasal sprays and other FDA-approved medical equipment for

certain purposes, such as (1) administering epinephrine and glucagon at child care facilities and at schools and (2) permitting authorized entities and prescribing practitioners to establish a medical protocol for epinephrine administration to be used by the authorized entities' trained employees (PA 25-143, §§ 19-28, effective July 1, 2025).

## *List of Pharmaceutical Representatives*

A new law limits the contents of the list of pharmaceutical representatives employed by registered pharmaceutical manufacturers that DCP must post on its website to the representatives' first name and last initial, prohibits inclusion of their home addresses, and no longer requires the posting to be prominently displayed on DCP's website (PA 25-171, § 1, effective upon passage).

## *Medical Marijuana Certifications*

A new law makes various changes to the medical marijuana certification laws. Among other things, it allows a written certification for medical marijuana use to have a maximum duration of 6 months, 1 year, 18 months, or 2 years, as determined by the health professional (such as a physician) issuing the certification. Prior law only allowed certifications to last up to one year.

The same new law also allows a licensed dispensary (i.e. pharmacist employed by a dispensary facility or hybrid retailer) to grant (1) a temporary extension, of up to 90 days, for an expired certification issued by a health professional or (2) under certain conditions, a 90-day temporary certification without a provider's involvement (PA 25-101, § 5, effective January 1, 2026).

## *Nonlegend Drugs and Secure Boxes*

A new law makes various changes regarding permits to sell nonlegend drugs, including eliminating the permit requirement for someone who distributes free nonlegend naloxone through a legally compliant secure box. It also changes certain requirements for these secure boxes (which can contain an opioid antagonist such as naloxone), including eliminating requirements that a box be (1) temperature controlled or in a temperature-controlled environment; (2) tamper resistant; and (3) equipped with an alarm that transmits a signal and alerts first responders when accessed by someone (PA 25-171, §§ 3-5, effective upon passage).

By law, a prescribing practitioner or pharmacist certified to prescribe an opioid antagonist can enter an agreement with a community health organization, emergency medical service provider, government or law enforcement agency, or board of education to install these secure boxes.

## *Non-Resident Pharmacy Inspection Reports*

This session, the legislature passed a law that, among other things, requires non-resident pharmacies that offer sterile compounding to submit to DCP inspection reports from a government agency with regulatory oversight or a third-party entity with expertise in sterile compounding, showing that the pharmacy complies with the most recent U.S. Pharmacopeia standards (Chapter 797) (PA 25-101, §§ 2 & 3, effective January 1, 2026).

## *Pharmacist at a Cannabis Hybrid Retailer*

Prior law required cannabis hybrid retailers (sellers of adult-use cannabis and medical marijuana) to have a licensed pharmacist on-site when the retail location was open. A new law reduces this requirement to at least eight consecutive hours a calendar week. However, when the hybrid retailer is open to the public and a pharmacist is not physically there, the hybrid retailer must ensure that a licensed pharmacist is readily available to (1) provide telehealth consultations for qualifying patients and caregivers and (2) conduct remote order entry verification according to pharmacy regulations (PA 25-166, § 24, effective October 1, 2025).

## *Pharmacists' Compensation Working Group*

The legislature passed a new law that requires the Insurance and Real Estate Committee chairpersons, or their designees, to convene a 16-member working group to study and make legislative recommendations on the compensation of licensed pharmacists who administer vaccines or HIV- and influenza-related tests and prescribe FDA-approved contraceptive devices or products. The working group must report its findings and recommendations to the Insurance and Real Estate Committee by February 1, 2026 (PA 25-167, § 7, effective upon passage).

## *Prescription Drug Shortages Task Force*

A new law creates an ongoing task force to study emergency preparedness and mitigation strategies for prescription drug shortages. Starting by January 1, 2026, the task force must annually report its findings and recommendations to the General Law, Human Services, Insurance and Real Estate, and Public Health committees. The reports must identify (1) those drugs the task force determines are at risk of shortage and (2) strategies to mitigate these shortages, including ways to increase in-state production of drugs that are at risk of shortage and critically necessary to provide health care in the state (PA 25-167, § 5, effective upon passage).

## *Price Cap on Identified Prescription Drugs*

This session, the legislature passed a law that, starting in 2026, sets a (1) cap on the prices for which pharmaceutical manufacturers and wholesale distributors can sell certain prescription drugs

in the state and (2) civil penalty for violators, except for those that made less than $250,000 in total annual sales in the state for the calendar year for which the penalty is being imposed. Among other things, it also creates a process by which an aggrieved person can request a hearing to dispute the penalty. The new law applies to (1) brand name drugs or biological products for which all exclusive marketing rights granted under federal patent laws and other federal laws have expired for at least 24 months, including any drug-device combination product to deliver a brand-name drug or biological product and (2) generic drugs or interchangeable biological products (PA 25-168, §§ 345-347, effective July 1, 2025).

# Reproductive Health

## *Minors' Access to Pregnancy-Related Care*

A new law allows minors (under age 18) to give consent for services, exams, or treatment related to pregnancy and pregnancy prevention without the consent or notification of their parents or guardian. These services specifically include contraceptive counseling and services, prenatal care, and appropriate care and pain management during labor and delivery (such as epidural administration) but not sterilization.

Under the new law, physicians and other health care providers are prohibited from sharing any information about these services or a related consultation (including by sending a bill) with the minor's parent or guardian without the minor's express consent (PA 25-28, effective upon passage).

## *Reproductive and Gender-Affirming Health Care Services Shield Law*

This year, the legislature made several changes to state laws that generally shield health care providers and recipients who lawfully engage in reproductive or gender-affirming health care services in this state. Among other things, the legislation subjects covered entities' business associates to existing limits on disclosing communications or information without consent; requires these entities and associates to notify the attorney general when they receive a subpoena for certain patient information; and specifies that gender-affirming health care services do not include conversion therapy (PA 25-168, §§ 277-287, effective July 1, 2025).

## *Safe Harbor Account*

A new law creates this separate account of the state treasurer to be funded by private sources and administered by a five-member board. The board must award grants from the account to nonprofits that (1) provide funding for reproductive or gender-affirming health care services or the collateral costs people incur receiving these services in the state, or (2) reimburse or pay LGBTQ+ youth or

families in Connecticut directly for their collateral costs to receive these services in the state (PA 25-168, § 173, effective July 1, 2025).

# School-Based Health

## *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.

The new law sets the objectives of the program's first two years and requires the SDE commissioner, by January 1, 2026, and again by January 1, 2027, 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).

## *School-Based Health Clinic Billing*

A new law requires the Transforming Children's Behavioral Health Policy and Planning Committee, in collaboration with DSS and SDE, to develop a framework and operational guidelines to streamline billing for Medicaid-eligible school-based behavioral health services. The committee must report to the Appropriations, Education, and Human Services committees on the framework and guidelines it develops by October 1, 2026 (PA 25-168, § 344, effective upon passage).

# Statewide Health Information Exchange ("Connie")

## *Notification of Exchange Data Breaches*

If the statewide health exchange experiences a data breach, ransomware, or hacking, a new law requires it to notify affected patients and perform any necessary mitigation on behalf of affected health care providers.

By law, health care providers are not liable for any private or public claim related directly to a data breach, ransomware, or hacking experienced by the exchange. But they are liable for any failure to comply with applicable state and federal data privacy and security laws and regulations in sharing information with and connecting to the exchange. Existing law specifically exempts providers from the requirement to share information with or connect to the exchange if doing so would violate any other law (PA 25-97, § 48, effective October 1, 2025).

### *Provider Exemptions From Connecting to the Exchange*

A new law exempts health care providers who do not actively practice in Connecticut from the requirement under existing law that they connect with the statewide health exchange. The law already exempts providers if they (1) have no patient medical records or (2) are individuals and exclusively practice as employees of a covered entity under HIPAA, and the covered entity is legally responsible for decisions on the safeguarding, release, or exchange of health information and medical records (PA 25-97, § 48, effective October 1, 2025).

### *Study on Excluding Certain Patient Health Information*

A new law requires the OHS commissioner to study the exclusion of certain patient health information from the Statewide Health Information Exchange. Among other things, the study must evaluate (1) options allowing a patient a choice in selecting which specific types of their health information and medical records to share with the exchange, (2) the operational and financial implications of implementing these options, and (3) current procedures allowing patients to opt out of the exchange and determine whether to enhance or improve them. The commissioner must report the study results by September 30, 2026, to the Public Health Committee (PA 25-97, § 47, effective upon passage).

## Veterinary Medicine and Animal Control

### *Dispensing Veterinary Drugs*

A new law allows a licensed veterinarian to authorize another person to dispense a prescription veterinary drug if done:

1. under a veterinarian's lawful written or oral order in the course of the veterinarian's professional practice and following federal and state laws and regulations on dispensing prescription veterinary drugs,
2. for an animal for which the veterinarian has access to the medical records and has a veterinarian-client-patient relationship, and
3. under the veterinarian's direct supervision (PA 25-171, § 2, effective upon passage).

### *Rabies Quarantine*

Under a new law, the owner or keeper of an animal that was attacked and potentially exposed to rabies must have the animal (1) quarantined for at least four months and (2) vaccinated against rabies as soon as medically appropriate. The quarantine must be as directed by a licensed veterinarian or the state veterinarian (PA 25-7, effective upon passage).

### *State Veterinarian Duties*

A new law allows the agriculture commissioner to designate one or more veterinarians to perform the state veterinarian's duties at any time, instead of just in the state veterinarian's absence as under prior law. The designation must be within existing resources and for up to two months (PA 25-152, §, 1, effective upon passage).

## Vital Records

### *Birth Certificates*

A new law extends to legal guardians an existing process allowing a parent whose child was born outside of a health care institution, but who cannot provide the required information for the birth certificate, to seek a probate court order during the child's first year for the town registrar of vital statistics to prepare the certificate (PA 25-48, § 1, effective upon passage).

### *Short-Form Death Certificates*

A new law requires the DPH commissioner, by January 1, 2026, to establish a process for someone to request a short-form death certificate for a death that occurred on or after January 1, 2021. The short-form death certificate must exclude the medical certification part of the death certificate that identifies the decedent's cause of death. Under prior law, the state only offered long-form death certificates that include information on the cause of death.

Under the act, requestors may give the short-form death certificate to people or institutions (such as financial institutions, mortgage lenders, and the motor vehicles department) that do not need to know the decedent's cause of death. Existing law generally allows anyone age 18 or older to purchase a certified copy of a death record (PA 25-97, § 23, effective upon passage).

## Workforce Development and Retention

### *Athletic Trainer Relocation Grant Program*

A new law requires DPH, by January 1, 2026, and within available appropriations, to create a program giving grants to athletic trainers who relocate to Connecticut, get licensed here, and work in the state. The grants are for their relocation costs. The commissioner must determine the grant amounts and eligibility criteria (PA 25-162, § 4, effective July 1, 2025).

### *DOH Health Care Worker Housing Program Reporting*

A new law adds a reporting requirement to a program under which the Department of Housing (DOH) and the Connecticut Housing Finance Authority (CHFA) must seek to partner with one or

more hospitals in the state to increase workforce housing options. By January 1, 2026, DOH and CHFA must report to the Finance, Revenue and Bonding and Housing committees on the partnership's status, their activities to increase workforce housing options, and recommendations on other ways to increase these housing options (PA 25-174, § 102, effective July 1, 2025).

## *Health Care Career Promotion*

A new law requires the SDE commissioner, by January 1, 2026, to add radiologic technology, nuclear medicine technology, and respiratory care to an existing plan (developed by the state's chief workforce officer) on promoting health care career options to middle and high school students. The plan must promote these professions through (1) career day presentations; (2) partnerships with in-state education programs; (3) counseling programs to inform high school students about, and recruit them for, these professions; and (4) job shadowing and internship experiences for high school students (PA 25-162, § 3, effective upon passage).

## *Home-Based Virtual Education Pilot Program*

A new law requires DPH, within available appropriations, to create a pilot program providing home-based virtual education for people seeking to become a nurse's aide or EMT. DPH must do so by January 1, 2026, and in collaboration with a Connecticut-based educational provider or educational technology provider. The act specifies that it does not eliminate specified existing requirements for these people to receive in-person practical training (PA 25-162, § 2, effective upon passage).

## *OHE's Student Loan Reimbursement Program*

This session, the legislature passed a law making various changes to the Office of Higher Education's (OHE's) student loan reimbursement program, such as (1) expanding eligibility to individuals holding a degree from any level; (2) expanding eligibility to former Stone Academy students who were enrolled in the practical nurse education program between November 1, 2021, and February 28, 2023; (3) making various changes to the volunteer hour requirement; and (4) carrying over the program's funding to be made available in FY 26 (PA 25-174, §§ 214 & 215, effective July 1, 2025, except upon passage for the funding provision).

## *Provider Loan Reimbursement Program*

A new law requires DPH to create, within available appropriations, a loan reimbursement program for health care providers employed full-time in the state, with some of the awards targeted to primary care providers and those employed in rural communities or at federally qualified health centers. The commissioner must determine the program's award amounts and eligibility requirements (PA 25-162, § 1, effective July 1, 2025).

### *Stone Academy Tuition Refunds*

This session, the legislature established new eligibility criteria for former Stone Academy practical nursing program students to receive tuition refunds from the private career school student protection account. This applies if they did not already receive a refund from the account under a prior application period that closed earlier this year. Under the new law, students can apply until June 30, 2026 if they were enrolled in, but did not graduate from, the program between November 1, 2021, and February 28, 2023, and meet specified other criteria (such as not already receiving transfer credit at another program) (PA 25-88, effective upon passage).

## Miscellaneous

### *Bail Enforcement*

A new law prohibits bail bondsmen and surety bail bond or bail enforcement agents from taking or trying to take the principal on a bond into custody on the premises, grounds, or campus of a state-operated or DPH-licensed health care facility or institution or office of a DPH-licensed health care provider (PA 25-25, effective October 1, 2025).

### *DOC Health Care Services*

A new law specifically requires the Department of Correction's (DOC) plan for health care services 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 them with evidence-based services from a mental health provider or therapist within two business days of determining their need upon intake.

The act 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 act specifies certain steps that he may take when doing so, such as (1) investigating and responding to related complaints and (2) employing or contracting with licensed health care professionals to provide independent clinical reviews of these complaints.

Under the act, the DOC commissioner also must ensure that everyone in DOC 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).

## *DPH Disbursement of Funds*

A new law specifically allows the DPH commissioner, under any established procedures, to 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 gift, grant, or contract (PA 25-96, § 6, effective upon passage).

## *Emergency Public Health Financial Safeguard Account*

A new law creates this account as a separate, nonlapsing account that DPH must generally use to (1) address unexpected shortfalls in public health funding and (2) ensure the department's ability to respond to the state's health care needs and provide essential public health services (PA 25-168, § 177, effective upon passage).

## *Federal Recommendation Advisory Committee*

A new law expressly allows the DPH commissioner to create a committee of experts to advise her on matters relating to CDC and FDA recommendations, using evidence-based data from peer-reviewed sources. If convened, the committee must serve in a nonbinding advisory capacity, providing guidance solely at the commissioner's discretion (PA 25-168, § 170, effective upon passage).

## *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, counseling services, and treatment referral services (PA 25-168, § 180, effective October 1, 2025).

## *Public Health Urgent Communication Account*

A new law creates this account as a separate, nonlapsing account that DPH must use to give the public, health care providers, and other stakeholders timely, effective communication during a governor-declared public health emergency (PA 25-168, § 176, effective upon passage).

## *Rare Disease Advisory Council*

A new law allows the 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).

## *Requiring Patients to Keep Payment Methods on File*

A new law prohibits health systems and health care providers from requiring patients to provide electronic payment methods (such as bank account information, credit cards, or debit cards) to keep on file as a prerequisite to (1) seeing patients for an office visit or (2) providing them services. It makes a violation of this prohibition an unfair trade practice under the Connecticut Unfair Trade Practices Act.

This prohibition does not (1) affect a patient's obligation to pay for health care services or (2) prevent patients from voluntarily giving health care providers their electronic payment methods or other payment-related information to keep on file (PA 25-97, § 4, effective October 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. UConn Health reports that the center will be focused on stroke recovery for veterans (PA 25-168, § 140, effective upon passage).

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