



Substitute House Bill No. 5562

Public Act No. 26-72

AN ACT CONCERNING VARIOUS REVISIONS TO HUMAN SERVICES STATUTES.

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

Section 1. Subsection (b) of section 19a-697 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(b) A managed residential community shall post in a prominent place in the managed residential community the resident's bill of rights, including those rights set forth in subsection (a) of this section. The posting of the resident's bill of rights shall include contact information for (1) the Department of Public Health and the Office of the State Long-Term Care Ombudsman, including the names, addresses and telephone numbers of persons within such agencies who handle questions, comments or complaints concerning managed residential community, and (2) the Department of Social Services to report the suspected abuse, neglect, exploitation or abandonment of an elderly person, or that an elderly person may be in need of protective services.

Sec. 2. Subsection (d) of section 17b-105a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(d) Not later than December 31, 2024, the Commissioner of Social Services shall enter into a contract with an outside vendor to update the system utilized by the Department of Social Services to administer the supplemental nutrition assistance program for the purpose of enabling the department to stagger the distribution of program benefits so that benefits are distributed, in accordance with federal law, to cohorts of program beneficiaries designated by the commissioner at multiple intervals during each month. Not later than March 1, 2026, the commissioner shall commence staggering the distribution of such benefits to such cohorts of beneficiaries each month, in accordance with federal law. Not later than April 1, 2026, [and annually thereafter,] the commissioner shall report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to human services regarding the staggering of distribution benefits pursuant to this subsection.

Sec. 3. Subsection (c) of section 17a-247b of the 2026 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The department shall make information in the registry available only to: (1) Authorized agencies, for the purpose of protective service determinations; (2) employers who employ employees to provide services to an individual who receives services or funding from the department or the Medicaid waiver program for autism spectrum disorder administered by the Department of Social Services, as described in section 17a-215c; (3) the Departments of Children and Families, Mental Health and Addiction Services, Social Services and Administrative Services and the Office of Labor Relations, for the purpose of determining whether an applicant for employment with the Departments of Children and Families, Developmental Services, Mental Health and Addiction Services and Social Services appears on the registry; (4) the Office of the Probate Court Administrator, for the

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purpose of determining whether a person proposed for appointment as a guardian pursuant to part V of chapter 802h appears on the registry; or (5) charitable organizations that recruit volunteers to support programs for persons with intellectual disability or autism spectrum disorder, upon application to and approval by the commissioner, for purposes of conducting background checks on such volunteers.

Sec. 4. Section 46a-175 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(a) There is established a Lesbian, Gay, Bisexual, Transgender and Queer Justice and Opportunity Network to make recommendations to the state legislative, executive and judicial branches of government concerning the delivery of access and opportunity services to lesbian, gay, bisexual, transgender and queer persons in the state.

(b) The network shall work to build a more just, safer and healthier environment for gay, lesbian, bisexual, transgender and queer persons by (1) conducting a needs analysis, within available appropriations, (2) collecting additional data on the access and opportunity needs of such persons as necessary, (3) informing state policy through reports submitted at least biennially, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to the judiciary, public health, human services, appropriations and the budgets of state agencies, other legislative committees as necessary, the Governor and the Chief Court Administrator, and (4) building organizational member capacity, leadership and advocacy across the geographic and social spectrum of the lesbian, gay, bisexual, transgender and queer community.

(c) The network membership shall reflect the diversity of the lesbian, gay, bisexual, transgender and queer community and include, but need not be limited to, the following members, or their designees, appointed jointly by the speaker of the House of Representatives and the president

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pro tempore of the Senate:

(1) [The president of Connecticut Latinas/os Achieving Rights and Opportunities (CLARO)] A health care provider, licensed pursuant to chapter 370 or 378, serving the lesbian, gay, bisexual, transgender and queer community;

(2) [The executive director of the Safe Harbor Project] A mental health provider, licensed pursuant to chapter 370 or 383, serving the lesbian, gay, bisexual, transgender and queer community;

(3) [The executive director of the New Haven Pride Center] A representative of an organization that works to improve the health of people living with HIV/AIDS;

(4) [The executive director of the Triangle Community Center in Norwalk] An attorney representative of an organization that works to eliminate LGBTQ+ discrimination, who is admitted to practice pursuant to chapter 876;

(5) [The executive director of Advancing CT Together] A representative of an organization that works with lesbian, gay, bisexual, transgender and queer youth;

(6) [The executive director of the Connecticut chapter of the Gay, Lesbian & Straight Education Network (GLSEN)] A representative of an organization that works with lesbian, gay, bisexual, transgender and queer elderly persons;

(7) [The executive director of the Rainbow Center at The University of Connecticut] A veteran who is lesbian, gay, bisexual, transgender or queer;

(8) [The executive director of the Hartford Gay and Lesbian Health Collective] A representative from a lesbian, gay, bisexual, transgender

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and queer corporate employee affinity group;

(9) [The executive director of the Connecticut Transadvocacy Coalition] An educator who is lesbian, gay, bisexual, transgender or queer;

(10) [The president of OutCT in New London] A representative of an organization that works with a resettlement community providing support for refugees and other immigrants;

(11) [The executive director of the Queer Unity Empowerment Support Team] An executive director of a lesbian, gay, bisexual, transgender or queer community center;

(12) [The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity] A representative of an organization that works with the disability community;

(13) [A lesbian, gay, bisexual, transgender or queer physician, licensed pursuant to chapter 370, appointed by the speaker of the House of Representatives] A representative of an affirming interfaith organization that works to welcome and include diverse communities, including, but not limited to, lesbian, gay, bisexual, transgender and queer persons;

(14) [A member of the LGBT Aging Advocacy coalition, appointed by the Governor] A parent or caregiver of a lesbian, gay, bisexual, transgender or queer child;

(15) [The president of Connecticut Community Care;] The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity; and

[(16) The executive director of A Place to Nourish Your Health;

(17) The executive director of Kamora's Cultural Corner;

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(18) A lesbian, gay, bisexual, transgender or queer provider of mental health services, licensed pursuant to chapter 370 or 383;

(19) The executive director of Apex Community Care; and

(20) The executive director of Queer Youth Program of Connecticut.]

(16) Not more than nine at-large representatives with an interest in furthering state policy specific to the interests and welfare of lesbian, gay, bisexual, transgender and queer persons.

(d) Members shall serve at the will of the speaker of the House of Representatives and the president pro tempore of the Senate, who may each appoint additional members pursuant to subdivision (16) of subsection (c) of this section and set term limits for each member. Appointments to the network shall be made not later than [sixty days after July 1, 2019] September 1, 2026. Members shall choose chairpersons. Any vacancy shall be filled by the speaker of the House of Representatives, acting in consultation with the president pro tempore of the Senate.

(e) The administrative staff of the Commission on Women, Children, Seniors, Equity and Opportunity shall, within available appropriations, provide administrative support to the network.

(f) Members shall adopt bylaws for the conduct of the network's business and shall annually elect from among the members officers as may be designated in the bylaws. The bylaws may provide for (1) alternate representatives of the network to attend and vote at any meeting in place of absent representatives, (2) an executive committee of the network and for additional committees, including, but not limited to, nonvoting advisory committees, (3) procedures to address nonattendance by members, including, but not limited to, standards for participation, notice requirements and potential consequences for repeated or unexcused absences, and (4) procedures for adopting a

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governance model.

Sec. 5. Section 17b-337 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(a) There shall be established a Long-Term Care Planning Committee for the purpose of exchanging information on long-term care issues, coordinating policy development and establishing a long-term care plan for all persons in need of long-term care. Such policy and plan shall provide that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting. Such plan shall integrate the three components of a long-term care system including home and community-based services, supportive housing arrangements and nursing facilities. Such plan shall include: (1) A vision and mission statement for a long-term care system; (2) the current number of persons receiving services; (3) the current number of persons receiving long-term care supports and services in the community and the number receiving such supports and services in institutions; (4) demographic data concerning such persons by service type; (5) the current aggregate cost of such system of services; (6) forecasts of future demand for services; (7) the type of services available and the amount of funds necessary to meet the demand; (8) projected costs for programs associated with such system; (9) strategies to promote the partnership for long-term care program; (10) resources necessary to accomplish goals for the future; (11) funding sources available; and (12) the number and types of providers needed to deliver services. The plan shall address how changes in one component of such long-term care system impact other components of such system.

(b) The Long-Term Care Planning Committee shall, within available appropriations, study issues relative to long-term care, including, but not limited to: [, the] (1) State models for financing of long-term care, including, but not limited to, payroll deductions for long-term care; (2) best practices for workforce retention, workforce wages and workforce

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standards; (3) projected federal support for long-term care and solutions for insufficient federal funding; (4) the case-mix system of Medicaid reimbursement; [] (5) community-based service options; [] (6) access to long-term care and geriatric psychiatric services; [. The committee shall evaluate issues relative to] (7) long-term care in light of the United States Supreme Court decision, *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999), requiring states to place persons with disabilities in community settings rather than in institutions when such placement is appropriate, the transfer to a less restrictive setting is not opposed by such persons and such placement can be reasonably accommodated; [. The committee, within available appropriations, shall evaluate] and (8) available data on the average net actual Medicaid expenditures for nursing homes, in comparison to average net actual Medicaid expenditures for home and community-based services waiver participants who require a nursing home level of care, [, including the number of individuals served, to assist in short-term and long-term Medicaid expenditure forecasting.]

(c) The Long-Term Care Planning Committee shall consist of: (1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health [, elderly services and long-term care] and aging; (2) the Commissioner of Social Services, or the commissioner's designee; (3) [one member of the Office of Policy and Management appointed by] the Secretary of the Office of Policy and Management, or the secretary's designee, who shall serve as a chairperson; (4) [one member from the Department of Public Health appointed by] the Commissioner of Public Health, or the commissioner's designee; (5) [one member from the Department of Housing appointed by] the Commissioner of Housing, or the commissioner's designee; (6) [one member from the Department of Developmental Services appointed by] the Commissioner of Developmental Services, or the commissioner's designee; (7) [one member from the Department of Mental Health and Addiction Services appointed by] the Commissioner of Mental Health and Addiction

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Services, or the commissioner's designee; (8) [one member from the Department of Transportation appointed by] the Commissioner of Transportation, or the commissioner's designee; (9) [one member from the Department of Children and Families appointed by] the Commissioner of Children and Families, or the commissioner's designee; (10) [one member from] a representative of the Health Systems Planning Unit of the Office of Health Strategy appointed by the Commissioner of Health Strategy; and (11) [one member from the Department of Aging and Disability Services appointed by] the Commissioner of Aging and Disability Services, [. The committee shall convene no later than ninety days after June 4, 1998] or the commissioner's designee. Any vacancy shall be filled by the appointing authority. [The chairperson shall be elected from among the members of the committee] Members shall elect a Senate chairperson and a House chairperson from among the members appointed pursuant to subdivision (1) of this subsection, who shall serve as chairpersons of the committee along with the Secretary of the Office of Policy and Management, or the secretary's designee. The committee shall seek the advice and participation of any person, organization or state or federal agency it deems necessary to carry out the provisions of this section.

(d) Not later than January [1, 2018, and annually thereafter] first annually, the Long-Term Care Planning Committee shall submit a report and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to aging and human services on the [number of persons receiving (1)] issues the committee studies pursuant to subsection (b) of this section. The report shall include a listing of long-term care supports and services in the community [;] and [(2)] long-term care supports and services in institutions.

(e) Not later than January 1, 1999, and every three years thereafter, the Long-Term Care Planning Committee shall submit a long-term care

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plan pursuant to subsection (a) of this section to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health [, elderly services and long-term care] and aging, in accordance with the provisions of section 11-4a, and such plan shall serve as a guide for the actions of state agencies in developing and modifying programs that serve persons in need of long-term care.

(f) Any state agency, when developing or modifying any program that, in whole or in part, provides assistance or support to persons with long-term care needs, shall, to the maximum extent feasible, include provisions that support care-giving provided by family members and other informal caregivers and promote consumer-directed care.

(g) Not later than January 1, 2028, the committee shall, within available appropriations, issue a report on the impact of Public Law 119-21 and other recent federal regulatory changes on the financing of long-term care options in the state and solicit recommendations for further action.

Sec. 6. Section 17b-338 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(a) There is established a Long-Term Care Advisory Council which shall consist of the following: (1) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee; (2) the State Nursing Home Ombudsman, or the ombudsman's designee; (3) the president of the Coalition of Presidents of Resident Councils, or the president's designee; (4) [the executive director of the Legal Assistance Resource Center of Connecticut, or the executive director's designee] a representative from one of the following state legal services programs: CT Legal Services, Greater Hartford Legal Aid or New Haven Legal Assistance Association; (5) the state president of AARP, or the president's designee;

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(6) one representative of a bargaining unit for health care employees, appointed by the president of the bargaining unit; (7) the president of LeadingAge Connecticut & Rhode Island, Inc., or the president's designee; (8) the president of the Connecticut Association of Health Care Facilities, or the president's designee; (9) the president of the Connecticut Association of Residential Care Homes, or the president's designee; (10) the president of the Connecticut Hospital Association or the president's designee; (11) the executive director of the Connecticut Assisted Living Association or the executive director's designee; (12) the executive director of the Connecticut Association for Homecare or the executive director's designee; (13) the president of Connecticut Community Care, Inc. or the president's designee; (14) one member of the Connecticut Association of Area Agencies on Aging appointed by the agency; (15) the president of the Connecticut chapter of the Connecticut Alzheimer's Association; (16) one member of the Connecticut Association of Adult Day Centers appointed by the association; (17) the president of the Connecticut Chapter of the American College of Health Care Administrators, or the president's designee; (18) the president of the Connecticut Council for Persons with Disabilities, or the president's designee; (19) the president of the Connecticut Association of Community Action Agencies, or the president's designee; (20) a personal care attendant appointed by the speaker of the House of Representatives; (21) a person who, in a home setting, cares for a person with a disability and is appointed by the president pro tempore of the Senate; (22) three persons with a disability appointed one each by the majority leader of the House of Representatives, the majority leader of the Senate and the minority leader of the House of Representatives; (23) a legislator who is a member of the Long-Term Care Planning Committee; (24) one member who is a nonunion home health aide appointed by the minority leader of the Senate; [and] (25) the executive director of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system or the executive

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director's designee; (26) the Secretary of the Office of Policy and Management, or the secretary's designee; and (27) the House and Senate chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to human services, or their designees.

(b) The House chairperson and Senate chairperson of the joint standing committee of the General Assembly having cognizance of matters relating to human services shall jointly appoint the chairpersons of the council. The council shall advise and make recommendations to the Long-Term Care Planning Committee established under section 17b-337, as amended by this act, concerning the study conducted by the committee pursuant to subsection (b) of section 17b-337, as amended by this act, and may accept gifts or other charitable contributions to the state to help finance its work.

(c) The Long-Term Care Advisory Council shall seek recommendations from persons with disabilities or persons receiving long-term care services who reflect the socio-economic diversity of the state.

Sec. 7. Subsection (d) of section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) The advisory committee shall consist of (1) four members who represent and shall be appointed by the Connecticut Hospital Association, including three members who represent three separate hospitals that are not affiliated of which one such hospital is an academic medical center; (2) one member who represents and shall be appointed by the Connecticut Nursing Association; (3) two members who represent and shall be appointed by the Connecticut Medical Society, including one member who is an active medical care provider; (4) two members who represent and shall be appointed by the

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Connecticut Business and Industry Association, including one member who represents a large business and one member who represents a small business; (5) one member who represents and shall be appointed by the Home Health Care Association; (6) one member who represents and shall be appointed by the Connecticut Association of Health Care Facilities; (7) one member who represents and shall be appointed by LeadingAge Connecticut & Rhode Island, Inc.; (8) two members who represent and shall be appointed by the AFL-CIO; (9) one member who represents consumers of health care services and who shall be appointed by the Commissioner of Public Health; (10) one member who represents a school of public health and who shall be appointed by the Commissioner of Public Health; (11) the Commissioner of Public Health or said commissioner's designee; (12) the Commissioner of Social Services or said commissioner's designee; (13) the Secretary of the Office of Policy and Management or said secretary's designee; (14) two members who represent licensed health plans and shall be appointed by the Connecticut Association of Health Care Plans; (15) one member who represents and shall be appointed by the federally designated state peer review organization; and (16) one member who represents and shall be appointed by the Connecticut Pharmaceutical Association. The chairperson of the advisory committee shall be the Commissioner of Public Health or said commissioner's designee. The chairperson of the committee, with a vote of the majority of the members present, may appoint ex-officio nonvoting members in specialties not represented among voting members. Vacancies shall be filled by the person who makes the appointment under this subsection.

Sec. 8. Subsection (b) of section 19a-515 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Each licensee shall complete a minimum of forty hours of continuing education every two years, including, but not limited to,

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training in (1) Alzheimer's disease and dementia symptoms and care, and (2) infection prevention and control. Such two-year period shall commence on the first date of renewal of the licensee's license after January 1, 2004. The continuing education shall be in areas related to the licensee's practice. Qualifying continuing education activities are courses offered or approved by the Connecticut Association of Healthcare Facilities, LeadingAge Connecticut & Rhode Island, Inc., the Connecticut Assisted Living Association, the Connecticut Alliance for Subacute Care, Inc., the Connecticut Chapter of the American College of Health Care Administrators, the Association For Long Term Care Financial Managers, the Alzheimer's Association or any accredited college or university, or programs presented or approved by the National Continuing Education Review Service of the National Association of Boards of Examiners of Long Term Care Administrators, the Association for Professionals in Infection Control and Epidemiology or by federal or state departments or agencies.

Sec. 9. Subsection (b) of section 309 of public act 23-204 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The Department of Social Services or its agent shall consult with health care providers with expertise regarding gender-affirming care in developing and updating coverage policy for gender-affirming care in the HUSKY Health program. [The Commissioner of Social Services shall provide a report not less than annually regarding coverage of gender-affirming care in the HUSKY Health program to the Council on Medical Assistance Program Oversight established pursuant to section 17b-28 of the general statutes for review and comment.]

Sec. 10. (*Effective July 1, 2026*) The provisions of 42 CFR 483.45(e) with respect to the provision of anti-psychotic pharmaceuticals to a resident of a nursing home and 42 CFR 483.10(c) with respect to informed consent to treatment by a resident of a nursing home, adopted as of January 1, 2026, shall apply to the provisions of the general statutes in

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the same manner and with the same force and effect as if the language of the federal regulations had been incorporated in full into the general statutes.

Sec. 11. Subsection (d) of section 17a-812 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(d) The Commissioner of Aging and Disability Services may expend up to [ten] fourteen thousand dollars per fiscal year per person twenty-one years of age or older who is both blind or visually impaired and deaf, in addition to any other expenditures for such person, for the purpose of providing community inclusion services through specialized public and private entities from which such person can benefit. The commissioner may determine the criteria by which a person is eligible to receive specialized services and may adopt regulations necessary to carry out the provisions of this subsection. For purposes of this subsection, "community inclusion services" means the assistance provided to persons with disabilities to enable them to connect with their peers without disabilities and with the community at large.

Sec. 12. (NEW) (*Effective July 1, 2026*) Not later than October 1, 2027, and annually thereafter until October 1, 2032, the Commissioner of Social Services shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services on (1) the number of persons eligible for the HUSKY C health program, as defined in section 17b-290 of the general statutes, for the prior fiscal year, (2) the number of persons found ineligible for the program for exceeding the asset limit and the amount by which their assets exceeded the limit, and (3) projected costs to be incurred by the state in the succeeding fiscal year if the asset limits were increased.

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Sec. 13. (*Effective from passage*) (a) As used in this section, (1) "peer support services" means recovery-focused behavioral health services that allow an individual the opportunity to learn to manage such individual's recovery with help from a peer support specialist; and (2) "peer support specialist" means an individual who (A) has experience living with mental illness or substance use disorder, and (B) is certified to provide peer recovery support under a program administered by the Department of Mental Health and Addiction Services.

(b) The Commissioner of Social Services shall evaluate how peer support specialists are reimbursed, supervised and trained and make recommendations on how to structure a reimbursement system to better integrate their work into the state medical assistance program. The commissioner shall review:

(1) Services under the medical assistance program that would benefit from peer support services and peer support specialists;

(2) How such services and specialists are used in the medical assistance program;

(3) Payment mechanisms currently used to reimburse such specialists;

(4) How such specialists are trained and supervised in the medical assistance program;

(5) Best practices in other states for reimbursement, training and supervision of such specialists and integration of their services into medical assistance programs; and

(6) Alternate payment mechanisms to ensure a sufficient number of such specialists are available to serve the needs of medical assistance beneficiaries.

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(c) Not later than January 31, 2027, the commissioner shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committee of the General Assembly having cognizance of matters relating to human services, on the evaluation and recommendations.

Sec. 14. Section 42-339 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(a) There is established a complex rehabilitation technology and wheelchair repair advisory council to monitor repairs of wheelchairs, including complex rehabilitation technology wheelchairs, as defined in section 42-337, and to make recommendations concerning improving repair times.

(b) The advisory council shall consist of the following members:

(1) [~~Two~~] Three appointed by the House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to human services, [~~one of whom is a consumer who uses~~] two of whom are consumers who use a complex rehabilitation technology wheelchair purchased, leased or repaired under the Medicaid program, and one of whom is a representative of the state advocacy system for persons with disabilities, established pursuant to section 46a-10b;

(2) Two appointed by the House and Senate ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to human services, one of whom is a consumer who uses a complex rehabilitation technology wheelchair purchased, leased or repaired under a private health insurance policy, and one of whom is an authorized wheelchair dealer, as defined in section 42-337;

(3) Two appointed by the House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of

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matters relating to general law, each of whom is a representative of an organization that represents persons with physical disabilities;

(4) Two appointed by the House and Senate ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to general law, [each] one of whom is a consumer who privately pays for complex rehabilitation technology wheelchairs and one of whom is an authorized wheelchair dealer, as defined in section 42-337;

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

(6) The Insurance Commissioner, or the commissioner's designee;

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

(8) The Healthcare Advocate, or the Healthcare Advocate's designee;
and

(9) The Commissioner of Consumer Protection, or the commissioner's designee.

(c) Any member of the advisory council appointed under subdivision (1), (2), (3) or (4) of subsection (b) of this section [may be a member of the General Assembly] shall serve two-year terms at the pleasure of the appointing authority.

(d) All initial appointments to the advisory council shall be made not later than August 1, 2024. Any vacancy shall be filled by the appointing authority. The advisory council shall meet at least monthly.

(e) The Commissioner of Aging and Disability Services, or the commissioner's designee, and a member of the advisory council chosen by a majority of members of the advisory council, shall serve as

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chairpersons. Such chairpersons shall schedule the first meeting of the advisory council not later than September 1, 2024.

(f) The administrative staff of the [joint standing committee of the General Assembly having cognizance of matters relating to human services] Office of the Healthcare Advocate shall serve as administrative staff of the advisory council.

(g) Not later than January 1, 2025, and annually thereafter, the advisory council shall submit a report on its findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to aging, general law, human services and insurance, in accordance with the provisions of section 11-4a.

Sec. 15. Section 42-338 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(a) An authorized wheelchair dealer shall timely repair a wheelchair, including a complex rehabilitation technology wheelchair, sold or leased by such dealer in the state. An authorized wheelchair dealer who sells or leases a complex rehabilitation technology wheelchair in the state shall provide timely repair of such wheelchair at a consumer's home upon request.

(b) An authorized wheelchair dealer shall maintain an electronic mail address and a phone line for consumer repair requests that are accessible each business day and capable of receiving and recording messages. The authorized wheelchair dealer shall (1) respond to a request for wheelchair repair not later than one business day after the date of request, and (2) order parts for a repair not later than three business days after assessing the need for the repair or after receiving prior authorization from an insurer for the repair.

(c) On and after July 1, 2024, the Office of the Healthcare Advocate,

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in consultation with the Department of Consumer Protection, shall maintain a phone number and electronic mail address to be posted conspicuously on the Internet web sites of the Office of the Healthcare Advocate and the department, to receive and record complaints regarding timely repair issues. Not later than January 1, 2025, and annually thereafter, the Healthcare Advocate shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to general law, human services and insurance regarding the complaints received and recorded pursuant to this subsection.

(d) Not later than December 31, 2024, and [annually] monthly thereafter, an authorized wheelchair dealer that contracts with the Department of Social Services to sell or lease wheelchairs to Medicaid recipients shall submit a report to the Commissioner of Social Services and the advisory council established pursuant to section 42-339, as amended by this act, regarding repair of such wheelchairs. The report shall include, but need not be limited to, minimum, maximum and average times from the date and time of a repair request for the authorized wheelchair dealer to (1) respond; (2) conduct a repair assessment (A) in the home or other community location, (B) remotely, or (C) at a repair facility; (3) request any necessary prior authorization from the Department of Social Services and receive a decision from the department on such request; (4) order any wheelchair parts needed; (5) receive delivery of any needed repair parts; and (6) complete repairs (A) in the home or other community location, (B) remotely, or (C) at a repair facility.

(e) An authorized wheelchair dealer shall notify a consumer of such consumer's rights to timely repair, including a repair at the consumer's home upon the consumer's request, and other rights pursuant to this section in writing at the time of purchase or lease by the consumer of a wheelchair from the authorized wheelchair dealer and on such dealer's

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Internet web site and any mailings to the consumer.

Sec. 16. (*Effective from passage*) (a) The Commissioner of Social Services shall, in collaboration with the Commissioners of Children and Families, Developmental Services and Mental Health and Addiction Services, and the Office of the Behavioral Health Advocate, study the feasibility of establishing an inpatient facility to provide psychiatric treatment services to children and young adults between the ages of fourteen and twenty-one, inclusive, who have intellectual or developmental disabilities.

(b) The study shall include, but need not be limited to: (1) The appropriate size of such facility and number of persons to be served at one time; (2) the best treatment practices for the population; (3) the operational costs of establishing such a facility and the feasibility of operating the facility within available agency appropriations; (4) appropriate sites, which may include state-owned property, on which the facility may be built; and (5) billing options for payment of inpatient psychiatric services for the population served, including Medicaid billing options.

(c) Not later than July 1, 2027, the Commissioner of Social Services shall file a report, in accordance with the provisions of section 11-4a of the general statutes, on the results of the study with the joint standing committees of the General Assembly having cognizance of matters relating to children, human services, public health and appropriations and the budgets of state agencies.