

Aging Committee JOINT FAVORABLE REPORT

Bill No: HB-5299 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT ALLOWING TRAINED ASSISTED LIVING AIDES TO ADMINISTER
Title: MEDICATION TO ASSISTED LIVING RESIDENTS.

Vote Date: 3/5/2026

Vote Action: Joint Favorable Substitute

PH Date: 2/24/2026

File No.:

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SPONSORS OF BILL:

Aging Committee

REASONS FOR BILL:

This bill would allow trained assisted living aides to administer medication to assisted living residents.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

JFS Language (LCO 2734) This language defines a registered nurse to mean one who is employed by an assisted living services agency and who is authorized by them to delegate a trained assisted living aide employed by the agency to administer medication to a person who is receiving services for the agency.

It also indicates that a registered nurse delegates to a trained assisted living aide the administration of medicating shall be immune from civil liability for personal injuries or financial loss.

RESPONSE FROM ADMINISTRATION/AGENCY:

Ms. Mairead Painter, Long-Term Care Ombudsman, Dept. of Aging and Disability

Services: They offer **conditional support** for this proposal. It will allow a registered nurse to delegate the administration of certain, non-injectable medication to a trained assisted living aide. The proposal limits administration to non-injectable medications and requires regulatory oversight, the literature does reflect increased risk when it is performed by non-licensed personnel.

Mr. Michael Werner, Lead Aging Policy Analyst, Commission on Women, Children, Seniors, Equity & Opportunity: This bill represents an opportunity to strengthen assisted living care delivery, while maintaining strong safety standards. They support this bill and recommends implementation through a structured certification pathway requiring prior work experience, training and certification with clearly defined scope limitations and continued licensed nursing oversight.

NATURE AND SOURCES OF SUPPORT:

Ms. Emily Kelly, BSN, RN, Director of Resident Health Services, Essex Meadows: Many states have successfully adopted similar models, providing a wealth of best practices to draw from. She **supports** the bill and feels it is an essential move toward modernizing our care systems. She asks members of the legislature to support this bill and paving the way for a more responsive and sustainable healthcare environment.

Ms. Mag Morelli, President, LeadingAge Connecticut & Rhode Island: This bill proposes expanding an existing program to train and certify Assisted Living Aides to administer certain medications to residents in the assisted living setting and they are in **support** of this. If Connecticut were to adopt this legislation, we would be joining approximately 38 other states that allow this practice in either the assisted living or the nursing home setting as many states have done for years. They suggest using substitute language in Section 1(c) to improve the potential liability for the registered nurse for the acts or omissions of the trained aide.

NATURE AND SOURCES OF OPPOSITION:

The Connecticut Assisted Living Association: They are **opposed** to this bill as it is drafted. They don't feel the bill adequately addresses the nature and description of training, the full implications around responsibilities delegated in the Registered Nurse Section and it does not adequately address how DPH will oversee or enforce requirements of the newly empowered Assisted Living Aides.

Ms. Constance Hotchkiss, MSN, RN, Educator, Associate Degree Nursing Program at CT State Community College, Northwestern: She submitted testimony in **opposition** to this legislation. Medication administration is not a simple task of handing a pill to a resident. Nurses are educated to evaluate a resident's current condition, vital signs, lab values diagnoses, allergies and potential contraindications before giving a medication. Administration of medication is inseparable for clinical judgment. It requires the ability to determine not only how to give a medication, but whether it should be given at all at that moment.

Dr. Seema Pillai, DNP, RN, MBA, NEA-BC, NPD-BC: The Doctor offered testimony in **opposition** to this bill. She makes several comments and details her thoughts under the following headings.

- 1/ Medication administration is a high-risk clinical function.
- 2/ Older adults in assisted living are clinically complex.
- 3/ Delegation does not eliminate risk – it transfers it.
- 4/ Workforce shortages should not drive scope expansions.
- 5/ High Reliability requires guard rails, not relaxation.

Dr Edith Ouellet, EdD, RN, CNE, Educator: Her testimony is in **opposition** to this proposal. She points out that medication administration is a complex process that requires critical knowledge and skills to avoid adverse drug events, and the nursing assistant does not have the clinical education nor the theoretical knowledge to perform correct assessments or evaluations surrounding safe medication administration and management. This proposed legislation lacks a method of supervision by a licensed health care provider to create any type of safety net for this process.

Ms. Cassandra Esposito, RN, President of the Connecticut Nurses Association: Medication administration is one of the most safety-sensitive functions in health care. It has historically required licensure, formal education, national examination, and regulatory oversight. This bill would allow delegation of medication administration, including certain controlled substances, to individuals who are not licensed nurses. This represents a significant policy shift away from licensure-based medication administration standards. Before making that shift, the legislature should clearly establish why the current system is insufficient, what evidence demonstrates this change will not increase risk, and what statutory safeguards will protect residents. For this reason, they are **opposition** to this bill.

Reported by: Richard Ferrari, Assist. Clerk
Reviewed by: Elizabeth Aheart, Clerk

Date: 3/16/26