



General Assembly

Amendment

February Session, 2026

LCO No. 5692



Offered by:

REP. GILCHREST, 18th Dist.

SEN. LESSER, 9th Dist.

To: Subst. House Bill No. 5562

File No. 446

Cal. No. 329

"AN ACT CONCERNING VARIOUS REVISIONS TO HUMAN SERVICES STATUTES."

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

3 "Section 1. Subsection (b) of section 19a-697 of the general statutes is
4 repealed and the following is substituted in lieu thereof (*Effective July 1,*
5 *2026*):

6 (b) A managed residential community shall post in a prominent place
7 in the managed residential community the resident's bill of rights,
8 including those rights set forth in subsection (a) of this section. The
9 posting of the resident's bill of rights shall include contact information
10 for (1) the Department of Public Health and the Office of the State Long-
11 Term Care Ombudsman, including the names, addresses and telephone
12 numbers of persons within such agencies who handle questions,
13 comments or complaints concerning managed residential community,
14 and (2) the Department of Social Services to report the suspected abuse,

15 neglect, exploitation or abandonment of an elderly person, or that an
16 elderly person may be in need of protective services.

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18 repealed and the following is substituted in lieu thereof (*Effective from*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

20 (d) Not later than December 31, 2024, the Commissioner of Social
21 Services shall enter into a contract with an outside vendor to update the
22 system utilized by the Department of Social Services to administer the
23 supplemental nutrition assistance program for the purpose of enabling
24 the department to stagger the distribution of program benefits so that
25 benefits are distributed, in accordance with federal law, to cohorts of
26 program beneficiaries designated by the commissioner at multiple
27 intervals during each month. Not later than March 1, 2026, the
28 commissioner shall commence staggering the distribution of such
29 benefits to such cohorts of beneficiaries each month, in accordance with
30 federal law. Not later than April 1, 2026, [and annually thereafter,] the
31 commissioner shall report, in accordance with the provisions of section
32 11-4a, to the joint standing committee of the General Assembly having
33 cognizance of matters relating to human services regarding the
34 staggering of distribution benefits pursuant to this subsection.

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

38 (c) The department shall make information in the registry available
39 only to: (1) Authorized agencies, for the purpose of protective service
40 determinations; (2) employers who employ employees to provide
41 services to an individual who receives services or funding from the
42 department or the Medicaid waiver program for autism spectrum
43 disorder administered by the Department of Social Services, as
44 described in section 17a-215c; (3) the Departments of Children and
45 Families, Mental Health and Addiction Services, Social Services and
46 Administrative Services and the Office of Labor Relations, for the

47 purpose of determining whether an applicant for employment with the
48 Departments of Children and Families, Developmental Services, Mental
49 Health and Addiction Services and Social Services appears on the
50 registry; (4) the Office of the Probate Court Administrator, for the
51 purpose of determining whether a person proposed for appointment as
52 a guardian pursuant to part V of chapter 802h appears on the registry;
53 or (5) charitable organizations that recruit volunteers to support
54 programs for persons with intellectual disability or autism spectrum
55 disorder, upon application to and approval by the commissioner, for
56 purposes of conducting background checks on such volunteers.

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

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

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

77 (c) The network membership shall reflect the diversity of the lesbian,
78 gay, bisexual, transgender and queer community and include, but need

79 not be limited to, the following members, or their designees, appointed
80 jointly by the speaker of the House of Representatives and the president
81 pro tempore of the Senate:

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

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

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

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

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

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

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

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

108 and queer corporate employee affinity group;

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

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

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

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

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

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

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

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

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

135 (18) A lesbian, gay, bisexual, transgender or queer provider of mental

136 health services, licensed pursuant to chapter 370 or 383;

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

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

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

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

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

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

165 Sec. 5. Section 17b-337 of the general statutes is repealed and the

166 following is substituted in lieu thereof (*Effective July 1, 2026*):

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

190 (b) The Long-Term Care Planning Committee shall, within available
191 appropriations, study issues relative to long-term care, including, but
192 not limited to: [, the] (1) State models for financing of long-term care,
193 including, but not limited to, payroll deductions for long-term care; (2)
194 best practices for workforce retention, workforce wages and workforce
195 standards; (3) projected federal support for long-term care and solutions
196 for insufficient federal funding; (4) the case-mix system of Medicaid
197 reimbursement; [,] (5) community-based service options; [,] (6) access to
198 long-term care and geriatric psychiatric services; [. The committee shall

199 evaluate issues relative to] (7) long-term care in light of the United States
200 Supreme Court decision, *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999),
201 requiring states to place persons with disabilities in community settings
202 rather than in institutions when such placement is appropriate, the
203 transfer to a less restrictive setting is not opposed by such persons and
204 such placement can be reasonably accommodated; [The committee,
205 within available appropriations, shall evaluate] and (8) available data
206 on the average net actual Medicaid expenditures for nursing homes, in
207 comparison to average net actual Medicaid expenditures for home and
208 community-based services waiver participants who require a nursing
209 home level of care. [, including the number of individuals served, to
210 assist in short-term and long-term Medicaid expenditure forecasting.]

211 (c) The Long-Term Care Planning Committee shall consist of: (1) The
212 chairpersons and ranking members of the joint standing committees of
213 the General Assembly having cognizance of matters relating to human
214 services, public health [, elderly services and long-term care] and aging;
215 (2) the Commissioner of Social Services, or the commissioner's designee;
216 (3) [one member of the Office of Policy and Management appointed by]
217 the Secretary of the Office of Policy and Management, or the secretary's
218 designee, who shall serve as a chairperson; (4) [one member from the
219 Department of Public Health appointed by] the Commissioner of Public
220 Health, or the commissioner's designee; (5) [one member from the
221 Department of Housing appointed by] the Commissioner of Housing,
222 or the commissioner's designee; (6) [one member from the Department
223 of Developmental Services appointed by] the Commissioner of
224 Developmental Services, or the commissioner's designee; (7) [one
225 member from the Department of Mental Health and Addiction Services
226 appointed by] the Commissioner of Mental Health and Addiction
227 Services, or the commissioner's designee; (8) [one member from the
228 Department of Transportation appointed by] the Commissioner of
229 Transportation, or the commissioner's designee; (9) [one member from
230 the Department of Children and Families appointed by] the
231 Commissioner of Children and Families, or the commissioner's
232 designee; (10) [one member from] a representative of the Health

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

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

256 (e) Not later than January 1, 1999, and every three years thereafter,
257 the Long-Term Care Planning Committee shall submit a long-term care
258 plan pursuant to subsection (a) of this section to the joint standing
259 committees of the General Assembly having cognizance of matters
260 relating to human services, public health [, elderly services and long-
261 term care] and aging, in accordance with the provisions of section 11-4a,
262 and such plan shall serve as a guide for the actions of state agencies in
263 developing and modifying programs that serve persons in need of long-
264 term care.

265 (f) Any state agency, when developing or modifying any program

266 that, in whole or in part, provides assistance or support to persons with
267 long-term care needs, shall, to the maximum extent feasible, include
268 provisions that support care-giving provided by family members and
269 other informal caregivers and promote consumer-directed care.

270 (g) Not later than January 1, 2028, the committee shall, within
271 available appropriations, issue a report on the impact of Public Law 119-
272 21 and other recent federal regulatory changes on the financing of long-
273 term care options in the state and solicit recommendations for further
274 action.

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

277 (a) There is established a Long-Term Care Advisory Council which
278 shall consist of the following: (1) The executive director of the
279 Commission on Women, Children, Seniors, Equity and Opportunity, or
280 the executive director's designee; (2) the State Nursing Home
281 Ombudsman, or the ombudsman's designee; (3) the president of the
282 Coalition of Presidents of Resident Councils, or the president's designee;
283 (4) [the executive director of the Legal Assistance Resource Center of
284 Connecticut, or the executive director's designee] a representative from
285 one of the following state legal services programs: CT Legal Services,
286 Greater Hartford Legal Aid or New Haven Legal Assistance
287 Association; (5) the state president of AARP, or the president's designee;
288 (6) one representative of a bargaining unit for health care employees,
289 appointed by the president of the bargaining unit; (7) the president of
290 LeadingAge Connecticut & Rhode Island, Inc., or the president's
291 designee; (8) the president of the Connecticut Association of Health Care
292 Facilities, or the president's designee; (9) the president of the
293 Connecticut Association of Residential Care Homes, or the president's
294 designee; (10) the president of the Connecticut Hospital Association or
295 the president's designee; (11) the executive director of the Connecticut
296 Assisted Living Association or the executive director's designee; (12) the
297 executive director of the Connecticut Association for Homecare or the
298 executive director's designee; (13) the president of Connecticut

299 Community Care, Inc. or the president's designee; (14) one member of
300 the Connecticut Association of Area Agencies on Aging appointed by
301 the agency; (15) the president of the Connecticut chapter of the
302 Connecticut Alzheimer's Association; (16) one member of the
303 Connecticut Association of Adult Day Centers appointed by the
304 association; (17) the president of the Connecticut Chapter of the
305 American College of Health Care Administrators, or the president's
306 designee; (18) the president of the Connecticut Council for Persons with
307 Disabilities, or the president's designee; (19) the president of the
308 Connecticut Association of Community Action Agencies, or the
309 president's designee; (20) a personal care attendant appointed by the
310 speaker of the House of Representatives; (21) a person who, in a home
311 setting, cares for a person with a disability and is appointed by the
312 president pro tempore of the Senate; (22) three persons with a disability
313 appointed one each by the majority leader of the House of
314 Representatives, the majority leader of the Senate and the minority
315 leader of the House of Representatives; (23) a legislator who is a member
316 of the Long-Term Care Planning Committee; (24) one member who is a
317 nonunion home health aide appointed by the minority leader of the
318 Senate; [and] (25) the executive director of the nonprofit entity
319 designated by the Governor in accordance with section 46a-10b to serve
320 as the Connecticut protection and advocacy system or the executive
321 director's designee; (26) the Secretary of the Office of Policy and
322 Management, or the secretary's designee; and (27) the House and Senate
323 chairpersons and ranking members of the joint standing committee of
324 the General Assembly having cognizance of matters relating to human
325 services, or their designees.

326 (b) The House chairperson and Senate chairperson of the joint
327 standing committee of the General Assembly having cognizance of
328 matters relating to human services shall jointly appoint the chairpersons
329 of the council. The council shall advise and make recommendations to
330 the Long-Term Care Planning Committee established under section 17b-
331 337, as amended by this act, concerning the study conducted by the
332 committee pursuant to subsection (b) of section 17b-337, as amended by

333 this act, and may accept gifts or other charitable contributions to the
334 state to help finance its work.

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

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

342 (d) The advisory committee shall consist of (1) four members who
343 represent and shall be appointed by the Connecticut Hospital
344 Association, including three members who represent three separate
345 hospitals that are not affiliated of which one such hospital is an
346 academic medical center; (2) one member who represents and shall be
347 appointed by the Connecticut Nursing Association; (3) two members
348 who represent and shall be appointed by the Connecticut Medical
349 Society, including one member who is an active medical care provider;
350 (4) two members who represent and shall be appointed by the
351 Connecticut Business and Industry Association, including one member
352 who represents a large business and one member who represents a
353 small business; (5) one member who represents and shall be appointed
354 by the Home Health Care Association; (6) one member who represents
355 and shall be appointed by the Connecticut Association of Health Care
356 Facilities; (7) one member who represents and shall be appointed by
357 LeadingAge Connecticut & Rhode Island, Inc.; (8) two members who
358 represent and shall be appointed by the AFL-CIO; (9) one member who
359 represents consumers of health care services and who shall be
360 appointed by the Commissioner of Public Health; (10) one member who
361 represents a school of public health and who shall be appointed by the
362 Commissioner of Public Health; (11) the Commissioner of Public Health
363 or said commissioner's designee; (12) the Commissioner of Social
364 Services or said commissioner's designee; (13) the Secretary of the Office
365 of Policy and Management or said secretary's designee; (14) two

366 members who represent licensed health plans and shall be appointed by
367 the Connecticut Association of Health Care Plans; (15) one member who
368 represents and shall be appointed by the federally designated state peer
369 review organization; and (16) one member who represents and shall be
370 appointed by the Connecticut Pharmaceutical Association. The
371 chairperson of the advisory committee shall be the Commissioner of
372 Public Health or said commissioner's designee. The chairperson of the
373 committee, with a vote of the majority of the members present, may
374 appoint ex-officio nonvoting members in specialties not represented
375 among voting members. Vacancies shall be filled by the person who
376 makes the appointment under this subsection.

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

380 (b) Each licensee shall complete a minimum of forty hours of
381 continuing education every two years, including, but not limited to,
382 training in (1) Alzheimer's disease and dementia symptoms and care,
383 and (2) infection prevention and control. Such two-year period shall
384 commence on the first date of renewal of the licensee's license after
385 January 1, 2004. The continuing education shall be in areas related to the
386 licensee's practice. Qualifying continuing education activities are
387 courses offered or approved by the Connecticut Association of
388 Healthcare Facilities, LeadingAge Connecticut & Rhode Island, Inc., the
389 Connecticut Assisted Living Association, the Connecticut Alliance for
390 Subacute Care, Inc., the Connecticut Chapter of the American College of
391 Health Care Administrators, the Association For Long Term Care
392 Financial Managers, the Alzheimer's Association or any accredited
393 college or university, or programs presented or approved by the
394 National Continuing Education Review Service of the National
395 Association of Boards of Examiners of Long Term Care Administrators,
396 the Association for Professionals in Infection Control and Epidemiology
397 or by federal or state departments or agencies.

398 Sec. 9. Subsection (b) of section 309 of public act 23-204 is repealed

399 and the following is substituted in lieu thereof (*Effective from passage*):

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

408 Sec. 10. (*Effective July 1, 2026*) The provisions of 42 CFR 483.45(e) with
409 respect to the provision of anti-psychotic pharmaceuticals to a resident
410 of a nursing home and 42 CFR 483.10(c) with respect to informed
411 consent to treatment by a resident of a nursing home, adopted as of
412 January 1, 2026, shall apply to the provisions of the general statutes in
413 the same manner and with the same force and effect as if the language
414 of the federal regulations had been incorporated in full into the general
415 statutes.

416 Sec. 11. Subsection (d) of section 17a-812 of the general statutes is
417 repealed and the following is substituted in lieu thereof (*Effective July 1,*
418 *2026*):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

497 (3) Two appointed by the House and Senate chairpersons of the joint
498 standing committee of the General Assembly having cognizance of
499 matters relating to general law, each of whom is a representative of an
500 organization that represents persons with physical disabilities;

501 (4) Two appointed by the House and Senate ranking members of the
502 joint standing committee of the General Assembly having cognizance of
503 matters relating to general law, [each] one of whom is a consumer who
504 privately pays for complex rehabilitation technology wheelchairs and
505 one of whom is an authorized wheelchair dealer, as defined in section
506 42-337;

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

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

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

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

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

516 (c) Any member of the advisory council appointed under subdivision
517 (1), (2), (3) or (4) of subsection (b) of this section [may be a member of
518 the General Assembly] shall serve two-year terms at the pleasure of the
519 appointing authority.

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

523 (e) The Commissioner of Aging and Disability Services, or the
524 commissioner's designee, and a member of the advisory council chosen
525 by a majority of members of the advisory council, shall serve as
526 chairpersons. Such chairpersons shall schedule the first meeting of the
527 advisory council not later than September 1, 2024.

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

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

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

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

546 (b) An authorized wheelchair dealer shall maintain an electronic mail
547 address and a phone line for consumer repair requests that are
548 accessible each business day and capable of receiving and recording
549 messages. The authorized wheelchair dealer shall (1) respond to a
550 request for wheelchair repair not later than one business day after the

551 date of request, and (2) order parts for a repair not later than three
552 business days after assessing the need for the repair or after receiving
553 prior authorization from an insurer for the repair.

554 (c) On and after July 1, 2024, the Office of the Healthcare Advocate,
555 in consultation with the Department of Consumer Protection, shall
556 maintain a phone number and electronic mail address to be posted
557 conspicuously on the Internet web sites of the Office of the Healthcare
558 Advocate and the department, to receive and record complaints
559 regarding timely repair issues. Not later than January 1, 2025, and
560 annually thereafter, the Healthcare Advocate shall submit a report to the
561 joint standing committees of the General Assembly having cognizance
562 of matters relating to general law, human services and insurance
563 regarding the complaints received and recorded pursuant to this
564 subsection.

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

581 (e) An authorized wheelchair dealer shall notify a consumer of such
582 consumer's rights to timely repair, including a repair at the consumer's
583 home upon the consumer's request, and other rights pursuant to this

584 section in writing at the time of purchase or lease by the consumer of a
 585 wheelchair from the authorized wheelchair dealer and on such dealer's
 586 Internet web site and any mailings to the consumer.

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

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2026	19a-697(b)
Sec. 2	from passage	17b-105a(d)
Sec. 3	from passage	17a-247b(c)
Sec. 4	July 1, 2026	46a-175

Sec. 5	<i>July 1, 2026</i>	17b-337
Sec. 6	<i>July 1, 2026</i>	17b-338
Sec. 7	<i>from passage</i>	19a-1271(d)
Sec. 8	<i>from passage</i>	19a-515(b)
Sec. 9	<i>from passage</i>	PA 23-204, Sec. 309(b)
Sec. 10	<i>July 1, 2026</i>	New section
Sec. 11	<i>July 1, 2026</i>	17a-812(d)
Sec. 12	<i>July 1, 2026</i>	New section
Sec. 13	<i>from passage</i>	New section
Sec. 14	<i>July 1, 2026</i>	42-339
Sec. 15	<i>July 1, 2026</i>	42-338
Sec. 16	<i>from passage</i>	New section