



General Assembly

Amendment

February Session, 2026

LCO No. 5213



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4 repealed and the following is substituted in lieu thereof (*Effective July 1,*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18 repealed and the following is substituted in lieu thereof (*Effective from*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; (5) the state president
285 of AARP, or the president's designee; (6) one representative of a
286 bargaining unit for health care employees, appointed by the president
287 of the bargaining unit; (7) the president of LeadingAge Connecticut &
288 Rhode Island, Inc., or the president's designee; (8) the president of the
289 Connecticut Association of Health Care Facilities, or the president's
290 designee; (9) the president of the Connecticut Association of Residential
291 Care Homes, or the president's designee; (10) the president of the
292 Connecticut Hospital Association or the president's designee; (11) the
293 executive director of the Connecticut Assisted Living Association or the
294 executive director's designee; (12) the executive director of the
295 Connecticut Association for Homecare or the executive director's
296 designee; (13) the president of Connecticut Community Care, Inc. or the
297 president's designee; (14) one member of the Connecticut Association of
298 Area Agencies on Aging appointed by the agency; (15) the president of

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

323 (b) The House chairperson and Senate chairperson of the joint
324 standing committee of the General Assembly having cognizance of
325 matters relating to human services shall jointly appoint the chairpersons
326 of the council. The council shall advise and make recommendations to
327 the Long-Term Care Planning Committee established under section 17b-
328 337, as amended by this act, concerning the study conducted by the
329 committee pursuant to subsection (b) of section 17b-337, as amended by
330 this act, and may accept gifts or other charitable contributions to the
331 state to help finance its work.

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

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

339 (d) The advisory committee shall consist of (1) four members who
340 represent and shall be appointed by the Connecticut Hospital
341 Association, including three members who represent three separate
342 hospitals that are not affiliated of which one such hospital is an
343 academic medical center; (2) one member who represents and shall be
344 appointed by the Connecticut Nursing Association; (3) two members
345 who represent and shall be appointed by the Connecticut Medical
346 Society, including one member who is an active medical care provider;
347 (4) two members who represent and shall be appointed by the
348 Connecticut Business and Industry Association, including one member
349 who represents a large business and one member who represents a
350 small business; (5) one member who represents and shall be appointed
351 by the Home Health Care Association; (6) one member who represents
352 and shall be appointed by the Connecticut Association of Health Care
353 Facilities; (7) one member who represents and shall be appointed by
354 LeadingAge Connecticut & Rhode Island, Inc.; (8) two members who
355 represent and shall be appointed by the AFL-CIO; (9) one member who
356 represents consumers of health care services and who shall be
357 appointed by the Commissioner of Public Health; (10) one member who
358 represents a school of public health and who shall be appointed by the
359 Commissioner of Public Health; (11) the Commissioner of Public Health
360 or said commissioner's designee; (12) the Commissioner of Social
361 Services or said commissioner's designee; (13) the Secretary of the Office
362 of Policy and Management or said secretary's designee; (14) two
363 members who represent licensed health plans and shall be appointed by
364 the Connecticut Association of Health Care Plans; (15) one member who

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

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

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

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

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

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

413 Sec. 11. Subsection (d) of section 17a-812 of the general statutes is
414 repealed and the following is substituted in lieu thereof (*Effective July 1,*
415 *2026*):

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

428 Sec. 12. Section 17b-112d of the general statutes is repealed and the

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

430 A person convicted of any offense under federal or state law, on or
431 after August 22, 1996, which (1) is classified as a felony, and (2) has as
432 an element the possession, use or distribution of a controlled substance,
433 as defined in Subsection (6) of 21 USC 802, shall be eligible for benefits
434 pursuant to the temporary assistance for needy families program or the
435 supplemental nutrition assistance program pursuant to the Food and
436 Nutrition Act of 2008, if such person has completed a sentence imposed
437 by a court. A person shall also be eligible for said benefits if such person
438 is [satisfactorily] serving a sentence of a period of probation or is in the
439 process of completing or has completed a sentence imposed by the court
440 of mandatory participation in a substance abuse treatment program or
441 mandatory participation in a substance abuse testing program.

442 Sec. 13. Section 17b-105c of the general statutes is repealed and the
443 following is substituted in lieu thereof (*Effective July 1, 2026*):

444 The Commissioner of Social Services, in accordance with federal law,
445 may implement policy to simplify program administration and increase
446 payment accuracy in the supplemental nutrition assistance program,
447 while in the process of adopting such policy as regulation, provided
448 notice of such policy is published in the Connecticut Law Journal within
449 twenty days of implementation. Not later than October 1, 2027, the
450 commissioner shall align applications for federal supplemental
451 nutrition assistance with the provisions of 7 CFR 273.11(n) concerning
452 the eligibility status of persons who violate the conditions of probation
453 or parole and remove any requirement that an applicant attest that such
454 applicant does not have a probation or parole violation.

455 Sec. 14. (NEW) (*Effective July 1, 2026*) (a) Not later than October 1,
456 2027, and annually thereafter until October 1, 2032, the Commissioner
457 of Social Services shall file a report, in accordance with the provisions of
458 section 11-4a of the general statutes, with the joint standing committees
459 of the General Assembly having cognizance of matters relating to
460 appropriations and the budgets of state agencies and human services on

461 (1) the number of persons eligible for the HUSKY C health program, as
462 defined in section 17b-290 of the general statutes, for the prior fiscal
463 year, (2) the number of persons found ineligible for the program for
464 exceeding the asset limit and the amount by which their assets exceeded
465 the limit, and (3) projected costs to be incurred by the state in the
466 succeeding fiscal year if the asset limits were increased.

467 Sec. 15. Subsection (b) of section 17b-191 of the 2026 supplement to
468 the general statutes is repealed and the following is substituted in lieu
469 thereof (*Effective July 1, 2026*):

470 (b) The state-administered general assistance program shall provide
471 cash assistance of [(1)] two hundred sixty-nine dollars per month [for an
472 unemployable person upon determination of such person's
473 unemployability; (2) two hundred dollars per month for a transitional
474 person who is required to pay for shelter; and (3) fifty dollars per month
475 for a transitional person who is not required to pay for shelter] to
476 persons eligible for the program. The standard of assistance paid for
477 individuals residing in rated boarding facilities shall remain at the level
478 in effect on August 31, 2003. No person shall be eligible for cash
479 assistance under the program if eligible for cash assistance under any
480 other state or federal cash assistance program. The standards of
481 assistance set forth in this subsection shall be subject to annual increases,
482 as described in subsection (b) of section 17b-104.

483 Sec. 16. (*Effective July 1, 2026*) (a) As used in this section, (1) "benefits
484 cliff" means the loss or reduction of public assistance due to an increase
485 in employment income, and (2) "public assistance" means programs,
486 including, but not limited to, temporary family assistance, supplemental
487 nutrition assistance or housing assistance. Within available
488 appropriations, the Department of Social Services and the Office of
489 Early Childhood, in consultation with the Labor Department, the
490 Department of Housing, the Office of Workforce Strategy and the two-
491 generational initiative established pursuant to section 17b-112l of the
492 general statutes, may enter into a public-private partnership for the
493 design and evaluation of a benefits cliff pilot program in accordance

494 with the recommendations of a report that was produced pursuant to
495 special act 24-8.

496 Sec. 17. (*Effective from passage*) (a) As used in this section, (1)
497 "community health worker" has the same meaning as provided in
498 section 20-195sss of the general statutes; (2) "peer support services"
499 means recovery-focused behavioral health services that allow an
500 individual the opportunity to learn to manage such individual's
501 recovery with help from a peer support specialist; and (3) "peer support
502 specialist" means an individual who (A) has experience living with
503 mental illness or substance use disorder, and (B) is certified to provide
504 peer recovery support under a program administered by the
505 Department of Mental Health and Addiction Services.

506 (b) The Commissioner of Social Services shall evaluate how
507 community health workers and peer support specialists are reimbursed,
508 supervised and trained and make recommendations on how to structure
509 a reimbursement system to better integrate the work of community
510 health workers and peer support services into the state medical
511 assistance program. The commissioner shall review:

512 (1) Services under the medical assistance program that would benefit
513 from community health workers, peer support services and peer
514 support specialists;

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

517 (3) Payment mechanisms currently used to reimburse such workers
518 and specialists;

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

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

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

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

532 Sec. 18. Section 4 of public act 23-186 is repealed and the following is
533 substituted in lieu thereof (*Effective from passage*):

534 (a) For purposes of this section, "certified community health worker"
535 has the same meaning as provided in section 20-195ttt of the general
536 statutes. The Commissioner of Social Services shall design and
537 implement a program to provide Medicaid reimbursement to certified
538 community health workers for services provided to HUSKY Health
539 program members, including, but not limited to: (1) Coordination of
540 medical, oral and behavioral health care services and social supports; (2)
541 connection to and navigation of health systems and services; (3)
542 prenatal, birth, lactation and postpartum supports; and (4) health
543 promotion, coaching and self-management education.

544 (b) The Commissioner of Social Services and the commissioner's
545 designees shall consult with certified community health workers,
546 Medicaid beneficiaries and advocates, including, but not limited to,
547 advocates for persons with physical, mental and developmental
548 disabilities, and others throughout the design and implementation of
549 the certified community health worker reimbursement program in a
550 manner that (1) is inclusive of community-based and clinic-based
551 certified community health workers; (2) is representative of medical
552 assistance program member demographics; and (3) helps shape the
553 reimbursement program's design and implementation. The
554 commissioner, in consultation with community health workers,
555 Medicaid beneficiaries and such advocates, shall explore options for the

556 reimbursement program's design that ensures access to such
557 community health workers, encourages workforce growth to support
558 such access and averts the risk of creating financial incentives for other
559 providers to limit access to such community health workers.

560 [(c) Not later than January 1, 2024, and annually thereafter until the
561 reimbursement program is fully implemented, the Commissioner of
562 Social Services shall submit a report, in accordance with the provisions
563 of section 11-4a of the general statutes, to the joint standing committee
564 of the General Assembly having cognizance of matters relating to
565 human services and the Council on Medical Assistance Program
566 Oversight. The initial report shall be submitted not less than six months
567 prior to the implementation of the reimbursement program. The reports
568 shall contain an update on the certified community health worker
569 reimbursement program design, including, but not limited to (1) an
570 analysis regarding the program elements designed to ensure access to
571 such services, promote workforce growth and avert the risk of creating
572 financial incentives for other providers to limit access to such
573 community health workers, and (2) an evaluation of any impact of the
574 program on health outcomes and health equity.]

575 Sec. 19. (NEW) (*Effective January 1, 2027*) No insurer shall refuse to
576 renew any automobile liability insurance policy, as defined in
577 section 38a-341 of the general statutes, assign any surcharge on any
578 automobile liability insurance premium or otherwise increase the rate
579 for a motor vehicle policy solely on the basis that the named insured or
580 any operator who customarily operates an automobile insured under
581 the policy is a volunteer driver who provides services, including, but
582 not limited to, transporting individuals or goods without compensation
583 above expenses to (1) a corporation, as defined in section 33-1002 of the
584 general statutes, that is nonprofit, or (2) a charitable organization, as
585 defined in section 21a-190 of the general statutes.

586 Sec. 20. Section 42-339 of the general statutes is repealed and the
587 following is substituted in lieu thereof (*Effective July 1, 2026*):

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

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

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

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

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

612 (4) Two appointed by the House and Senate ranking members of the
613 joint standing committee of the General Assembly having cognizance of
614 matters relating to general law, ~~[each]~~ one of whom is a consumer who
615 privately pays for complex rehabilitation technology wheelchairs and
616 one of whom is an authorized wheelchair dealer, as defined in section
617 42-337;

618 (5) The Commissioner of Aging and Disability Services, or the

619 commissioner's designee;

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

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

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

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

627 (c) Any member of the advisory council appointed under subdivision
628 (1), (2), (3) or (4) of subsection (b) of this section [may be a member of
629 the General Assembly] shall serve two-year terms at the pleasure of the
630 appointing authority.

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

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

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

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

648 section 11-4a.

649 Sec. 21. Section 42-338 of the general statutes is repealed and the
650 following is substituted in lieu thereof (*Effective July 1, 2026*):

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

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

665 (c) On and after July 1, 2024, the Office of the Healthcare Advocate,
666 in consultation with the Department of Consumer Protection, shall
667 maintain a phone number and electronic mail address to be posted
668 conspicuously on the Internet web sites of the Office of the Healthcare
669 Advocate and the department, to receive and record complaints
670 regarding timely repair issues. Not later than January 1, 2025, and
671 annually thereafter, the Healthcare Advocate shall submit a report to the
672 joint standing committees of the General Assembly having cognizance
673 of matters relating to general law, human services and insurance
674 regarding the complaints received and recorded pursuant to this
675 subsection.

676 (d) Not later than December 31, 2024, and [annually] monthly
677 thereafter, an authorized wheelchair dealer that contracts with the
678 Department of Social Services to sell or lease wheelchairs to Medicaid

679 recipients shall submit a report to the Commissioner of Social Services
 680 and the advisory council established pursuant to section 42-339, as
 681 amended by this act, regarding repair of such wheelchairs. The report
 682 shall include, but need not be limited to, minimum, maximum and
 683 average times from the date and time of a repair request for the
 684 authorized wheelchair dealer to (1) respond; (2) conduct a repair
 685 assessment (A) in the home or other community location, (B) remotely,
 686 or (C) at a repair facility; (3) request any necessary prior authorization
 687 from the Department of Social Services and receive a decision from the
 688 department on such request; (4) order any wheelchair parts needed; (5)
 689 receive delivery of any needed repair parts; and (6) complete repairs (A)
 690 in the home or other community location, (B) remotely, or (C) at a repair
 691 facility.

692 (e) An authorized wheelchair dealer shall notify a consumer of such
 693 consumer's rights to timely repair, including a repair at the consumer's
 694 home upon the consumer's request, and other rights pursuant to this
 695 section in writing at the time of purchase or lease by the consumer of a
 696 wheelchair from the authorized wheelchair dealer and on such dealer's
 697 Internet web site and any mailings to the consumer."

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	July 1, 2026	17b-337
Sec. 6	July 1, 2026	17b-338
Sec. 7	from passage	19a-1271(d)
Sec. 8	from passage	19a-515(b)
Sec. 9	from passage	PA 23-204, Sec. 309(b)
Sec. 10	July 1, 2026	New section
Sec. 11	July 1, 2026	17a-812(d)
Sec. 12	July 1, 2026	17b-112d
Sec. 13	July 1, 2026	17b-105c

Sec. 14	<i>July 1, 2026</i>	New section
Sec. 15	<i>July 1, 2026</i>	17b-191(b)
Sec. 16	<i>July 1, 2026</i>	New section
Sec. 17	<i>from passage</i>	New section
Sec. 18	<i>from passage</i>	PA 23-186, Sec. 4
Sec. 19	<i>January 1, 2027</i>	New section
Sec. 20	<i>July 1, 2026</i>	42-339
Sec. 21	<i>July 1, 2026</i>	42-338