



General Assembly

**Amendment**

February Session, 2026

LCO No. 5592



Offered by:

REP. GILCHREST, 18<sup>th</sup> Dist.

SEN. LESSER, 9<sup>th</sup> 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4 repealed and the following is substituted in lieu thereof (*Effective July 1,*  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18 repealed and the following is substituted in lieu thereof (*Effective from*  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. Section 17b-112d of the general statutes is repealed and the  
432 following is substituted in lieu thereof (*Effective July 1, 2026*):

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

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 Section 17b-105c of the general statutes is repealed and the  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

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

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

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

470 Sec. 15. (*Effective from passage*) (a) As used in this section, (1) "peer  
471 support services" means recovery-focused behavioral health services  
472 that allow an individual the opportunity to learn to manage such  
473 individual's recovery with help from a peer support specialist; and (2)  
474 "peer support specialist" means an individual who (A) has experience  
475 living with mental illness or substance use disorder, and (B) is certified  
476 to provide peer recovery support under a program administered by the  
477 Department of Mental Health and Addiction Services.

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

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

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

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

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

491 (5) Best practices in other states for reimbursement, training and  
492 supervision of such specialists and integration of their services into

493 medical assistance programs; and

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

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

502 Sec. 16. Section 42-339 of the general statutes is repealed and the  
503 following is substituted in lieu thereof (*Effective July 1, 2026*):

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

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

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

518 (2) Two appointed by the House and Senate ranking members of the  
519 joint standing committee of the General Assembly having cognizance of  
520 matters relating to human services, one of whom is a consumer who  
521 uses a complex rehabilitation technology wheelchair purchased, leased  
522 or repaired under a private health insurance policy, and one of whom is

- 523 an authorized wheelchair dealer, as defined in section 42-337;
- 524 (3) Two appointed by the House and Senate chairpersons of the joint  
525 standing committee of the General Assembly having cognizance of  
526 matters relating to general law, each of whom is a representative of an  
527 organization that represents persons with physical disabilities;
- 528 (4) Two appointed by the House and Senate ranking members of the  
529 joint standing committee of the General Assembly having cognizance of  
530 matters relating to general law, [each] one of whom is a consumer who  
531 privately pays for complex rehabilitation technology wheelchairs and  
532 one of whom is an authorized wheelchair dealer, as defined in section  
533 42-337;
- 534 (5) The Commissioner of Aging and Disability Services, or the  
535 commissioner's designee;
- 536 (6) The Insurance Commissioner, or the commissioner's designee;
- 537 (7) The Commissioner of Social Services, or the commissioner's  
538 designee;
- 539 (8) The Healthcare Advocate, or the Healthcare Advocate's designee;  
540 and
- 541 (9) The Commissioner of Consumer Protection, or the commissioner's  
542 designee.
- 543 (c) Any member of the advisory council appointed under subdivision  
544 (1), (2), (3) or (4) of subsection (b) of this section [may be a member of  
545 the General Assembly] shall serve two-year terms at the pleasure of the  
546 appointing authority.
- 547 (d) All initial appointments to the advisory council shall be made not  
548 later than August 1, 2024. Any vacancy shall be filled by the appointing  
549 authority. The advisory council shall meet at least monthly.
- 550 (e) The Commissioner of Aging and Disability Services, or the

551 commissioner's designee, and a member of the advisory council chosen  
552 by a majority of members of the advisory council, shall serve as  
553 chairpersons. Such chairpersons shall schedule the first meeting of the  
554 advisory council not later than September 1, 2024.

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

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

565 Sec. 17. Section 42-338 of the general statutes is repealed and the  
566 following is substituted in lieu thereof (*Effective July 1, 2026*):

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

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

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

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

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

608 (e) An authorized wheelchair dealer shall notify a consumer of such  
609 consumer's rights to timely repair, including a repair at the consumer's  
610 home upon the consumer's request, and other rights pursuant to this  
611 section in writing at the time of purchase or lease by the consumer of a  
612 wheelchair from the authorized wheelchair dealer and on such dealer's  
613 Internet web site and any mailings to the consumer.

614 Sec. 18. (Effective from passage) (a) The Commissioner of Social Services

615 shall, in collaboration with the Commissioners of Children and Families,  
 616 Developmental Services and Mental Health and Addiction Services, and  
 617 the Office of the Behavioral Health Advocate, study the feasibility of  
 618 establishing an inpatient facility to provide psychiatric treatment  
 619 services to children and young adults between the ages of fourteen and  
 620 twenty-one, inclusive, who have intellectual or developmental  
 621 disabilities.

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

631 (c) Not later than July 1, 2027, the Commissioner of Social Services  
 632 shall file a report, in accordance with the provisions of section 11-4a of  
 633 the general statutes, on the results of the study with the joint standing  
 634 committees of the General Assembly having cognizance of matters  
 635 relating to children, human services, public health and appropriations  
 636 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	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	<i>July 1, 2026</i>	New section
Sec. 11	<i>July 1, 2026</i>	17a-812(d)
Sec. 12	<i>July 1, 2026</i>	17b-112d
Sec. 13	<i>July 1, 2026</i>	17b-105c
Sec. 14	<i>July 1, 2026</i>	New section
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>July 1, 2026</i>	42-339
Sec. 17	<i>July 1, 2026</i>	42-338
Sec. 18	<i>from passage</i>	New section