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SpecialReport

2026 Acts Affecting Health Professions and Institutions

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Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting health professions and institutions enacted during the 2026 regular legislative session. OLR's other Acts Affecting reports, including Acts Affecting Insurance, are, or will soon be, available on OLR's website.

Each summary indicates the public act (PA) or special act (SA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden. Complete summaries of public acts are, or will soon be, available on OLR's website.

The report generally includes acts that affect the (1) licensure and scope of practice of health care professionals, (2) regulation of health care facilities, and (3) delivery of health care services. Summaries are divided into categories for ease of reference; some provisions may fall into multiple categories.

Readers are encouraged to obtain the full text of acts that interest them from the General Assembly's website or the Connecticut State Library.

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Behavioral Health

Bridge Program for Emergency Opioid Use Disorder Treatment

Starting January 1, 2027, new legislation generally allows hospitals to (1) administer buprenorphine or methadone to someone who comes to the emergency department with symptoms of opioid use disorder without requiring them to be admitted; (2) offer these patients an opioid antagonist prescription when discharged and refer them to outpatient care; and (3) give these patients, when discharged, either a bridging dose for those given buprenorphine or last dose letter for those given methadone. (A "last-dose letter" is a formal, sealed document that confirms the exact date, time, and amount of the patient's last methadone dose.)

The new law does not (1) require providers to give these medications when medically contraindicated; (2) limit a treating clinician's ability to exercise professional judgement; or (3) prevent the use of other medications to treat opioid use disorder when it is clinically appropriate and the patient consents to it (PA 26-13, § 12, effective October 1, 2026).

CRISIS Initiative Expansion

A new law requires the State Police, in conjunction with the Department of Mental Health and Addiction Services (DMHAS), to expand the Connection to Recovery through Intervention, Support and Initiating Services (CRISIS) Initiative pilot program throughout the state by January 1, 2027. This expanded program must at least include the pilot program's components that require state police officer training, coordination between state police officers and mental health professionals, and referrals to mental health services facilities (PA 26-12, § 14, effective upon passage).

CWCSEO Working Group on Eating Disorder Treatment

A new law requires the executive director of the Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO) to establish working groups concerning the treatment of eating disorders and development of a state-wide food education roadmap and a model school nutrition curriculum (PA 26-62, §§ 1 & 2, effective upon passage).

Deploying Behavioral Health Professionals After Mass Shootings

New legislation requires the Department of Emergency Services and Public Protection commissioner to coordinate with the DMHAS commissioner, in addition to the Department of Public Health (DPH) commissioner as the law already requires, when deploying grief counselors and mental health professionals to provide mental health services to mass shooting victims' family members and other people with a close association to them. By law, these deployments must be made to (1) local community outreach groups in and around the impacted geographic location and

(2) any school or higher education institution where a mass shooting victim or perpetrator was enrolled (PA 26-38, § 3, effective upon passage).

DMHAS Advisory Boards

A new law updates the membership requirements of certain DMHAS advisory boards to reflect current practice. Among other things, it exempts Connecticut Valley Hospital's advisory council and Whiting Forensic Hospital's oversight board from a requirement under existing law that all DMHAS-operated hospitals and facilities that treat people with psychiatric disabilities or substance use disorders (or both) have an advisory board that includes members with lived experience of behavioral health disorders (PA 26-38, §§ 4-6, effective upon passage).

Peer Support Specialists

A peer support specialist is someone with experience living with mental illness or substance use disorder who is certified to provide peer recovery support services under a DMHAS-administered program. A new law requires the Department of Social Services (DSS) commissioner to (1) evaluate how peer support specialists are reimbursed, supervised, and trained and (2) recommend ways to structure a reimbursement system to better integrate this work into the state medical assistance program. The commissioner must submit the report to the Human Services Committee by January 31, 2027 (PA 26-72, § 13, effective upon passage).

Certificate of Need

CON Exemption for Certain Inpatient Behavioral Health Licensed Beds

A new law exempts increases in licensed beds at a state-owned or -operated hospital (e.g., Albert J. Solnit Children's Center) from the state's certificate of need (CON) requirements for health care entities if the additional beds are (1) added prior to July 1, 2026, and (2) dedicated to inpatient behavioral health services. Under the new law, if any of these additional licensed beds are converted to another inpatient service, a CON is required (PA 26-1, §§ 65 & 66, effective upon passage).

New CON Process

A new law replaces the state's existing CON program for health care entities with a new, generally streamlined CON process starting in July 2027, with final decision-making authority vested in a panel comprised of the DPH and DSS commissioners and the Office of Policy and Management (OPM) secretary (or their designees). It creates a new CON program within DPH to support the review of CON applications. Among other changes, the act (1) eliminates required CON approval for

certain service terminations and creates a separate process to oversee hospital service pauses or terminations; (2) shortens the list of factors considered in the CON review process; and (3) requires the panel to create an expedited review pathway for certain application categories (PA 26-68, §§ 226-246, effective October 1, 2026).

Dentistry

Cosmetic Injections by Dentists

Under a new law, dentists who meet certain training and professional liability insurance requirements generally may administer nonsurgical cosmetic injections, such as Botox or dermal fillers, on patients' faces (with restrictions in certain areas of the face). Under prior law, dentists could only perform cosmetic procedures related to the mouth or jaw (PA 26-13, §§ 34 & 35, effective October 1, 2026).

Dental Assistants Performing X-Rays

A new law eliminates the requirement that a dentist who has delegated the taking of dental x-rays to a dental assistant remain on-site while the assistant performs the procedure (PA 26-13, § 33, effective October 1, 2026).

Dentists' Continuing Education

By law, dentists generally must complete 25 contact hours of continuing education every two years, starting with their second license renewal. This must include at least one contact hour in any three of the topics on DPH's topic list. Under a new law, starting with registration periods beginning on or after October 1, 2026, DPH must add to the list of topics (1) providing dental care to people with intellectual or developmental disability and (2) identifying victims of human trafficking (PA 26-13, § 36, effective July 1, 2026).

Veteran Dental Care Program

This session, the legislature created a Veteran Dental Care Program to help eligible veterans receive certain dental services, capped at $3,000 a year per veteran and $1,000,000 per fiscal year for the program. The program covers biannual examinations, fillings, root canals, crowns, prosthetics, and oral surgery. It does not cover implants, fixed bridges, orthodontics, cosmetic services (for example, whitening or veneers), or telehealth services.

Veterans may apply starting January 1, 2027, on a form available at town clerks' offices (PA 26-35, §§ 4 & 5, effective October 1, 2026).

Developmental Disabilities

DDS Abuse and Neglect Investigations

A new law requires the Department of Developmental Services (DDS) to give copies of original or investigation reports of alleged abuse and neglect to the alleged victim's parent, guardian, or other legal representative, upon request to the applicable regional DDS office. Under the act, these people cannot access the reports if they are, or live with, the alleged or substantiated perpetrator.

Among other things, the act requires DDS to (1) ensure all staff are trained in state law's information sharing requirements for abuse and neglect complaints; (2) give certain people with intellectual disabilities, and their legal representatives, a guide on the DDS abuse and neglect reporting process during the person's annual individual planning meeting; and (3) ensure all materials related to abuse and neglect prevention and reporting are distributed through a consumer-friendly and easily accessible website (PA 26-39, various effective dates).

DDS Community Residential Facility Revolving Loan Fund Program

A new law modifies this program, which issues loans related to community-based residential facilities for people with intellectual disabilities or autism spectrum disorder. Among other things, the act (1) increases the maximum loan amount for capital repair and improvement projects; (2) eliminates rehabilitation projects from the program; and (3) requires loan recipients to be licensed or certified providers that own or operate the community residential facility for the loan's duration (PA 26-29, §§ 3, 4 & 6, effective upon passage).

DDS Former Employee Registry Access

New legislation broadens access to DDS' registry of former employees terminated or separated from employment due to substantiated abuse or neglect. Existing law requires the department to make the registry available to specified agencies, employers, and charitable organizations. The act additionally requires the department to make the registry available to employers of service providers for those who get services or funding under the autism spectrum disorder Medicaid waiver (PA 26-72, § 3, effective upon passage).

DDS Independent Mortality Review Board

This session, the legislature made changes to the DDS Independent Mortality Review Board (IMRB) by removing a statutory reference to Executive Order 57. This 2017 executive order established two boards that review and investigate certain deaths of people with intellectual disabilities under DDS care (i.e. Independent Mortality Review Board and Fatality Review Board (FRB)). In doing so, the

new law appears to eliminate the FRB and merge its functions with the IMRB. (In practice, the responsibilities of the two boards overlapped.)

The new law specifically establishes the IMRB in statute and codifies, with changes, the IMRB's membership. It allows, rather than requires, specified people to serve as board members, depending on the case under review. And it allows the board's chairperson to add any members to the IMRB he or she deems beneficial, so long as the majority of the board's members are not DDS employees. By law, DDS and IMRB mortality processes are subject to existing law's confidentiality and peer review requirements (PA 26-54, effective upon passage).

DDS Payments to Landlords

Under a new law, DDS may make payments directly to landlords for people with intellectual disability who participate in the department's Community-Based Housing Subsidy Program. Previously, DDS could only pay program participants directly. By law, this program provides rental subsidies to people with intellectual disability who receive residential services from DDS but whose current services or income do not cover their housing costs (PA 26-29, § 1, effective upon passage).

Feasibility Study for Inpatient IDD Facility for Children and Young Adults

A new law requires DSS to study the feasibility of establishing an inpatient facility to provide psychiatric treatment services to children and young adults, ages 14 to 21, with intellectual or developmental disabilities (IDD). The commissioner must include certain things in the study, like the appropriate facility size and number of people served, best treatment practices for the population, and the facility's operational costs. DSS must submit its report by July 1, 2027, to the Appropriations, Children's, Human Services, and Public Health committees (PA 26-62, § 3, and PA 26-72, § 16, effective upon passage).

Emergency Medical Services

EMS Licensure Compact and Background Checks

A new law enters Connecticut into the Recognition of Emergency Medical Services (EMS) Personnel Licensure Interstate Compact, no earlier than one year after a neighboring state enters it. The compact creates a process authorizing EMS personnel who are licensed (or otherwise credentialed) in one member state to practice across state boundaries without requiring licensure in each state. The act correspondingly requires DPH to institute a criminal background check requirement for

EMS personnel (starting one year after a neighboring state enters the compact) (PA 26-13, §§ 28-30, effective October 1, 2026).

Public Safety Personnel Recruitment and Retention Task Force

New legislation establishes a task force to study recruitment and retention issues for public safety personnel. Among other things, the study must examine the feasibility and fiscal impact of the state providing various types of tuition waivers to EMS personnel, their dependent children, and other specified public safety personnel. The task force must submit its findings and recommendations to the Public Safety and Security Committee by January 1, 2027 (PA 26-12, § 73, effective upon passage).

Tuition and Mortgage Assistance

A new law provides tuition and mortgage assistance to eligible EMS personnel and other first responders. Among other things, the act requires the (1) Board of Regents for Higher Education to waive CT State and Connecticut State Colleges and Universities tuition (subject to certain caps) for eligible first responders who are accepted or enrolled and (2) Connecticut Housing Finance Authority (CHFA) to develop and administer a mortgage assistance program for eligible first responders who are buying a home as their principal residence in the community where they serve. (PA 26-12, §§ 65-72, various effective dates).

Environmental Health and Water Regulation

Apprentice Water System Operators

A new law allows DPH to certify apprentice operators for water treatment plants, water distribution systems, or small water systems. To qualify, an applicant must (1) be a state Department of Labor (DOL)-registered apprentice who completed a DOL-approved apprenticeship for the applicable system type and (2) have passed a written exam after completing the apprenticeship. The apprentice must be directly supervised by a certified water operator of the appropriate system type (PA 26-142, § 26, effective July 1, 2026).

Asbestos Professionals

The legislature made various changes to laws on asbestos professional credentialing, including certain changes to conform to existing practice or regulation. For example, it (1) prohibits anyone who provides services as an asbestos contractor from performing any duties associated with those of asbestos abatement site supervisors unless the person is certified as a site supervisor and (2) requires asbestos training programs to comply with the federal Environmental Protection Agency's

(EPA) model accreditation plan, as well as DPH regulations as under existing law (PA 26-142, §§ 8-16, 19 & 27, effective October 1, 2026).

Bottled Water and Water Sources

A new law makes changes to DPH's oversight of bottled water and water sources, such as specifically (1) requiring the commissioner to issue a schedule of perfluoroalkyl substances (PFAS) and unregulated contaminants and acceptable levels for each, based on EPA regulations, and requiring that bottlers' testing of water sources test for compliance with this schedule and standards in DPH regulations and (2) allowing DPH to set conditions on its approval of bottled water sources (PA 26-142, §§ 1-6, effective October 1, 2026).

Environmental Laboratories

New legislation makes various changes to laws on environmental laboratories that test drinking water, sewage, soil, and other environmental samples for contaminants. For example, it, (1) requires certain out-of-state laboratories to get DPH's approval before operating service centers (collection sites) in the state and (2) expands the range of disciplinary actions that DPH may take against in-state laboratories (PA 26-142, §§ 7 & 20, effective October 1, 2026).

Sewage Disposal and Nitrogen Removal

A new law requires the DPH and Department of Energy and Environmental Protection (DEEP) commissioners, by July 1, 2028, to consult with nitrogen removal experts to establish procedures and standards for reviewing and approving new nitrogen removal technologies for DPH-regulated on-site subsurface sewage disposal systems (PA 26-13, § 8, effective upon passage).

Subsurface Sewage Enforcement Officer Certification

This session, the legislature created a three-phase certification program for subsurface sewage enforcement officers who perform inspections and similar work related to subsurface sewage disposal systems (septic systems). Starting on October 1, 2026, the new law generally requires anyone performing the duties of these officers to (1) become certified by DPH and (2) be appointed by a local health director as the local department's or district's employee or contractor. It provides a grace period for people approved before October 1, 2026, under existing regulations to serve in a similar role (PA 26-142, §§ 21-25, most provisions effective upon passage).

Well Water Testing Results

A new law (1) allows health authorities to disclose private residential or semipublic well testing results to eligible parties without getting the DPH commissioner's approval, and (2) expands the

allowable recipients to include certain nearby property owners (PA 26-13, § 31, effective October 1, 2026).

Food Regulation

Adulterated or Misbranded Food

A new law broadly extends to establishments certain prohibitions on selling adulterated or misbranded food, which previously applied only to vending machines. It also specifically allows the Department of Consumer Protection (DCP) to prohibit establishments from selling adulterated or misbranded food until the conditions are remedied (PA 26-100, § 10, effective July 1, 2026).

Baby Products and Toxic Heavy Metals

Beginning January 1, 2028, a new law prohibits making, selling, or distributing a baby food product (excluding formula) containing a toxic heavy metal (such as arsenic, cadmium, lead, and mercury) in an amount exceeding a limit set by the federal Food and Drug Administration (FDA). It will also require manufacturers to test their products for these metals, post test information on their websites, and display certain information on product containers related to these metals (PA 26-100, § 26, effective October 1, 2026).

Food Code

This session, the legislature made minor and clarifying changes to laws related to the food code, such as updating terminology and specifying that the DPH commissioner's authority to adopt regulations to implement food code-related laws includes a law on audits of local health department food protection programs (PA 26-68, §§ 189-191, effective upon passage).

Task Force on Dietary Supplements and Over-The-Counter Diet Pills

A new law establishes an 11-person task force to study the sale of dietary supplements for weight loss or muscle building and over-the-counter diet pills. It must report its findings to the legislature by January 1, 2027 (PA 26-100, § 29, effective upon passage).

Funeral Services, Crematories, and Associated Matters

Alkaline Hydrolysis and Crematories

A new law exempts crematories that perform only alkaline hydrolysis (a flameless cremation method) at funeral homes from the law's general restrictions on crematories being near residential properties and allows DPH to adopt regulations on crematories, including on alkaline hydrolysis and other chemical cremation processes (PA 26-142, §§ 17 & 18, effective upon passage).

Crematory Air Permits

This session, the legislature passed a law requiring the DEEP commissioner to establish a working group to evaluate mercury vapor emissions and fine particulate matter emissions factors associated with crematories used for human remains. The working group must also develop recommendations for using emission factors in the review of certain permit applications, registrations, and other approvals (SA 26-33, effective upon passage).

Disposal of Abandoned Bodies or Remains

A new law allows DPH to appoint an embalmer to dispose of an abandoned dead body or abandoned cremated remains after a funeral director or embalmer has voluntarily or improperly relinquished control of the body or remains in violation of law (PA 26-68, § 186, effective upon passage).

Funeral Service Contracts

A new law establishes a funeral service guaranty account to provide restitution to victims of unlawful practices related to funeral service contracts. It also requires (1) providers of these contracts to give purchasers a copy of DCP's fact sheet on funeral service contracts and (2) purchasers to attest in the contract that they had time to review the fact sheet. The new law also creates a working group to study issues related to prepaid funeral service contracts, consumer protections for purchasers, and the guaranty account (PA 26-57, most provisions effective upon passage).

Health Care Facilities

Evaluation on Appointment of Receivers to Manage Hospitals in Financial Distress or Operational Crisis

Under a new law, the DPH commissioner must evaluate and report to the Public Health Committee by October 1, 2027, on whether the attorney general should be authorized to petition the Superior Court to appoint a receiver to manage a hospital in financial distress or operational crisis (SA 26-29, effective upon passage).

Health Care Facility Patient Lift Account

A new law creates a separate, nonlapsing account to be used by DPH to give grants to eligible health care entities to buy lifts for transferring elderly patients or patients with disabilities, injuries, or chronic health conditions from facility beds to wheelchairs or other equipment. Under the act, eligible entities include physician offices, radiological facilities, imaging centers, hospitals,

outpatient clinics, hospice facilities, and long-term care facilities (such as nursing homes and residential care homes) (PA 26-36, effective July 1, 2026).

Hospital Community Health Needs Assessments

New legislation requires hospitals, when conducting a community health needs assessment, to (1) consider including the nutritional needs of community members with diabetes and congestive heart failure, if warranted by available data and (2) include these community members' nutrition needs in their assessment to the extent federal law allows.

To maintain tax-exempt status under federal law, a nonprofit hospital must, among other things, (1) conduct a community health needs assessment at least once every three years and (2) adopt an implementation strategy to meet the needs identified in the assessment (PA 26-13, § 11, effective October 1, 2026).

Hospital Financial Assistance Policies for Patients

A new law requires each hospital to have a written financial assistance policy, consistent with federal regulations that require nonprofit hospitals to have these policies in order to maintain their tax-exempt status. Under the new law, these policies must include certain components, such as eligibility criteria and instructions on how to apply for assistance. Hospitals also must include related information with their billing statements and on their websites (PA 26-68, §§ 355 & 356, as amended by PA 26-76, §§ 28 & 57, most provisions effective October 1, 2026).

Hospital Provider Tax Changes

This session, the legislature restructured the hospital provider tax primarily by (1) decreasing the tax on inpatient hospital services from 6% to 4% for FYs 27 through 31 and then 3.5% starting in FY 32; (2) decreasing the total revenue on which the outpatient hospital services tax is calculated; (3) changing the base year used to calculate the tax; and (4) requiring children's general hospitals to pay the tax starting July 1, 2026 (PA 26-68, §§ 357-362, and PA 26-76, §§ 18-20 & 82; generally effective July 1, 2026).

The act also diverts hospital provider tax revenue to a new dedicated account that must be used to make newly revamped supplemental payments to hospitals, hospital-affiliated medical groups, and faculty practice plans (see below) (PA 26-68, § 363, as amended by PA 26-76, § 83, effective July 1, 2026).

Hospital Sale-Leaseback and Private Equity Restrictions

Under a new law, hospitals are barred from entering into sale-leaseback transactions involving their main campus real property starting in July 2027. This law also requires hospitals, starting by February 15, 2027, to annually submit to DPH an attestation that no private equity entity (1) has a controlling interest in or ultimate governance control over its main campus or (2) is allowed to direct the hospital's adoption of any policy or procedure that would interfere with clinicians' professional judgment or clinical decisions (PA 26-22, effective upon passage).

Hospital Staffing Committees and Nurse Staffing Plans

A new law requires the DPH commissioner, by January 1, 2027, to create a report on variations from the nurse staffing plans that the law requires hospitals to develop. The report must include the number of times (1) a hospital-wide variation from the nurse staffing plans occurred and (2) there was a unit level variation from the nurse staffing plans by a hospital. The commissioner must submit the report to the Labor and Public Employees and Public Health committees (PA 26-12, § 33, effective October 1, 2026).

Hospital Supplemental Payments

Generally, supplemental payment pools are hospitals grouped for purposes of receiving Medicaid supplemental payments. Through FY 26, the law requires DSS to establish pools according to a settlement agreement that expires at the end of the fiscal year. The budget act establishes several supplemental payment pools and sets a payment schedule for each pool, beginning for FY 27, and establishes a hospital supplemental payment account that DSS must use to make these supplemental payments.

The act creates five inpatient supplemental payment pools (a general pool, and separate pools for small hospitals, mid-sized hospitals, independent mid-sized hospitals, and large hospitals); three outpatient supplemental payment pools (a general pool, and separate pools for mid-sized hospitals and independent mid-sized hospitals); and two other supplemental pools (one for physicians and mid-level practitioners and one for faculty practice plans). It also sets requirements for various disproportionate share hospital (DSH) payments, among other things (PA 26-68, § 363, as amended by PA 26-76, § 83, both effective July 1, 2026).

Peace Officer Civil Offense Custody Actions

The legislature passed restrictions on detaining, arresting, or taking someone into custody based on a civil offense in certain locations, including at hospitals and urgent care centers. To take any of these actions, the peace officer must be acting in his or her official capacity and have a judicial

warrant for the individual. This restriction applies to hospital or urgent care center buildings, their grounds, and garages or parking lots that are used as part of their operation (PA 26-14, § 7, effective October 1, 2026).

Penalties for Unlicensed Facilities

A new law allows DPH, after a hearing, to impose a civil penalty of up to $5,000 per day against anyone who opens, manages, or operates a health care facility without a required DPH license (or certificate for nursing facility management services). It also imposes criminal penalties for this activity, generally making it a class C misdemeanor (punishable by up to three months in prison) with a maximum $2,000 daily fine. But the criminal penalty does not apply to (1) an institution that applied to renew its license within 60 days after the license lapsed, even if the application was incomplete when submitted, or (2) a regulated financial institution taking ownership of a facility after a foreclosure when the operator continues to occupy it (PA 26-68, §§ 183 & 184, as amended by PA 26-76, §§ 77 & 78, effective October 1, 2026).

Workforce Housing Options

A new law requires the housing commissioner and CHFA executive director to seek a partnership with one or more municipalities or hospitals in the state to increase workforce housing options. By January 1, 2028, they must give the Finance, Revenue and Bonding Committee a report detailing the status of the partnership and any recommendations on other ways to increase these housing options (PA 26-68, § 351, effective July 1, 2026).

Health Professionals

CHESLA Graduate Loan Program

A new law requires the Connecticut Higher Education Supplemental Loan Authority (CHESLA) to create a Supplemental Graduate Loan Program to provide loans to eligible graduate students. It makes the program's loans available to students in or from the state who are enrolled in an eligible advanced academic or professional degree program, as determined by CHESLA, that is pursued after earning a bachelor's degree.

The new law also (1) authorizes $30 million in new general obligation bonds for FY 26 for the program and (2) increases, from $300 million to $750 million, the aggregate amount of outstanding CHESLA bonds that may be secured by special capital reserve funds (PA 26-68, §§ 340, 341 & 344, effective upon passage).

Civil Penalties for Unlicensed Practice

A new law allows DPH (or its licensing boards or commissions, as applicable), after a hearing, to impose a civil penalty of up to $25,000 per day against a person who provides professional services without a required DPH license or certificate (PA 26-68, § 185, effective October 1, 2026).

Collaboration Between Police Officers and Social Workers

Under a new law, the Police Officer Standards and Training Council (POST) must add information to its guidance to law enforcement units on how police officers may collaborate with social workers. Beginning October 1, 2026, the act requires the guidance to include (1) the potential impact of this collaboration and (2) instances where it may or may not be feasible, including when a social worker may respond to a call for assistance or accompany a police officer on certain calls for assistance (PA 26-130, § 10, effective upon passage).

DESPP-SCSU Social Work and Law Enforcement Project

New legislation makes changes to the law requiring the Department of Emergency Services and Public Protection (DESPP), in consultation with POST, to establish a social work and law enforcement project at Southern Connecticut State University (SCSU). It modifies, from January 1, 2026, to January 1, 2027, the date by which the DESPP commissioner must enter into a memorandum of understanding (MOU) with SCSU to establish the project and requires the MOU to be for at least $850,000 and address expanding and supporting the social work and law enforcement project. A separate act also requires the commissioner, POST, and the SCSU president to jointly report, by January 1, 2027, and annually after, on the status of the project and its associated expenditures to the Appropriations and Public Safety and Security committees (PA 26-68, § 484, effective July 1, 2026, and PA 26-76, § 106, effective upon passage).

Enhanced Workers' Compensation Benefits for Health Care Providers Assaulted at Work

A new law allows certain health care providers and related employees to receive enhanced workers' compensation benefits if they are unable to work due to being physically or negligently assaulted while performing their work duties. More specifically, it qualifies them to receive a workers' compensation benefit that equals 100% of their gross (rather than net) average weekly earnings, with no cap on the benefit amount, plus their reasonable expenses for medical or other services needed due to the assault, and any lost wages due to an absence for a court appearance connected to the assault (PA 26-12, § 1, effective October 1, 2026).

Income Tax Exemption for U.S. Public Health Service Commissioned Corps

A new law exempts from income tax any income received from the U.S. government as retirement pay for retired members of the U.S. Public Health Service's commissioned corps (a U.S. uniformed service) (PA 26-68, § 277, effective July 1, 2026, and applicable to tax years starting on or after January 1, 2026).

Nurse's Aides

Starting in October 2027, a new law expands DPH's nurse's aide registry to include nurse's aides working at any DPH-licensed health care institution, rather than just nursing homes as under prior law. The act also makes related changes to expand DPH's authority to take disciplinary action against nurse's aides who commit specified misconduct (PA 26-13, §§ 23-24 & 27, effective October 1, 2027).

Another new law requires DPH to establish and administer a grant program, within available appropriations, to expand certified nursing assistant training programs in the greater Hartford area and rural communities in the state. To the extent possible, it must use federal funds from the Rural Health Transformation Program for the grants to programs in rural communities (PA 26-12, § 34, effective upon passage).

Patient Notice on Medical Records Retention

New legislation requires health care providers, starting by January 1, 2027, to notify patients in writing at their initial intake, about the amount of time the law requires the provider to keep their medical records and how the patient can request copies of them (PA 26-13, § 4, effective October 1, 2026).

Patient Violence Reporting Working Group

This session, the legislature established a working group to study implementing a system (1) for health care providers to report incidents of violence that a patient directs at a provider to the Statewide Health Information Exchange (known as "Connie") and (2) that alerts providers when they accept a new patient or have a scheduled visit with an existing patient who has a documented history of any of those incidents. The working group must report its findings to the Public Health Committee by January 1, 2027 (PA 26-12, § 3, effective upon passage).

Prospective Social Worker Internship and First Year Social Worker Mentorship Programs

A new law requires the Department of Children and Families (DCF) to establish, by January 1, 2027, a (1) first-year social worker mentorship program for their newly hired social workers and (2) prospective social worker internship program for people enrolled in a bachelor's or master's degree program in a relevant field (in consultation with higher education institutions). Under the act, DCF must pay a stipend to each intern and mentor who successfully completes either program (PA 26-26, § 5, effective October 1, 2026).

State Employee Hazardous Duty Disability Benefits

Under a new law, health care providers employed at state-operated health care facilities or institutions qualify for state employee hazardous duty disability benefits if they are assaulted while performing their duties. With these benefits, if the employee is totally incapacitated, he or she receives 100% of their salary at the time of the injury, plus normal salary increases, for up to five years. If the employee is still totally disabled after five years, the benefit generally drops to 50% of their salary for as long as the employee remains totally disabled (PA 26-68, § 222, effective October 1, 2026).

Home Health Care and Hospice

Personal Protective Equipment for Home Health Aides

A new law requires home health aide agencies to give, for free, their home health aide employees and contractors personal protective equipment that is necessary for safely providing home health aide services to each client, like (1) disposable gloves; (2) hand sanitizer; (3) aprons, gowns, and foot covers; and (4) face shields, surgical masks, or N95 masks (PA 26-74, § 4, effective October 1, 2026).

Study on Palliative and Hospice Care in Litchfield County

A new law requires the DSS commissioner, in consultation with the DPH commissioner, to study the need for palliative and hospice care services in Litchfield County, considering any findings of the Palliative Care Advisory Council.

Under the act, the DSS commissioner must report on the study to the Human Services and Public Health committees by January 1, 2027. If the study finds there is a need for these services, the new law allows the DSS commissioner, within available appropriations, to implement a pilot program in Litchfield County to provide them (SA 26-27, effective upon passage).

Task Force on Parking Challenges for Home Health Agencies

The legislature created a task force to study and make recommendations on parking access challenges for home health agencies (licensed home health care or home health aide agencies) delivering services in residential settings. The task force must submit a report on its findings and recommendations to the Transportation Committee by January 1, 2027 (PA 26-63, § 35, effective upon passage).

Immunizations

State Immunization Standards

In response to recent changes in federal Centers for Disease Control and Prevention (CDC) vaccine standards, the legislature enacted a law requiring DPH to establish immunization standards of care for all Connecticut residents, instead of only children and adolescents. In developing these standards, it allows DPH to consider recommended vaccine schedules from several medical professional organizations, such as the American Academy of Pediatrics and American Academy of Family Physicians.

Among other things, the new law also requires (1) the Connecticut Vaccine Program to give all children's vaccines included under DPH's standard of care, instead of only those recommended by the CDC; (2) establishes, within available appropriations, a new DPH-administered Vaccines for Adults Program that gives vaccines at no cost to under- and uninsured adults; (3) requires certain health insurance policies to cover immunizations included in DPH's standards of care; and (4) allows licensed pharmacists to give vaccines listed in DPH's immunization standards of care, instead of only CDC-recommended vaccines, for adults and certain minors.

Additionally, the new law expressly provides that the state's Religious Freedom Restoration Act does not apply to school and child care facility immunization requirements (PA 26-3, various effective dates).

Insurance

Anti-Steering Clauses

A new law specifically allows health carriers and health plan administrators to use utilization management provisions to encourage enrollees to use certain hospitals and health systems (such as centers of excellence) by expanding the definition of anti-steering clauses (PA 26-68, § 218, effective October 1, 2026).

Benefit Mandates

A new law generally requires certain individual and group health insurance policies to provide coverage for:

1. Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute onset Neuropsychiatric Syndrome (PANS) treatment, including the use of intravenous immunoglobulin therapy;

2. prosthetic devices designed exclusively for athletic purposes at least equivalent to the Medicare coverage, including medically necessary repairs and replacements;

3. scalp cooling systems used with chemotherapy, at least equivalent to Medicare coverage; and

4. medically necessary infertility diagnosis and treatment under an expanded definition of "infertility" that, among other things, establishes various new ways in which infertility can be determined, such as the inability to establish or carry a pregnancy based on a person's medical, sexual and reproductive history, age, physical findings, diagnostic testing, or any combination of these factors (PA 26-33, effective January 1, 2027).

Health Care Programs and Stakeholder Engagement

A new law authorizes (1) OPM to study, and, under certain circumstances, direct state agencies to pursue federal approval for a Connecticut Option program (with the goal of reducing health insurance premiums) and (2) DSS, under certain circumstances, to develop an application to establish a basic health program (BHP). For both programs, the act requires OPM to hold stakeholder engagement meetings that include representatives of hospitals, health centers, health care providers, and health insurers, among others (PA 26-68, §§ 453-456, various effective dates).

Health Care Provider Payments

New legislation makes changes to laws regarding claim payments and appeals between health care providers (for example, physicians) and (1) contracting health organizations (managed care organizations and preferred provider networks) or (2) health insurance carriers. For contracting health organizations' provider claim payment and appeals processes, the new law:

1. reduces, from 18 months to 12 months, the time period after receiving a clean (complete and error-free) claim during which a contracting health organization may generally cancel, deny, or demand full or partial return of payment from a health care provider due to an administrative or eligibility error;

2. allows organizations to use a secure electronic provider portal or electronic clearinghouse used for claims or remittance communications to give providers the 30-day minimum advance notice of a payment cancellation, denial, or demand notice required by law; and

3. requires the organization to notify the provider of its appeal determination within 30 business days after receiving the provider's appeal, otherwise the appeal must be construed in the provider's favor.

The new law also applies the provider claim payment and appeals provisions that apply to contracting health organizations, under existing law and the act, to health insurance carriers that deliver, issue, renew, amend, or continue certain individual or group health insurance policies in Connecticut on or after January 1, 2027 (PA 26-56, effective January 1, 2027).

Infusion and Injection Services Cost Notification

This session, the legislature passed a law requiring hospitals and health systems to notify patients at the time of scheduling that it may cost them more to use infusion or injection services at hospital-based outpatient infusion centers located outside the hospital campus than if they received them at a nonhospital-based infusion center (PA 26-68, § 215, effective October 1, 2026, as amended by PA 26-76, § 35, effective January 1, 2027).

Pharmacists' Compensation

A new law generally requires health carriers, third-party administrators (TPAs), and pharmacy benefits managers (PBMs) covering benefits under a health benefit plan in Connecticut to reimburse pharmacists for covered clinical services and include them in reimbursement processes and provider networks. Under the act, a "covered clinical service" is any service or procedure within the scope of the pharmacist's license and covered under the health benefit plan's terms when done by any other licensed health care provider. Under the act, a health carrier, TPA, or PBM cannot deny reimbursement for these services solely because they were provided by a pharmacist and would otherwise be eligible for reimbursement if provided by a physician, physician assistant (PA), or advanced practice registered nurse (APRN) (PA 26-47, § 2, effective January 1, 2028).

(For other provisions affecting health insurance, please see OLR's 2026 Acts Affecting Insurance report.)

Long-Term Care and Older Adults

Bill of Rights Posting at Managed Care Residential Communities

Managed residential communities must post a resident's bill of rights and related information in a prominent place. Under a new law, this required posting is expanded to include contact information for DSS to report suspected abuse, neglect, exploitation, or abandonment of an elderly person, or that an elderly person may need protective services (PA 26-72, § 1, effective July 1, 2026).

Fear of Retaliation Training for ALSA Employees

This session, the legislature passed an act requiring each licensed assisted living services agency (ALSA) that provides services to a managed residential community to make sure the agency's employees receive annual in-service training about residents' fears that employees, and others, will retaliate against them for making complaints about their care. It specifies topics the training must cover (like residents' rights to file complaints) and requires that the trainer have familiarity with the needs of the resident population (PA 26-44, effective October 1, 2026).

Federal Regulations for Nursing Home Residents

The legislature incorporated two federal regulations into state law by reference, as they were adopted as of January 1, 2026. These regulations (1) set requirements for nursing home facilities when administering psychotropic drugs to residents and (2) give residents the right to be informed of and participate in their treatment (PA 26-72, § 10, effective July 1, 2026).

Hearing on ALSA Fee Increases

A new law requires ALSAs to hold an informational hearing before increasing an existing fee by more than 10%. The hearing must (1) occur at least 30 days before the increase takes effect and (2) give residents, their representatives, and family members an opportunity to comment (PA 26-74, § 1, effective October 1, 2026).

Long Term Care Planning

This session, the legislature made changes to both the Long Term Care Planning Committee and the Long Term Care Advisory Council. The new law broadens the committee's study topics, requiring it to study state long-term care financing models and projected federal support for long-term care, among other things. It also adds the OPM secretary and Human Services Committee chairpersons and ranking members to the council. For both the committee and the council, the new law changes how chairpersons are selected or designated (PA 26-72, §§ 5 & 6, effective July 1, 2026).

MOLST Program

By law, DPH oversees a "medical orders for life-sustaining treatment" (MOLST) program, under which qualifying providers write medical orders to carry out a patient's request for life-sustaining treatment when the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty. Under a new law, a MOLST under the program is invalid unless it is completed on a DPH form and executed in line with statutory and regulatory requirements. It allows PAs to make the determination that a patient's condition is advanced enough to qualify for the program. It also requires that the program's regulations allow providers to

give patients a copy of, or access to, the order rather than the original (PA 26-68, § 192, effective upon passage).

Nursing Home Bed Moratorium and CON Criteria

A new law creates an exception to the state's nursing home bed moratorium by allowing DSS to approve additional Medicaid-certified beds in existing or new nursing homes under certain circumstances. Relatedly, it also modifies the factors the DSS commissioner must consider when reviewing CON applications, including those for additional beds (PA 26-74, §§ 5 & 6, effective upon passage).

Nursing Home Medicaid Reimbursement

A new law makes several changes to nursing home Medicaid reimbursements. Primarily, it:

1. establishes an enhanced Medicaid performance payment for nursing homes that improve their quality-based metrics and requires DSS, beginning in FY 29, to pay it from an annual pool of $10 million;

2. establishes an enhanced payment for nursing homes whose payor mix is more than 75% Medicaid residents and, beginning in FY 27, requires DSS to pay it from a pool of $2.5 million for the first year and $5 million for each of the following years; and

3. beginning in FY 26, allows the DSS commissioner to recalculate, at any time, a home's acuity-based rate to address (a) temporary licensed bed reductions during renovations, (b) prolonged staffing challenges, and (c) other obstacles that interfere with a home's ability to keep a full patient census and that justify, in her opinion, relief from the minimum allowable patient day requirement in existing law (generally 90% of capacity); and

4. beginning July 1, 2026, requires DSS to phase in the federal Patient Driven Payment Model (PDPM) for nursing home resident assessments.

PDPM is a case-mix classification model developed by the Centers for Medicare and Medicaid Services (CMS) to determine payments for patients based on their characteristics and services received. States using a previous model for acuity-based nursing home Medicaid payments that CMS no longer accepts may transition to this model (PA 26-68, §§ 446 & 447, most provisions effective upon passage).

Nursing Home Minimum Data Set Audits

Existing law sets procedures and requirements related to DSS audits of long-term care facilities that receive Medicaid or other state payments (for example, nursing homes, residential care homes, and intermediate care facilities (ICFs) for people with intellectual disabilities). A new law establishes a

different process for DSS audits of nursing homes' minimum data set (MDS) information. Federal law requires nursing homes to assess each resident's functional capacity using the MDS assessment tool and DSS then uses the information to calculate nursing homes' acuity-based Medicaid reimbursement rates. (Generally, acuity-based rates refer to rates that vary based on, among other things, the facility's patient case mix.) (PA 26-74, § 8, effective July 1, 2026.)

Nursing Homes and Investment Entity Ownership

A new law imposes reporting requirements on nursing homes that are Medicaid providers and financial requirements on those that are partially or entirely owned by "investment entities" (real estate investment trusts and entities that collect capital investments and purchase direct or indirect ownership shares in a home).

Beginning February 15, 2027, each nursing home must annually report certain information to DSS on any investment entity that has a beneficial ownership interest in it. Beginning February 1, 2028, unless granted a one-year waiver, each nursing home must (1) be fully under the control of its licensee, including control of its governance, assets, and activities; and (2) annually attest to DPH that no investment entity has control over resident health, safety, or care. Homes that do not comply with these reporting requirements may be fined $1,000 per day and up to $2,000 per violation, by DSS and DPH respectively.

Beginning July 1, 2028, if an investment entity has a beneficial ownership interest in a nursing home of at least 5%, the new law may require the home to have a surety bond, or similar security, in favor of the state covering 90 days of the nursing home's operating costs. This requirement is triggered only if DSS identifies a financially feasible security instrument and notifies homes about it by January 1, 2028. If this requirement is triggered, homes must show proof they have the required bond or security when applying for an initial license or license renewal.

Additionally, the new law requires DSS to evaluate the homes' disclosures described above and report to the legislature, by February 15, 2028, on the (1) quality of care at nursing homes where an investment entity has a beneficial interest compared to the care provided at homes without this ownership interest and (2) potential implications of requiring the owners of land or buildings where nursing homes are operating to get DPH's approval if the owner wants to sell or convey the property within five years after getting it (PA 26-103, effective October 1, 2026, except the reporting requirement is effective upon passage).

Study on Incentivizing Nursing Home Contracts with USDVA

This session, the legislature established a task force to study ways to encourage Medicaid-certified nursing homes to contract with the U.S. Department of Veterans Affairs (USDVA) and provide care to eligible veterans. The task force must consider financial incentives, ways to supplement reimbursement for care, tax credits, and other ways of encouraging nursing homes to provide care to eligible veterans covered by USDVA.

The task force must report its findings and recommendations to the Veterans' and Military Affairs Committee by January 1, 2029 (PA 26-35, § 6, effective January 1, 2027).

Tax on Nursing Homes and ICFs Repealed

A new law repeals provisions in the FY 26-27 biennial budget implementer that, as of July 1, 2026, would have terminated the quarterly user fee on nursing homes and ICFs for individuals with intellectual disabilities, and instead generally impose a quarterly 6% tax on their revenue as of that date. In doing so, it retains the current quarterly user fee on these facilities of (1) $16.13 for municipally owned nursing homes and facilities with more than 230 beds; (2) $21.02 for all other nursing homes; and (3) $27.76 for ICFs (PA 26-68, §§ 60 & 61, effective upon passage, except a conforming change to provider tax returns is effective July 1, 2026, and applicable to calendar quarters starting July 1, 2026).

Two-Bed Limit

Starting July 1, 2026, existing law generally prohibits placing newly admitted nursing home residents in a room with more than two beds. Several new laws make changes related to this requirement. First, a new law allows the DPH commissioner to waive this requirement for nursing homes developing a new small-house style skilled nursing facility. The act limits any waiver to one nursing home for each small-house style skilled nursing facility and prohibits any waiver from extending past July 1, 2027 (PA 26-68, § 451, effective July 1, 2026).

Relatedly, existing law allows the Department of Correction (DOC), DMHAS, and DSS to establish nursing homes for people who require a nursing home level of care and (1) are transitioning from a correctional facility in the state or (2) receive DMHAS services. Another new law waives the two-bed limit for these facilities. Additionally, this new law also makes an exception to DSS's certificate of need process by allowing the DSS commissioner to establish bed need based on a lower occupancy for projects that relocate nursing home beds to comply with the two-bed limit (PA 26-76, §§ 43 & 44, effective upon passage).

Virtual Monitoring in Residential Care Homes and Nursing Homes

This session, the legislature passed a law allowing residential care home residents to use technology of their choosing to enable virtual monitoring, which generally allows someone to remotely monitor a resident using audio or video equipment. It also establishes related notification, use, and consent requirements, including requiring a roommate's consent before using this technology in a shared space.

Existing law already allows nursing home residents to use virtual monitoring technology (as well as technology for virtual visitations). Under this existing law, nursing homes are immune from liability arising due to the technology's use in certain circumstances. The new law narrows these circumstances (for example, the home has immunity only if it neither intentionally nor negligently caused the damage) and makes residential care homes similarly immune (PA 26-28, effective October 1, 2026).

Wage Increases for Nursing Home Employees

Existing law requires the DSS commissioner, regardless of the state's nursing home Medicaid reimbursement law and within available appropriations, to increase nursing home reimbursement rates to support wage increases for employees (nurses; nurse's aides; and dietary, housekeeping, laundry, maintenance, and plant operation personnel) as follows: (1) 3% effective July 1, 2025; (2) 3% effective July 1, 2026; and (3) 4% effective January 1, 2027. A new law excludes nursing home directors and assistant directors, starting July 1, 2026, from receiving these wage increases (PA 26-68, § 445, as amended by PA 26-76, § 42, effective upon passage).

Working Group on Managed Residential Communities

A new law requires the DPH commissioner to establish a working group to advise the department on (1) managed residential communities where assisted living services agencies provide services to residents and (2) whether licensing them would enable DPH and these communities to improve residents' health, safety, and overall well-being.

The working group must report its findings and recommendations to the DPH commissioner by January 1, 2027. The commissioner must then report the information to the Public Health Committee by February 1, 2027, and indicate whether she agrees with each finding and recommendation (PA 26-13, § 2, effective July 1, 2026).

(For other provisions affecting long-term care, please see OLR's 2026 Acts Affecting Seniors report.)

Medicaid and Other Medical Assistance Programs

Antiretroviral Drugs and the Medicaid Preferred Drug List

Under prior law, classes of antiretroviral drugs were exempt from prior authorization requirements and could not be included on Medicaid preferred drug lists. A new law adds antiretroviral drugs to the Medicaid preferred drug list, and in doing so, allows the state to negotiate supplemental rebates with drug manufacturers for them (PA 26-68, § 443, effective July 1, 2026).

Biomarker Testing

Existing law requires DSS, to the extent federal law allows, to cover medically necessary biomarker testing to diagnose, treat, manage, or monitor a beneficiary's medical condition. A new law requires the DSS commissioner, by October 1, 2026, to report to the Human Services Committee on (1) prior authorization requirements for Medicaid coverage of biomarker testing, including their impact on beneficiary access, and (2) how many received Medicaid coverage approval for this testing in FY 26.

Biomarker testing analyzes a patient's tissue, blood, or other biospecimen for biomarkers (for example, genes or proteins) that may indicate the presence of a disease or condition, help plan treatment, or determine how well a treatment is working (PA 26-146, § 3, effective upon passage).

Covered Connecticut

The Covered Connecticut program provides eligible individuals with health insurance. A new law allows, rather than requires, Covered Connecticut to cover dental and nonemergency medical transportation services. Among other things, the act also narrows the requirement for DSS to ensure fully subsidized coverage by limiting it to premium coverage only, rather than both premium and cost-sharing coverage (PA 26-68, § 462, effective upon passage).

Direct Care Services Employee Access to Virtual Monitoring Evidence

Under a new law, when certain employees providing direct care services in programs administered by DDS and DSS are subject to a proposed disciplinary action, DDS and DSS may give the employees or their union access to any evidence from virtual monitoring, as long as they meet certain conditions (for example, sign a confidentiality agreement and treat the recordings as confidential. "Virtual monitoring" is remote monitoring of a person receiving direct care services by a third party using technology owned and operated by the person in the person's living quarters (PA 26-12, § 16, effective July 1, 2026).

Emergency Medical Transportation Rates

A new law sets requirements for how DSS calculates mileage to reimburse ambulance services under the state medical assistance program (which includes Medicaid). Specifically, the act requires the DSS commissioner to calculate out-of-district mileage for these services based on an ambulance's distance traveled with the patient onboard from the point of patient pickup to the destination, rounded to the nearest one-tenth of a mile. The ambulance service providers must maintain mileage documentation in the patient care record (PA 26-88, effective July 1, 2026).

Five-Year Medicaid Provider Rate Review

A new law requires the DSS commissioner to create a five-year process for regularly and predictably reviewing Medicaid reimbursement rates. The process must (1) examine Medicaid provider reimbursements; (2) benchmark the rates to those for the same services paid by Medicare, when possible and under available appropriations; and (3) allow for public comment.

It also requires the commissioner to (1) review Medicaid provider rates using this new process starting by January 1, 2027, and (2) annually report on the new process, starting by January 15, 2028, to the Appropriations and Human Services committees (PA 26-146, § 1, effective July 1, 2026).

ICF-IID Rates

A new law increases reimbursement for ICFs for individuals with intellectual disabilities (IID). Prior law required DSS to set FY 26 rates at 1.4% higher than the facility's calculated rate and set a schedule for rate increase in subsequent years. The act requires DSS to set FY 26 rates at 3.4% higher than the facility's calculated rate and increases scheduled rate increase in future years (PA 26-1, § 64, effective upon passage).

Legislative Review of State Plan Amendments on Managed Care

State law requires the DSS commissioner to submit federal waiver applications, renewals, and amendments and certain Medicaid state plan amendments (SPAs) to the Appropriations and Human Services committees before submitting them to the federal government for approval. A new generally law extends this requirement to any proposed SPA to provide medical assistance through a Medicaid managed care organization (PA 26-68, § 459, effective July 1, 2026).

MAPOC Membership

New legislation increased, from 50 to 52, the Council on Medical Assistance Program Oversight's (MAPOC) membership by adding one representative each of (1) the Connecticut Dental Health Partnership's Dental Policy Advisory Council and (2) a health care worker labor organization.

By law, this council must advise DSS on various aspects of the Medicaid program. MAPOC includes legislators, consumers, advocates, health care providers, administrative service organization representatives, and state agency personnel (PA 26-146, § 2, and PA 26-68, § 449, effective July 1, 2026).

Medicaid Inpatient Hospice Pilot Program

A new law requires DSS to develop a pilot program to identify and use a licensed hospice facility that provides a hospital level of care (short-term hospital special hospice) to treat Medicaid patients with advanced illness who (1) are eligible for hospice, (2) are clinically complex and high acuity, and (3) cannot be safely managed at home or in a nursing home. DSS must implement the pilot program by December 30, 2027, within funds specifically appropriated for this purpose.

Under the new law, DSS must report by January 15, 2027, to the Appropriations, Human Services, and Public Health committees on the pilot program's development, including any potential savings as well as legislative and funding recommendations (PA 26-71, effective July 1, 2026).

Medicaid Provider Audits

New legislation limits the circumstances under which DSS can determine overpayment or underpayment by extrapolation when auditing Medicaid provider claims. By law, extrapolation means determining an unknown value by projecting the results of a review of a sample of claims to the entire population of claims from which the sample was drawn.

More specifically, the act allows DSS to make these findings based on extrapolation if the total net amount of the extrapolated overpayment calculated from a statistically valid sampling and extrapolation method exceeds 2.75%, instead of 1.75%, of total claims paid to the provider for the audit period (PA 26-143, effective October 1, 2026).

Medicaid Rate Increase for Family Planning Clinics

This session, the legislature required the DSS commissioner to amend the Medicaid state plan to increase reimbursement rates for licensed family planning clinics and give at least $500,000 in

Medicaid state share funds to do so. The commissioner must use funds appropriated for family planning services for FY 27 for this purpose (PA 26-68, § 448, effective July 1, 2026).

Medicaid Value-Based Payment Working Group

A new law creates a Medicaid Value-Based Payment Working Group to collaboratively design, evaluate readiness for, and recommend scalable, voluntary, value-based payment models for the Medicaid population. These payment models must advance quality, cost efficiency, access, health system sustainability, and health equity across the health care delivery system. Any value-based payment model developed under the act must be voluntary for participating providers.

The group must submit recommendations to the Human Services and Public Health committees by January 1, 2028, which must include opportunities for pilot implementation (PA 26-68, § 370, effective July 1, 2026).

Nonemergency Medical Transportation Rate Study

A new law requires DSS to study Medicaid nonemergency medical transportation reimbursement rates and service availability. The DSS commissioner must report her findings to the Human Services and Public Health committees by February 1, 2027 (PA 26-151, § 3, effective upon passage).

Pain Management for Medicaid Beneficiaries

New legislation requires a prescribing practitioner who prescribes an opioid drug to treat a Medicaid beneficiary's pain to consider the feasibility of non-opioid treatment options, such as chiropractic treatment, spinal cord stimulation, massage therapy, acupuncture, and physical therapy.

Under the act, a prescribing practitioner is a physician, dentist, podiatrist, optometrist, PA, APRN, or nurse midwife authorized to prescribe opioid drugs within the scope of their practice (PA 26-146, § 4, effective July 1, 2026).

Periodic Review of Medicaid Prescription Drugs

This year, the legislature authorized the DSS commissioner to periodically review available data on the clinical effectiveness of Medicaid-covered outpatient prescription drugs that are projected to exceed certain cost thresholds. Review results may be made public and shared to help negotiate additional supplemental rebate agreements beyond those required under federal law (PA 26-68, § 444, effective July 1, 2026).

Rate Parity for Optometrists

New legislation requires the DSS commissioner to adjust Medicaid reimbursement rates for licensed optometrists so that they equal those of licensed physicians (presumably, ophthalmologists) for performing the same medical service or procedure in Current Procedural Terminology (CPT) codes 92004 (new patient comprehensive eye examinations), 92014 (existing patient comprehensive eye examinations), 92015 (determining eye refractions), and 92250 (computerized corneal topography). The act requires the commissioner to seek federal approval to amend the Medicaid state plan if needed to adjust the rates (PA 26-76, § 40, effective upon passage).

Rate Reviews

A new law requires the DSS commissioner, when reviewing Medicaid rates, to include rates required to be studied under the Medicaid rate study established under PA 23-186 with no corresponding (1) Medicare rate for the same health care service or (2) average five-state rate benchmark included in the Medicaid rate study. If any state within the Medicaid rate study's five-state rate benchmark group (Maine, Massachusetts, New Jersey, New York, and Oregon) has a corresponding rate for the same or a substantially similar health care service, the DSS commissioner must use this rate for comparison in her review. If two or more states in the benchmark group have corresponding rates, the commissioner must use an average of these rates for comparison.

Additionally, when setting Medicaid behavioral health service reimbursement rates, the act requires the commissioner to include medication administration services by licensed home health care agencies to people with psychiatric diagnoses under a care plan that is (1) developed and supervised by a licensed behavioral health clinician or prescriber and (2) overseen by the state's behavioral health administrative services organization (currently Carelon Behavioral Health CT) (PA 26-68, § 450, effective July 1, 2026).

UConn Health Center Medicaid Report

New legislation requires UConn Health Center to report on its payer mix, increasing Medicaid enrollee access to specialists, and efforts to increase its proportion of Medicaid days (the total number of inpatient days a Medicaid-eligible patient stays in a hospital). The report is due to various legislative committees by January 15, 2027 (PA 26-68, § 452, effective upon passage).

UConn Health Center Medicaid Revenue Diversion

Under a new law, starting in FY 26, DSS, in consultation with the OPM secretary, must divert a specified amount of federal Medicaid revenue from disproportionate share hospital claiming at UConn's John Dempsey Hospital to support the UConn Health Center Joint Venture Initiative's operational costs.

The new law also appropriates $1.5 million to DSS in FY 27 to fund the Medicaid state share to allow for the expansion of UConn Health Center's (UCHC) Medicaid physician supplemental payment. It reduces UCHC's FY 27 appropriation for operating expenses by this same amount (PA 26-68, §§ 211-214, effective upon passage, except a related provision is effective July 1, 2026).

Pharmacy and Medications

Cannabis Dispensaries and Hybrid Retailers

A new law eliminates the requirement that cannabis or medical cannabis be dispensed to a qualifying patient or caregiver by a licensed pharmacist, and correspondingly eliminates the requirement that pharmacists conduct remote order entry verification (PA 26-8, §§ 31 & 67, effective upon passage).

Psychedelic-Assisted Therapy Pilot Program

This session, the legislature expanded eligibility for DMHAS's psychedelic-assisted therapy pilot program by allowing Connecticut residents to participate who (1) are at least age 18 and (2) meet clinical eligibility criteria established by the institutional review board of the medical school that administers it (currently Yale University). Previously, the pilot program was limited to Connecticut veterans, retired first responders, and direct health care workers. Under the pilot program, participants receive MDMA- (i.e. "Molly" or "ecstasy") or psilocybin-assisted therapy as part of a research program approved by the federal FDA.

The new law also eliminates the prior requirement that DMHAS end the pilot program if the federal Drug Enforcement Agency (DEA) approves MDMA and psilocybin for medical use (the DEA has not yet done so).

MDMA is a synthetic psychoactive drug, and psilocybin occurs naturally in some mushrooms. Both act as serotonin receptor agonists, and MDMA also acts as a reuptake inhibitor of serotonin and dopamine (PA 26-108, effective July 1, 2026).

Qualifying Out-of-State Patients and Caregivers for Medical Cannabis

A new law generally allows qualifying out-of-state patients and their qualified caregivers to purchase and possess, among other things, medical cannabis in the same way as Connecticut qualifying patients and their caregivers (PA 26-8, various sections, effective October 1, 2026).

School-Based Health

Athletic Health Assessments for High School Student Athletes

Starting in the 2027-28 school year, a new law generally requires public high school students, before participating in interscholastic sports, to have an annual athletics health assessment by a qualified health professional to screen for serious cardiac conditions (PA 26-13, §§ 15-17, effective July 1, 2026).

Infirmaries Operated by Educational Facilities

A new law allows an infirmary operated by an educational institution to provide care to dependent family members of students, faculty, and employees when these family members are enrolled in the institution's health plan. Previously, these facilities provided evaluation and treatment for routine health problems and, in some cases, short-term overnight accommodations (for example, when someone is recovering from surgery or requires observation) only for students, faculty, and employees (PA 26-13, § 1, effective October 1, 2026).

Public School Access to Opioid Antagonists

Two new laws expand the instances an opioid antagonist (such as Narcan) may be administered to students in public schools. One new law updates education statutes on administering opioid antagonists to reflect the recent availability of a non-legend (over the counter) opioid antagonist nasal spray approved by the federal FDA.

More specifically, the new laws allow any person to give a non-legend opioid antagonist to another person to treat or prevent an opioid drug overdose, including in a school, and gives the immunity from civil and criminal liability for doing so. Another new law also exempts anyone who distributes these medications for free from needing a non-legend drug permit to do so (PA 26-38, §§ 1 & 2, and PA 26-68, § 165, effective upon passage).

School Health Assessments

A new law specifically allows school nurses to (1) reject results of required health assessments or screenings (including lists of immunizations) if they are submitted in a format other than the form developed by the State Board of Education (the "blue" form) and (2) require resubmission on the blue form. The new law also requires an asthma action plan to be submitted with any health assessment form indicating an asthma diagnosis (PA 26-1, § 39, effective July 1, 2026).

School Safety Plans

This session, the legislature set requirements for health care providers to share certain minors' safety plans with schools. Starting April 1, 2027, a new law requires each health care provider who prepares a safety plan for a minor patient who received at least 12 consecutive days of inpatient behavioral health care treatment to send the plan to the minor's school or school district using a secure messaging system or in a way that complies with HIPAA. Providers may only do this if the minor's parent or legally authorized representative (or the minor if they are at least age 16) gives written consent.

Among other things, the act requires school districts and schools to sign up for an organizational account on a secure messaging system and give at least one designated employee (such as a school nurse, social worker, or psychologist) access to the account. It also makes it a goal of the Statewide Health Information Exchange to give, within available appropriations, schools and school districts a secure messaging system organizational account that designated employees may access to receive these safety plans (PA 26-13, §§ 19-22, most provisions effective upon passage).

Veterinary Medicine

Temporary Veterinary Permits for Foreign-Educated Individuals

A new law allows DPH to issue a temporary veterinarian permit to graduates of veterinary schools located outside of the U.S., its territories, or Canada, who are working toward a specified certification. The permit allows the person to work under direct supervision of a state-licensed veterinarian who has been licensed in the state for at least two years. The permit is good for up to two years and can be renewed once under certain conditions (PA 26-13, § 9, effective October 1, 2026).

Veterinary Telehealth Working Group

This session, the legislature created a working group to (1) evaluate whether it is feasible to allow a veterinarian-client-patient relationship to be created through telehealth when an animal needs medical care or treatment and (2) if so, make related recommendations. By January 1, 2027, the group must report to the Public Health Committee on its evaluation and recommendations. Under existing law, a veterinarian-client-patient relationship cannot be established through telehealth only, but after an initial in-person appointment, veterinarians generally may use telehealth if it is not medically necessary for them to examine the animal in-person (PA 26-13, § 10, effective upon passage).

Vital Records

Electronic Death Records

A new law specifically requires DPH to issue death records or information electronically upon request (previously, the department did so only for deaths since July 1, 1997) (PA 26-68, § 187, effective upon passage).

Women's Health

Endometriosis Working Group

This session, the legislature established a 20-member endometriosis working group within the Legislative Department to evaluate and make recommendations on endometriosis diagnosis, treatment, research, education, and public awareness in Connecticut. Starting by January 1, 2027, the working group must annually report to the governor and the Human Services and Public Health committees on its evaluation and recommendations, including any legislation needed to implement them (PA 26-13, § 13, effective upon passage).

Menopause Provider Toolkit

A new law requires UConn's Health Disparities Institute, withing available appropriations, to develop a menopause toolkit that provides practical, evidence-based, and culturally appropriate guidance on best practices for screening, identifying, clinically assessing, diagnosing, and treating symptoms of perimenopause, menopause, and post-menopause. The institute must distribute (1) the toolkit to providers who diagnose and treat people with symptoms of these conditions by June 1, 2028, and (2) a revised version by January 1, 2029, based on any provider feedback it receives (PA 26-13, § 18, effective October 1, 2026).

Miscellaneous — Boards, Councils, Cabinets, Centers, and Offices

Advisory Council on Chimeric Antigen Receptor T-Cell Therapy

This session, the legislature established a 20-member advisory council on chimeric antigen receptor (CAR) T-cell therapy and other gene therapies within DPH for administrative purposes only. CAR T-cell therapy is an individualized immunotherapy that genetically changes a person's own T-cells to recognize and fight cancer cells. It is often used to treat blood cancers such as leukemia, lymphoma, and multiple myeloma.

Under the new law, the advisory council must advise and make recommendations to DPH and other state agencies related to these therapies, such as on (1) how to deliver them in a safe, equitable, and financially sustainable way; (2) developing related referral and management protocols; and (3) advanced training for clinical providers who offer them.

The council must annually report to the Insurance and Real Estate and Public Health committees on its findings and recommendations, including (1) its activities, research findings, and recommended legislative proposals and (2) potential funding sources for its activities, including grants, donations, sponsorships, or in-kind donations. The first report is due no later than one year after the date of the council's first meeting which must be scheduled and held by November 30, 2026 (PA 26-13, § 14, July 1, 2026).

Nonprofit Provider Advisory Board

This session, the legislature established a 23-member Nonprofit Provider Advisory Board within OPM, to advise and make recommendations on nonprofit service delivery, financial viability, and funding opportunities, among other things. The board includes behavioral health care providers, homeless services providers, and providers serving people with intellectual disabilities, among others (PA 26-102, § 1, effective upon passage).

Office of Health Strategy Eliminated

A new law eliminates the Office of Health Strategy (OHS) and generally transfers its powers, duties, and functions to DPH, OPM, DSS, and the Office of the Healthcare Advocate. It eliminates certain OHS functions without transferring them to another agency (such as eliminating the Health Care Cabinet, which was within OHS) (PA 26-68, §§ 68-161 and 364-369, as amended by PA 26-76, §§ 76 & 96, effective July 1, 2026, except a technical change is effective upon passage).

Pediatrician Addition to Early Childhood Cabinet

A new law adds a licensed pediatrician, appointed by the governor, to the Early Childhood Cabinet, which brings the cabinet membership to 33. The cabinet advises the Office of Early Childhood commissioner and annually develops reports required under the federal Head Start program (PA 26-105, § 1, effective July 1, 2026).

UConn Health Neuromodulation Center

Last year's budget implementer required UConn Health to establish a Center of Excellence for Neuromodulation Treatments and allowed UConn Health to collaborate with an in-state hospital to provide neuromodulation treatments at this center. This year, a new law limits the treatments to disabled veterans (in line with UConn Health's plans for the center, which is not yet open). It also specifically allows for neuromodulation research at this center (PA 26-1, § 8, effective upon passage).

Wheelchair Repair Reports, Notices, and Advisory Council

Existing law requires wheelchair dealers to timely repair wheelchairs sold or leased in the state and establishes a Complex Rehabilitation Technology and Wheelchair Repair Advisory Council to monitor wheelchair repair and make recommendations. A new law requires dealers (1) to notify consumers of their rights to timely repair and (2) that contract with DSS to report monthly, rather than annually, to the council. The new law also makes changes to the council's membership and administration (PA 26-72, §§ 14 & 15, effective July 1, 2026).

Miscellaneous — Other

Accessible Parking

By law, accessible parking placard applications must be signed by a qualified person (such as a physician, PA, or APRN), under penalty of false statement, to certify that the applicant meets the definition of a person with a disability that limits his or her ability to walk and, consequently, is eligible for a placard. In practice, the eligibility form lists the criteria in this definition and requires the person certifying eligibility to sign under the criteria. A new law requires the (1) person certifying the applicant's eligibility to also initial the specific criterion the applicant meets and (2) application to include a QR code leading to educational materials developed by the Accessible Parking Advisory Council on placard eligibility requirements (PA 26-24, § 1, effective October 1, 2026).

Benchmarks for Health Care Quality and Cost and Hospital Payment Growth and Primary Care Spending Targets

A new law transfers to the OPM secretary the OHS commissioner's duties to develop and assess compliance with benchmarks for health care quality and cost growth and primary care spending targets. (The new law does so as part of its overall elimination of OHS and general transfer of OHS's duties to other agencies.) The new law makes several changes to this process and establishes additional responsibilities for the OPM secretary in this role, including those related to developing and adopting hospital payment growth benchmarks.

Regarding the annual health care cost growth benchmark, the new law sets a statutory benchmark of 3.9% for 2028 through 2032 and requires the secretary to develop and adopt annual benchmarks for 2033 and every five years after that, using a formula the new law prescribes. It generally maintains existing law's requirements regarding health care quality benchmarks but creates a new method the secretary must use to develop and adopt primary care spending targets.

Among other things, the new law also requires the secretary to adopt a (1) hospital payment growth methodology that considers certain factors and (2) revised methodology for assessing compliance with the health care cost growth benchmark. Provider entities and hospitals that exceed the applicable benchmark may develop and implement a cost growth benchmark plan to achieve compliance and may be subject to penalties for failing to do so (PA 26-68, §§ 364-369, and PA 26-76, §§ 26, 27 & 95-98, most provisions effective July 1, 2026).

Direct-To-Consumer Genetic Testing Companies

New legislation (1) gives consumers a property right and exclusive control over their biological samples that are given to a direct-to-consumer genetic testing company and the test results and (2) requires these companies to disclose certain policies and procedures to consumers and get a consumer's consent for various uses of their genetic data. The new law applies to "direct-to-consumer genetic testing companies," which are individuals or entities that, in the ordinary course of business in Connecticut, offer genetic testing directly to a consumer or collect, use, or analyze genetic data given by a consumer. These are not licensed health care services providers who, within the scope of their practice, order genetic testing for a medical purpose (PA 26-64, §§ 17-19, effective October 1, 2026).

DPH Consent Orders

A new law explicitly allows DPH to enforce compliance with its laws, regulations, permits, and orders through an agreed settlement or consent order. For consent orders of cases involving petitions alleging that a health professional cannot practice with skill or safety (such as due to substance

abuse), the act requires the approval of the board or commission with jurisdiction over the professional (for example, the state Medical Examining Board or Board of Examiners for Nursing) (PA 26-68, § 194, effective October 1, 2026).

Health and Human Services Provider Payment Requirements

This session, the legislature required OPM to require state agencies to pay private provider organizations for services provided under a purchase of service contract within 45 days after receipt of a claim or services, whichever is later (PA 26-91, effective July 1, 2026).

HIV/AIDS Services Funding

A new law allows DPH's contracted program for HIV pre- and post-exposure prophylaxis (PrEP and PEP) drug assistance to also provide funding for associated lab testing and related costs (PA 26-68, § 193, effective upon passage).

Health Care and Veterinary Providers and Third-Party Financing

Beginning January 1, 2027, a new law generally prohibits health care and veterinary care providers from, among other things:

1. promoting or offering to consumers third-party financing in certain ways,
2. receiving financial incentives or compensation to promote or offer third-party financing to consumers,
3. discussing third-party financing terms and conditions with a consumer without providing a written disclosure form, and
4. charging a third-party financing account for all or a portion of the cost of an ancillary product under certain circumstances (it also specifies a 30-day period for the return and refund of most ancillary products).

The new law defines third-party financing as a line of credit, loan, or open-end credit plan (such as a credit card) that is offered or extended by a third party (PA 26-6, as amended by PA 26-100, § 38, effective January 1, 2027).

Health Care for Incarcerated Individuals

The legislature passed several measures aimed at improving health care for people incarcerated in DOC facilities. For example, the new laws require DOC to:

1. provide health care to incarcerated people for free and cancel any outstanding fees or other costs;

2. implement an electronic health records system (within available bond authorizations) that allows for care requests to be made electronically;

3. take steps to ensure continuity of medications upon a person's intake; and

4. along with a new Correction Medical and Health Commission, (a) publish a quarterly scorecard with information related to medical staffing (for example, levels, temporary staffing, vacancies, suspensions, and terminations) and (b) develop a health services staffing shortage contingency plan for each correctional facility.

Among other things, the acts also (1) require the correction ombuds to hire a correction mental health care clinician to help incarcerated people with things like service access and medication management; (2) create a program to give student loan reimbursement grants, within available bond authorizations, to nurses and certain social workers who work at DOC facilities; and (3) authorizes DOC to arrange for breast cancer screening, diagnostic, and treatment services for women in DOC custody to occur at health care institutions that are closer to the correctional facility than is the UConn Health Center (PA 26-40, as amended by PA 26-130, §§ 6, 7 & 17; PA 26-76, § 60; and PA 26-117; various effective dates).

Human Services Career Pipeline Changes

A new law eliminates a requirement for the chief workforce officer to establish a human services career pipeline program but extends the deadline for the officer to develop a plan for this type of pipeline program (PA 26-85, § 1, effective July 1, 2026).

Nonprofit Distribution of Free Eyeglasses

Regardless of the state's optician laws, a new law allows nonprofit organizations that give free glasses produced by an optician to the person wearing them to give the glasses to the wearer's authorized representative if the wearer is unavailable to receive them in-person from the organization.

Under prior practice, the Connecticut Board of Examiners for Opticians required eyeglasses to be dispensed in-person by a licensed optician (PA 26-13, § 3, effective July 1, 2026).

Private Agency Executive Director Salaries

A new law repeals statutory provisions that cap at $125,000 (subject to cost-of-living increases), executive director salaries in DDS's, DMHAS's, DSS's, and other state agencies' calculations of grants to private agencies that provide employment opportunities, day services, or residential facility services (PA 26-13, § 37, effective October 1, 2026).

Reporting on Burn-Related Injuries and Deaths, Smoke Inhalation-Related Deaths, and Injuries from Fireworks or Explosives

Starting January 1, 2027, a new law requires DPH to annually report to the state fire marshal's office on (1) all burn injuries and injuries resulting from fireworks or explosives, (2) any death resulting from those injuries or smoke inhalation, and (3) any death to which those injuries or smoke inhalation contributed. The act also requires DPH to publish a statistical abstract of the report, and annually submit the abstract to each local fire marshal and the legislature.

The new law also eliminates requirements for attending physicians, health care institution directors (and their designees), and health care providers to report on treatment provided for (1) a second or third degree burn to 5% or more of the body, (2) any burn to the upper respiratory tract, (3) laryngeal edema due to the inhalation of superheated air, (4) each case of a burn injury which is likely to or may result in death, and (5) any injury resulting from the use of fireworks. Under prior law, they had to report immediately by telephone to the local fire marshal of the jurisdiction where the incident that caused the burn occurred, and within 48 hours in writing to the state fire marshal's office (PA 26-110, §§ 3 & 7, effective October 1, 2026).

Rural Health Transformation Program

A new law allows DPH, or its licensing boards or commissions, to take disciplinary action against a practitioner who fails to fulfill any material obligation resulting from receiving DPH funding under the Rural Health Transformation program. The act also exempts program funding to the Mashantucket Pequot or Mohegan Tribe from the general requirement that they first adopt an Employment Rights Code before the state can provide funds that assist a tribe engaged in a commercial enterprise (PA 26-13, §§ 25 & 26, effective October 1, 2026, except the tribal-related provision takes effect upon passage).

State Extreme Weather Protocols

New legislation requires DESPP's Division of Emergency Management and Homeland Security to develop guidance on (1) extreme hot and cold weather protocols that may include weather factors

that will prompt the state and municipalities to open cooling and warming centers statewide and (2) improvements to public communication when these protocols are activated.

The division must do this by January 1, 2027, and in consultation with the (1) governor's office; (2) OPM; (3) municipal leaders; (4) Department of Housing (DOH), DMHAS, and DSS commissioners; (5) United Way of Connecticut's 2-1-1 Infoline program; and (6) Connecticut Coalition to End Homelessness. Additionally by this date, the DOH must consult with DMHAS and DSS, to develop ways of improving outreach to unhoused individuals during extreme hot and cold weather events based on an evaluation conducted by DOH and those who provide services to these individuals (PA 26-13, § 32, effective October 1, 2026).

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