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SpecialReport

2026 Acts Affecting Seniors

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Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting seniors enacted during the 2026 regular legislative session. OLR's other Acts Affecting reports 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.

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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Accessibility

Accessible Parking

A new law makes several changes related to accessible parking. It requires (1) the Department of Motor Vehicles (DMV) to redesign the accessible parking windshield placard so the expiration date is in bold font and clearly visible from outside the vehicle, (2) placard applications to list eligibility criteria and include instructions requiring health professionals certifying applicants' eligibility to initial which eligibility criterion the applicant meets, and (3) the application form to include a QR code allowing health professionals and others to access educational materials developed by the Accessible Parking Advisory Council. It also requires the governor to proclaim the second Monday in July each year as Accessible Parking Awareness Day (PA 26-24, §§ 1, 2 & 16, effective October 1, 2026, except the provisions on council educational materials and Accessible Parking Awareness Day are effective upon passage).

Aging-In-Place Grant Program

This session, the legislature passed an act that requires the Department of Aging and Disability Services, in consultation with the Department of Housing, to create an aging-in-place program to give grants to eligible homeowners for making accessibility modifications that enable them to remain in their primary residences. Under the act, an "eligible homeowner" is someone who (1) owns and occupies a residential property in Connecticut as a primary residence, (2) is at least age 60 or a person with a disability, and (3) has a household income of up to 60% of the median household income for the area in which he or she resides. The act caps grants at $10,000 per eligible homeowner (PA 26-68, § 343, effective July 1, 2026).

Health Care Facility Patient Lift Account and Grants

New legislation creates a dedicated account for Department of Public Health (DPH) grants to certain health care entities (such as physician offices, hospitals, and long-term care facilities) to buy lifts for transferring elderly patients or patients with disabilities, injuries, or chronic health conditions from facility beds to wheelchairs or other equipment (PA 26-36, effective July 1, 2026).

Assisted Living Residential Communities

Fear of Retaliation Training for ALSA Employees

This session, the legislature passed an act requiring each assisted living service agency (ALSA) that provides services to a managed residential community (MRC) 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 person providing the training have familiarity with the needs of the resident population (PA 26-44, effective October 1, 2026).

Hearings on ALSA Fee Increases

A new law requires ALSAs to hold an informational hearing if an existing fee increases 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).

Postings at Managed Care Residential Communities

By law, MRCs must post a resident's bill of rights and related information in a prominent place. A new law also requires this posting to include contact information for the Department of Social Services (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).

Court Services and Related Procedures

Conservator Audits

This year, the legislature passed a law allowing the probate court administrator to provide for a general audit of a conservator of an estate's financial management, not just an audit of the conservator's account (PA 26-87, § 7, effective October 1, 2026).

Conservator Proceedings

A new law clarifies when notice of an involuntary conservatorship hearing must be given to certain parties. By law, if the court receives an involuntary conservatorship application, it must generally give notice, at least 10 days before the hearing, to (1) the respondent and the respondent's spouse (if the spouse was not the applicant) by personal service and (2) in some circumstances, certain other family members by certified mail. The new law specifies that parties other than those described above must also be given notice at least 10 days before the hearing (PA 26-87, § 5, effective October 1, 2026).

Probate Court Fee Waivers and Refunds of Small Amounts

Legislation passed this session allows probate courts to waive filing fees or other court fees if they are no more than $5 and the court determines that they are uncollectable. It also eliminates the

requirement for probate courts to issue refunds for overpayments under $5 (PA 26-87, §§ 8 & 9, effective October 1, 2026).

Home- and Community-Based Care

Homemaker-Companion Agency Employee Training

Beginning January 1, 2027, a new law requires homemaker-companion agencies to annually provide at least eight hours of paid training to their employees (unless exempt) on specified topics, including:

1. maintaining a clean and safe environment;
2. identifying and reporting abuse and neglect;
3. identifying and reporting changes in a client's condition and service needs;
4. communication;
5. differentiating between medical and nonmedical care; and
6. if the employee will be attending to clients with Alzheimer's disease or dementia, providing nonmedical services to them.

The Department of Consumer Protection (DCP) must develop, and post on its website, a list of approved training programs on these topics by October 1, 2026. The new law additionally requires each (1) agency to keep training records and attest to DCP, by January 1, 2027, and annually after, that it will comply with the training requirements and (2) home-maker companion registry to ensure anyone it refers to or places with a consumer has completed the trainings required (PA 26-50, most provisions effective upon passage).

Legislative Approval of Personal Care Attendant MOU

This year's budget implementer act includes legislative approval for a memorandum of understanding (MOU) submitted to the legislature on May 1, 2026, between the Personal Care Attendant Workforce Council and the New England Health Care Employees Union, District 1199, SEIU. In general, the council and the union collectively bargain over the rates and other working conditions of attendants who provide services to consumers in certain state-funded programs (PA 26-68, § 468, effective upon passage).

Personal Protective Equipment for Home Health Aides

A new law requires home health aide agencies to give their home health aide employees and contractors certain personal protective equipment (PPE) for free. Specifically, agencies must give them PPE necessary to safely provide 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).

Insurance

Five-Year Medicaid Provider Rate Review

Legislation enacted this session 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).

Long-Term Care Insurance

This session, the legislature passed a law creating new long-term care (LTC) insurance-related requirements. Among other things, the law (1) establishes new annual reporting requirements for insurers and the Insurance Department on LTC policy losses; (2) authorizes the insurance commissioner to investigate and take disciplinary action against LTC insurers that violate state LTC insurance laws; and (3) allows the insurance commissioner to report to the legislature on the feasibility and effect of certain insurer requirements on LTC insurance access (such as requiring LTC insurers to allow policyholders to cancel their insurance and get a refund for all premiums they paid since the start of the policy whenever the insurer files for a rate increase that exceeds the inflation rate) (PA 26-93, effective July 1, 2026).

Pain Management for Medicaid Beneficiaries

A new law 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, physician assistant, advanced practice registered nurse, or nurse midwife authorized to prescribe opioid drugs within their scope of practice (PA 26-146, § 4, effective July 1, 2026).

Medical Care

Medical Order 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. A new law provides that under the program, a MOLST is invalid unless it is completed on a DPH form and executed in line with statutory and regulatory requirements. It allows physician assistants, in addition to physicians and advanced practice registered nurses as under existing law, 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 Homes

Bed Moratorium and CON Criteria

A new law creates an exception to the state's nursing home bed moratorium, allowing DSS to approve additional Medicaid-certified beds in existing or new nursing homes under certain circumstances. DSS must give preference to nontraditional small-house-style homes that reflect the department's strategic plan goal of addressing priority needs based on census trends. Relatedly, it also modifies the factors the DSS commissioner must consider when reviewing certificate of need (CON) applications, including those for additional beds (PA 26-74, §§ 5 & 6, effective upon passage).

Federal Regulations for Nursing Home Residents

The legislature incorporated two federal regulations into state law by reference, as they were on 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).

Medicaid Reimbursement

A new law makes several changes to laws on Medicaid reimbursement for nursing homes. 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;

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, no longer accepted by CMS, for acuity-based nursing home Medicaid payments may transition to this model (PA 26-68, §§ 446 & 447, effective upon passage, except the provision concerning acuity-based rates is effective July 1, 2026).

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 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, § 7, effective July 1, 2026).

Nursing Home Ownership and Investment Entities

A new law imposes reporting requirements on nursing homes that are Medicaid providers and financial requirements on those that are also 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 and (2) annually attest to DPH that no investment entity has control over resident health, safety, or care. DSS and DPH may fine homes that do not comply with these reporting requirements $1,000 per day and up to $2,000 per violation, 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 only triggered if DSS identifies a financially feasible security instrument and notifies nursing homes about it by January 1, 2028. If this requirement is triggered, nursing homes must show proof they have the required bond or security when applying for initial licensing or to renew an existing license.

The new law also requires DSS to report to the legislature, by February 15, 2028, on certain related topics (see *Working Groups, Agency Reports, and Advisory Councils* below) (PA 26-103, effective October 1, 2026).

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 DPH to adopt regulations for nursing homes on immunization requirements for respiratory viral diseases (such as flu and pneumonia), according to DPH's immunization standard of care instead of the CDC recommendations as under prior law (PA 26-3, various effective dates).

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. A new law allows the DPH commissioner to waive this requirement for nursing home facilities 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).

Existing law allows the Department of Correction, the Department of Mental Health and Addiction Services (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. A new law waives the two-bed limit for these facilities (PA 26-76, § 44, effective upon passage).

Lastly, a new law makes an exception to DSS's CON 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, effective upon passage).

Unlicensed Health Facilities or Providers

A new law allows DPH, after a hearing, to impose a civil penalty of up to (1) $25,000 per day against an individual who provides professional services without a required DPH license or certificate or (2) $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).

The new law also imposes criminal penalties for opening, managing, or operating a health care facility without the required DPH license or certificate. It generally makes this a class C misdemeanor (punishable by up to three months in prison) with a maximum $2,000 daily fine. The criminal penalty does not apply to a (1) licensee who fails to apply for renewal or (2) financial institution taking ownership of a facility after a foreclosure when the operator continues to occupy it (PA 26-68, §§ 183-185, as amended by PA 26-76, §§ 77 & 78, effective October 1, 2026).

Wage Increases for Nursing Home Employees

PA 25-168, § 332, 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. Under existing law, if a facility receives a rate adjustment for these

wage increases and does not provide them, DSS may decrease the facility's rate by the same amount (PA 26-68, § 445, as amended by PA 26-76, § 42, effective upon passage).

Taxes

Circuit Breaker Program Extensions

The Circuit Breaker Program provides a property tax credit (up to $1,250 for married couples and $1,000 for individuals) to homeowners with limited incomes who are aged 65 and older or totally disabled. Generally, claimants must apply with their municipality's assessor before May 15 but may request an extension. A new law requires extension requests be filed with the assessor rather than the Office of Policy and Management (OPM) secretary (PA 26-114, § 16, effective October 1, 2026).

Family Caregiver Tax Credit

Starting with the 2027 tax year, a new law creates a nonrefundable income tax credit of up to $2,000 for "family caregivers" who incur eligible expenditures to care for and support an eligible family member. To qualify, the caregiver must have federal adjusted gross income of less than (1) $50,000 for single filers, married people filing separately, or heads of households or (2) $100,000 for joint filers. The credit equals 50% of eligible expenses incurred, up to a $2,000 maximum, for any tax year (PA 26-68, § 271, effective January 1, 2027, and applicable to tax years starting on or after that date).

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

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

Income Tax Withholding for Certain Retirement Income Distributions

Last year, the legislature temporarily suspended the income tax withholding requirement on lump sum distributions from pensions, annuities, and other specified sources. This year, it extended this temporary suspension by one year, through December 31, 2027.

As under existing law, payers (e.g., retirement plan servicers) must withhold taxes from these distributions if the payee has requested it. A "lump sum distribution" is a payment greater than $5,000 or more than 50% of the payee's entire account balance, whichever is less, subject to certain exclusions. Since January 1, 2025, income tax withholding has been required for other (non-

lump sum) distributions from pensions, annuities, and other specified sources only if the payee requests it (PA 26-130, § 18, effective July 1, 2026).

Virtual Monitoring

Direct Care Services Employee Access to Virtual Monitoring Evidence

Under a new law, when certain employees providing direct care services in programs administered by the Department of Developmental Services (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). Under the act, "virtual monitoring" is the 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).

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. It also establishes related notification, use, and consent requirements, including requiring a roommate's consent before using it 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 and makes residential care homes similarly immune (PA 26-28, effective October 1, 2026).

Working Groups, Agency Reports, and Advisory Councils

Advisory Council on Chimeric Antigen Receptor T-Cell Therapy

This year, 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 by one year after the council's first meeting (PA 26-13, § 14, July 1, 2026).

Biomarker Testing Report

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 Medicaid beneficiaries received approval for Medicaid coverage for this testing in FY 26.

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. Biomarker testing is the analysis of 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).

Consumer Fraud Working Group

This session, the legislature took steps to study consumer fraud and how to protect against it. A new law sets up a 19-member working group composed of state officials and stakeholders, including members representing banks, credit unions, consumers, and seniors, and charged the group with studying the issue and reporting back to the Banking Committee by January 1, 2027 (PA 26-51, § 3, effective upon passage).

HUSKY C Reporting

Legislation passed this year requires the DSS commissioner to report annually on HUSKY C, starting by October 1, 2027, and continuing until October 1, 2032, to the Appropriations and Human Services committees. Among other things, the report must include the projected costs the state would incur in the next fiscal year if HUSKY C asset limits were increased (PA 26-72, § 12, effective July 1, 2026).

Investment Entities and Nursing Home Report

A new act requires DSS to evaluate and report to the legislature, by February 15, 2028, on the (1) nursing homes' disclosures on investment entities (see the *Nursing-Home Ownership and Investment Entities* entry above); (2) 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 (3) 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 of getting it (PA 26-103, § 2, effective upon passage).

Long Term Care Planning Study

The legislature made changes to both the Long Term Care Planning Committee and the Long Term Care Advisory Council. A 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 changes the council's composition, including by adding the OPM secretary, Human Services Committee chairpersons, and ranking members. 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).

Supported Decision-Making Working Group

A new law requires the Human Services Committee chairpersons to appoint a working group to study and make recommendations on supported decision-making, which is a process of helping decision-makers (generally people with disabilities and older adults) understand the nature and consequences of personal and financial decisions and communicate them. The working group must report its recommendations to the Banking, Government Oversight, Human Services, Judiciary, and Public Health committees by December 31, 2026 (SA 26-12, 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, including 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).

Study on Palliative and Hospice Care in Litchfield County

This year, the legislature passed a law that requires the DSS commissioner, in consultation with the DPH commissioner, to study the need for palliative and hospice care services in Litchfield County. When doing so, she must consider 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. The commissioner must maximize available federal funding and may amend the Medicaid state plan or seek a Medicaid waiver to do so (SA 26-27, effective upon passage).

Working Group on Compensating Spouses Providing Personal Care Assistance

This session, the legislature established a six-member working group to study the feasibility of allowing spouses to be compensated for providing personal care assistance for spouses enrolled in Medicaid home care programs. The working group must report its findings and recommendations to the Human Services Committee by January 1, 2027 (PA 26-146, § 5, 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 (MRC) where assisted living services agencies provide services to residents and (2) whether licensing these MRCs 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).

Miscellaneous

Hate Crimes — Age as a Protected Social Category

A new law generally combines the various classes protected against crimes motivated by bias under prior law into one protected social category for crimes that the act specifically labels as hate crimes. Under the new law, a "protected social category" includes several attributes, including a person's actual or perceived age (if 60 or over). The new law specifically labels as a hate crime (1)

certain crimes under prior law that were penalized as a hate crime if based on bigotry or bias; (2) crimes under prior law that received enhanced penalties if motivated by bias; and (3) certain discriminatory practices under the law (PA 26-77, most provisions effective October 1, 2026).

Health and Human Services Provider Payment Requirements

New legislation requires OPM, as much as federal law allows, to require state agencies to pay private provider organizations for services provided under a purchase of service contract within 45 days after receiving a properly completed claim or receipt for the services, whichever is later. Private provider organizations include nonstate entities that are either nonprofits or businesses that receive funds from the state, and may receive federal or other funds, to provide direct health or human services to clients (PA 26-91, effective July 1, 2026).

Medicaid Inpatient Hospice Pilot Program

This year, new legislation 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) 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).

Municipal Agents for Aging

By law, each municipality must appoint a municipal agent to help seniors learn about community resources and file for benefits, among other things. A new law (1) allows municipalities to jointly appoint agents and (2) prohibits appointees from having existing or potential conflicts of interest. Beginning July 1, 2026, each agent who is being appointed or reappointed must certify, to the Department of Aging and Disability Services, that he or she is unaware of any conflict of interest that could interfere with his or her ability to serve in this role (PA 26-74, § 2, effective upon passage).

Waiver of New Photo Requirement for ID Cards

By law, a person must get their picture taken every other time they renew a driver's license or non-driver ID card (this is generally about every 16 years). A new law gives the DMV commissioner discretion to waive this requirement for people age 65 or older or with certain disabilities or

medical conditions who are (1) renewing an ID card or (2) replacing their driver's license with an ID card. IDs issued under this waiver will not be Real ID compliant, as federal law requires a Real ID compliant ID to have a photo that was taken in the last 16 years (PA 26-24, § 28, effective July 1, 2026).

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