



2026 Acts Affecting People With Disabilities

By: Mary Fitzpatrick, Principal Analyst
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Notice to Readers

This report provides summaries of new laws (public acts) significantly affecting people with disabilities enacted during the 2026 regular legislative session. OLR's other Acts Affecting reports, including Acts Affecting Seniors and Acts Affecting Health Professions and Institutions, 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 and Nondiscrimination

Absentee Ballots

A new law allows voters to request to automatically receive absentee ballot applications for each election, primary, or referendum they are eligible to vote in. The law requires town clerks and registrars to collaborate in verifying a voter's eligibility to automatically receive applications. It also establishes triggers for removing a voter from this status (such as being placed on the inactive registry list) ([PA 26-76](#), § 37, effective July 1, 2027).

Additionally, the legislature modified various other absentee balloting provisions in state law, including allowing voters with permanent absentee ballot status to receive absentee ballots electronically ([PA 26-42](#), § 4, effective upon passage).

Accessibility and the State Building Code

New legislation repeals and makes conforming changes to several building code statutes related to accessibility, including eliminating a secondary process for the state building inspector to consider variations of and exemptions from any provision of the State Building Code relating to accessibility to, and use of, buildings and structures by people with disabilities. The act effectively replaces the repealed process with another existing process for variations and exemptions that generally has a different standard for approval and no deadline for decision making ([PA 26-110](#), §§ 4-7, effective October 1, 2026).

Public Entities and Integrated Settings

A new law requires state agencies, local departments, and other public entities to administer services, programs, and activities in the most integrated setting appropriate to the needs of people with disabilities who are eligible to receive them. Violations are a discriminatory practice and anyone aggrieved by a violation may file a complaint with the Commission on Human Rights and Opportunities. The federal Americans with Disabilities Act and regulations also generally require that people with disabilities have equal access to state and local governmental programs, services, and activities in integrated settings ([PA 26-150](#), effective July 1, 2026).

Benefits and Programs

Circuit Breaker Program Extensions

The Circuit Breaker Program provides a property tax credit (up to \$1,250) 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 that extension requests be filed with the assessor rather than the Office of Policy and Management (OPM) secretary, which prior law required ([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 who needs help with activities of daily living. To qualify, the family 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 the \$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).

Health Insurance Benefit Mandates

A new law generally requires certain individual and group health insurance policies to provide coverage for, among other conditions, (1) prosthetic devices designed exclusively for athletic purposes; (2) infertility diagnosis and treatment under an expanded definition of “infertility” that includes infertility arising from disabilities; and (3) Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) treatment, including intravenous immunoglobulin therapy ([PA 26-33](#), §§ 1-3 & 6-7, effective January 1, 2027).

HUSKY C Report

HUSKY C is Connecticut's Medicaid program for people who are age 65 or older, blind, or living with a disability. Legislation passed this year requires the Department of Social Services (DSS) commissioner to report annually to the legislature on HUSKY C, starting by October 1, 2027, and continuing until 2032. 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).

Increased Spending Limit for ADS Community Inclusion Services

A new law increases, from \$10,000 to \$14,000, the amount the Department of Aging and Disability Services (ADS) may spend per person each fiscal year on community inclusion

services for people ages 21 or older who are both blind or visually impaired and deaf ([PA 26-72](#), § 11, effective July 1, 2026).

Veterans Dental Care Access Program

This year, the legislature created a Veterans Dental Care Access Program to help eligible veterans receive certain dental services. The new law caps program spending at \$3,000 per year per veteran and \$1 million per fiscal year. Eligible veterans must, among other things, have a service-connected disability rating of less than 100% and not already receive dental care from the U.S. Department of Veterans Affairs ([PA 26-35](#), §§ 4 & 5, effective October 1, 2026).

Children and Schools

Notification of Restraint and Seclusion

A new law requires schools to notify the parent or guardian of a student placed in physical restraint or seclusion on the day it happens, rather than within 24 hours after it happened as prior law required. The existing requirement that a school make a reasonable attempt to notify parents or guardians immediately after a restraint or seclusion begins continues to apply under this new law ([PA 26-1](#), § 42, effective July 1, 2026).

Prohibition on Using Mental Health Treatment as Sole Reason for DCF Action

A new law generally prohibits the Department of Children and Families (DCF) from using evidence that a parent or guardian has voluntarily sought or received professional mental health treatment as the sole reason to pursue any action or proceeding related to harm or risk of harm. The law establishes that this treatment can be sought for mental health concerns including, among others, perinatal mood or anxiety disorders ([PA 26-26](#) § 14, effective upon passage).

Conservators and Other Support

Notice of 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).

Supported Decision-Making

A new law requires the Human Services Committee chairpersons to appoint a working group to study and make recommendations to the legislature 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 their decisions ([SA 26-12](#), effective upon passage).

DDS Investigations, Plans, and Reviews

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](#), most provisions effective July 1, 2026).

DDS Former Employee Registry Access

A new law broadens access to DDS's 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 Medicaid autism waiver ([PA 26-72](#), § 3, effective upon passage).

DDS Independent Mortality Review Board

This session, the legislature made changes to DDS's 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 (the 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 ([PA 26-54](#), effective upon passage).

Defining Intellectual Disability

This year, the legislature passed a law requiring DDS to produce a plan with recommendations for developing a standard definition of "intellectual disability" that, among other things, is based on the totality of relevant clinical, educational, and functional evidence and does not rely on a single test score or measure ([PA 26-151](#), § 1, effective upon passage).

Home Health Care

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).

Homemaker Companion Agency Employee Criminal Background Check

A new law specifies that a state and national, rather than local and national, criminal records check is required for homemaker companion agency employees ([PA 26-100](#), § 9, effective upon passage).

Homemaker Companion Agency Employee Training

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 must develop, and post on its website, a list of approved training programs. The new law additionally requires each 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).

Personal Protective Equipment for Home Health Aides

A new law requires home health aide agencies to give their employees and contractors certain personal protective equipment (PPE) for free. Specifically, agencies must give them PPE that is necessary for safely providing home health aide services to clients, like hand sanitizer, gloves, aprons, gowns, foot covers, face shields, and masks ([PA 26-74](#), § 4, effective October 1, 2026).

Housing and Residential Facilities

Aging-In-Place Grant Program

A new law requires ADS, in consultation with the Department of Housing, to create an aging-in-place program to give grants of up to \$10,000 to eligible homeowners for making accessibility modifications that enable them to remain in their homes. These homeowners are generally people who (1) are at least age 60 or have a disability and (2) have a household income of up to 60% of the area median income. ([PA 26-68](#), § 343, effective July 1, 2026).

DDS Community Residential Facility Revolving Loan Fund Program

A new law modifies the Community Residential Facility Revolving Loan Fund 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) makes several changes to the size and scope of eligible loan projects, such as increasing the maximum loan amount for capital repair and improvement projects and (2) 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 Payments to Landlords

A new law allows DDS to make payments directly to landlords for people with intellectual disabilities who participate in the department's Community-Based Housing Subsidy Program. Previously, DDS could only pay program participants directly.

By law, the DDS Community-Based Housing Program provides rental subsidies to people with intellectual disabilities who receive residential services from DDS but whose current services or income do not cover their housing costs. Participants must rent or lease their own eligible apartment, condominium, or home in the community and not have other funding options to pay their monthly housing costs ([PA 26-29](#), § 1, effective upon passage).

Hospitals

DMHAS Advisory Boards

A new law updates the membership requirements of certain Department of Mental Health and Addiction Services (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, most provisions effective upon passage).

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).

Judicial Procedure and Law Enforcement

Hate Crimes

A new law generally combines the various classes protected against crimes motivated by bias into one protected category. Under the new law, this “protected social category” includes several attributes, including a person’s actual or perceived disability as well as their race, religion, sexual orientation, and age, among others. 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 ([PA 26-77](#), most provisions effective October 1, 2026).

Health Care for Incarcerated Individuals

The legislature passed several measures aimed at improving health care for people incarcerated in Department of Correction (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) take steps to ensure continuity of medications upon a person’s intake; and (3) along with a new Correction Medical and Health Commission, develop a health services staffing shortage contingency plan for each correctional facility. The acts also require the correction ombuds to hire a correction mental health care clinician to help incarcerated people with things like service access and medication management ([PA 26-40](#), as amended by [PA 26-130](#), §§ 6, 7 & 17; [PA 26-76](#), § 60; and [PA 26-117](#); various effective dates).

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 social services establishments and explicitly facilities that serve people with disabilities. To do so, the peace officer must be acting in his or her official capacity and have a judicial warrant for the individual ([PA 26-14](#), § 7, effective October 1, 2026).

Police Training Curriculum

A new law replaces police officer training curricula on interacting with people who (1) have mental or physical disabilities and (2) are deaf, hard of hearing, or deaf-blind. Currently, each police basic or review training program conducted or administered by the Police Officer Standards and Training Council (POST), the State Police, or a municipal police department must include POST-developed curricula for police officers on interacting with these individuals. The act sunsets these curricula on June 30, 2027, and instead requires these training programs to use new curricula after that date, which the act requires POST to develop ([PA 26-1](#), § 60, effective upon passage).

Pretrial Diversionary Program

State law provides a supervised diversionary program for people with psychiatric disabilities and veterans with mental health conditions who are accused of nonserious crimes. To participate in the program, a prospective participant must have his or her mental health condition assessed and a provision in the annual court operations act requires that if the applicant lives outside of Connecticut, he or she must return to the state for the assessment. The act also requires, for supervision and monitoring purposes, program participants to be classified based on the level of risk they pose to the community ([PA 26-92](#), § 12, effective October 1, 2026).

Probate Court Petition for Relief From Federal Firearms Disability

Under a new law, if someone is under a federal firearms disability due to an in-state mental health adjudication or commitment, does not live in Connecticut, and seeks to regain their firearm rights, the person may petition the probate court that ordered the decision ([PA 26-87](#), § 2, effective January 1, 2027).

Long-Term Care

ICF-IID Rates

A new law increases reimbursement for intermediate care facilities for people with intellectual disabilities (ICF-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).

Long-Term Care Planning

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).

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 them using audio or video equipment. 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).

Other Providers

Dentists' Continuing Education

By law, dentists generally must complete 25 contact hours of continuing education every two years. This must include at least one contact hour in any three of certain topics. Under a new law, starting with registration periods beginning on or after October 1, 2026, the Department of Public Health (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).

DPH Consent Orders

A new law explicitly allows DPH to enforce compliance with DPH 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).

Feasibility Study for Inpatient IDD Facility for Children and Young Adults

A new law requires the social services commissioner to study and report to the legislature on 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 ([PA 26-72](#), § 16 & [PA 26-62](#) § 3, effective upon passage).

Health and Human Services Provider Payment Requirements

New legislation requires 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).

Human Services Career Pipeline Changes

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

Legislative Approval of PCA 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 (PCA) 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 PCAs who provide services to consumers in certain state-funded programs ([PA 26-68](#), § 468, 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 under a program administered by DMHAS. A new law requires the DSS commissioner to (1) evaluate how peer support specialists are reimbursed, supervised, and trained and (2) make recommendations to the

legislature on how to structure a reimbursement system to better integrate this work into the state medical assistance program ([PA 26-72](#), § 13, 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 ([PA 26-68](#), §§ 183-185, as amended by [PA 26-76](#), §§ 77 & 78, effective October 1, 2026).

Substance Use Disorder

Access to Opioid Antagonists in Public Schools

Two new laws expand the instances in which an opioid antagonist (such as Narcan) may be administered to students in public schools. They update laws on administering opioid antagonists to reflect the recent availability of a non-legend (over the counter) opioid antagonist nasal spray approved by the federal Food and Drug Administration.

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

Bridge Program for Emergency Opioid Use Disorder Treatment

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.) ([PA 26-13](#), § 12, effective October 1, 2026).

Pain Management for Medicaid Beneficiaries

A new law requires a 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, or physical therapy ([PA 26-146](#), § 4, effective July 1, 2026).

Transportation and Mobility

Accessible Parking

A new law makes several changes related to accessible parking. It requires the Department of Motor Vehicles (DMV) to (1) redesign the accessible parking windshield placard so the expiration date is in bold font and clearly visible from outside the vehicle, (2) require a health professional certifying an applicant's eligibility on a placard application form to initial which eligibility criterion the applicant meets, and (3) include a QR code on the application form to allow 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, most provisions effective October 1, 2026).

Health Care Facility Patient Lift Grants

A new law creates a separate, nonlapsing account to be used by DPH to give 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).

Nondiscrimination Requirements for TNCs

Existing law requires each Transportation Network Company (TNC, such as Uber and Lyft) to (1) adopt a broad policy of nondiscrimination (based, for example, on riders' and drivers' destination, disability status, race or ethnicity, or gender identity) and (2) notify all their drivers about the policy. A new law specifies that TNCs must maintain and enforce their policies and requires each of them to also adopt, maintain, and enforce a service animal nondiscrimination policy. The latter must meet certain requirements, such as (1) prohibiting drivers from cancelling or refusing prearranged rides based on the potential rider being

accompanied by a service animal; (2) requiring the TNC to investigate and respond to each report of a driver canceling or refusing a prearranged ride based on the rider being accompanied by a service animal; and (3) requiring the TNC to permanently ban drivers who violate the company's service animal nondiscrimination policy from accessing its digital network ([PA 26-63](#), § 19, effective October 1, 2026).

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).

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).

Treatments, Medications, and Therapies

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).

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. 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. Also, it additionally allows physician assistants to make the determination that a patient's condition is advanced enough to qualify for the program ([PA 26-68](#), § 192, effective upon passage).

Psychedelic-Assisted Therapy Pilot Program

This session, the legislature expanded eligibility for the DMHAS 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 who 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 or psilocybin-assisted therapy as part of a research program approved by the federal Food and Drug Administration.

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) ([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 manner and under the same conditions as Connecticut qualifying patients and their caregivers ([PA 26-8](#), various provisions, effective October 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, legislation limits the treatments to disabled veterans (in line with UConn Health's plans for the center, which is not yet open) ([PA 26-1](#), § 8, effective upon passage).

Workforce and Employment

Posting ADA Information in the Workplace

A new law requires the labor commissioner to post downloadable information about the federal Americans with Disabilities Act (ADA), including its definition of a disability and how it relates to reasonable accommodations in the workplace. It requires employers to give their

employees written notice about their right to reasonable accommodations under the ADA, and allows employers to meet the requirement by displaying the information posted by the labor commissioner ([PA 26-12](#), §§ 30 & 31, effective October 1, 2026).

Sub-Minimum Wage Task Force

The legislature created a task force to study additional services, funding, and benefits that may support people with disabilities who earn less than the minimum wage, as allowed under a federal “Section 14(c) certificate.” The task force must (1) examine the potential benefits and existing impediments to the state using those additional services and (2) make recommendations on funding sources and benefits the state can provide ([PA 26-12](#), § 5, effective upon passage).

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