



## **CT ASSOCIATION OF HEALTHCARE FACILITIES/ CT CENTER FOR ASSISTED LIVING 2021 LEGISLATIVE SESSION SUMMARY**

---

The 2021 Connecticut legislative session was an unprecedented session coming amidst a pandemic. Legislative leaders expressed caution throughout the session as the State Capitol and Legislative Office Building were closed to the public for the entirety of the session. Public hearings, committee meetings and voting were conducted virtually and changed the way legislators, staff, lobbyists, and the public communicated.

The pandemic led to the legislature embracing modern technology as part of the legislative process for the first time. It also was historic with the lack of face-to-face interaction and the day to day meetings, negotiations and other interactions that go into the lawmaking process. Instead, Zoom meetings, YouTube hearings and texting or emailing became the new tools for engaging in the legislative process.

### **SUMMARY OF MAJOR LEGISLATION**

Despite a mostly virtual session, it was a highly productive session, in terms of legislative output and the number of bills heard. The legislature had an unusual 2020 with virtually no legislation being passed leaving significant work and priorities. Legislators also came off a year of historic proportions with not only a pandemic that impacted all facets of society but a year of wrestling with racial equity issues and responding to a nationally divisive election.

The headline stories from the session will be that the legislature passed a budget on-time with no new taxes and increased funding, legalized “cannabis”, and permitted sports and other expanded gambling options in the state but there was a vast amount done this session. Other issues that consumed a lot of debate included removing the religious exemption for school vaccinations, passing the bottle bill, expanding Medicaid coverage for undocumented children and pre and post natal mothers, and passing a commercial truck fee.

Additionally, the legislature passed priority bills including the Crown Act, expansion of the Earned Income Tax Credit, Zoning reforms, a new Baby Bonds program, the Parentage Act, Clean Slate and other criminal justice reforms, declared racism a public health crisis, and “Jennifer’s Law” to combat domestic violence.

In response to the pandemic, the legislature also passed labor measures including bills requiring salary disclosure, prioritization of laid off workers, expanding workers compensation PTSI benefits for EMS providers and healthcare providers during COVID, and to benefit employers disregarding an employer’s benefit charges and taxable wages during the pandemic.

After the Governor’s Executive Orders expanded voting options during the 2020 elections, the legislature also sought to expand Connecticut’s normally limited voting options. They passed legislation

that would expand who could vote under the current absentee ballot law. Separately, the legislature put the question of early voting to the voters for a potential 2022 referendum vote and potential approval by 2024.

The disappointments for some included some of the biggest progressive priorities: a public health option and an increase on taxes on the wealthy. Those debates will continue in future legislative sessions.

## **BUDGET AND FUNDING**

The budget and resources that the legislature allocated this session was historic in terms of both levels and sources. The legislature passed a budget on time but needed special session to pass a large budget implementation bill that included a variety of policy priorities and additional spending allocations. **Public Act 21-xxx (SB01202)- An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023**, passed in the June Special Session.

Despite the historic nature of funding, progressive Democrats wanted to see a historic investment in our cities and urban settings where funding inequities have existed for years. Senate Democratic leaders and others pressed for taxes on the wealthy and the Finance Committee passed taxes creating new revenues streams that would have generated hundreds of millions annually in new revenues. However, Governor Lamont held firm to a budget with no new tax increases, Special Transportation Fund excluded, and the final budget did not increase taxes.

Instead, on the final day of the session, the legislature passed **Special Act 21-15 (HB06689)- An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, And Making Appropriations Therefor, and Making Deficiency and Additional Appropriations for the Fiscal Year Ending June Thirtieth, 2021**. The biennium Fiscal Year (FY) 22 and 23 budget included \$46.4 billion in spending over the biennium.

The budget was accompanied by significant federal revenue providing \$2 billion plus in discretionary American Rescue Plan Act dollars. This was on top of billions more in earlier federal funds (CARES Act etc.) that had been provided to the state and stakeholders via the Governor and state agencies.

Early in the session Connecticut passed **Special Act 21-1 (HB6555)- An Act Concerning Legislative Oversight and Approval of COVID-19 Relief Funds**, which required legislative approval for federal discretionary funds. This required the Governor to submit a federal funding plan from which the legislature made significant modifications and ultimately passed a final package. Connecticut municipalities, businesses, child-care providers and state agencies also received several billion more in additional funds outside of that process. Concern remains that this spending will create a fiscal cliff after two years.

On top of the federal funds, the state Fiscal Year 2021 budget had a growing projected surplus. The legislature reallocated over \$500 million of those funds in the budget to support a variety of needs including funding for non-profits, long-term care, tourism, workforce development and a variety of priorities.

Finally, it is important to note that Connecticut also has a \$3.1 billion Rainy Day Fund that sits at a historic level with surplus revenues now going towards paying down future debts. Challenges remain ahead with unemployment and shifting revenues, but overall Connecticut's finances are vastly better than the position the state faced in the last recession about a decade ago.

### Nursing Home Funding & Rates

- **New Funding.** Amounts are the net state spending and not inclusive of federal dollars through Medicaid.
  - Up to \$40,000,000 to the Department of Social Services, for Medicaid, for the fiscal year ending June 30, 2022, for temporary Medicaid rate increases.
  - State funding of \$13,751,300 in FY 22 and \$29,903,900 in FY 23 to support statutory rate increases for nursing homes (\$11.1 million in FY 22 and \$24.3 million in FY 23),
  - Up to \$2,500,000 to the Department of Social Services, for Medicaid, for each of the fiscal years ending June 30, 2022, and June 30, 2023, for social worker staffing at nursing homes.
- **Acuity.** June S.S., P.A. 21-2 (SB1202) requires DSS to establish acuity-based rates for nursing homes beginning with FY 23 and establishes related requirements; requires DSS to determine a facility's certified bed utilization at a minimum of 90% of capacity for computing minimum allowable patient days; prohibits inflationary rate increases for nursing homes for FYs 22 and 23 unless authorized under DSS's case-mix adjustments.
  - When establishing these rates, DSS must make case-mix adjustments to the direct care rate component, effective beginning July 1, 2022, based on "Minimum Data Set" resident assessment data and cost data reported for the cost year ending September 30, 2019.
- **Ratemaking.** The bill requires DSS to set FY 22 rates for nursing homes in accordance with cost-based ratemaking provisions in existing law and under the bill as described below. Beginning with FY 23, DSS must set nursing home rates in accordance with acuity-based ratemaking provisions described above.
- **Nursing Home Temporary Assistance.** Requires DSS to issue one-time grants to nursing homes within its \$10 million ARPA allocation.
  - The bill requires DSS to provide temporary financial assistance to nursing homes within the \$10 million it received under the American Rescue Plan Act. The bill requires DSS to issue one-time grants based on the percent difference between the issued and calculated nursing home reimbursement rates and subject to proportional adjustments based on available funding.
- **Personal Needs Allowance.** Effective July 1, 2021, increases from \$60 to \$75 per month, the personal needs allowance provided to certain long-term care facility residents.

**Essential Workers COVID-19 Assistance Program. June Special Session, P.A. 21-2 (SB01202)** also establishes the Essential Workers COVID-19 Assistance Program to provide benefits through June 30, 2024, for lost wages, out-of-pocket medical expenses, and burial expenses to qualifying essential employees who could not work due to contracting COVID-19. The program's benefits are available

within available funds and on a first-come, first-served basis, and will only be paid through June 30, 2024.

## LONG TERM CARE LEGISLATION

**Public Act 21-185 (SB01030) AN ACT CONCERNING NURSING HOMES AND DEMENTIA SPECIAL CARE UNITS** makes various unrelated changes concerning nursing homes and dementia special care units and the delivery of long-term care services.

- **Infection Preventionist.** Requires each nursing home and dementia special care unit to employ a full-time infection and prevention control specialist responsible for ongoing administration and training of infection control.
  - Under the bill, each nursing home and dementia special care unit must require its infection and prevention control specialist to work on a rotating schedule that ensures he or she covers each eight-hour shift at least once monthly to ensure compliance with relevant infection control standards.
- **Local Emergency Operations Plan.** Requires by January 1, 2022, the administrative head of each nursing home and dementia special care unit to provide its emergency operations plan to the municipality in which the facility is located.
- **Personal Protective Equipment.** The bill requires each nursing home's administrative head to ensure that the (1) home maintains at least a two-month supply of personal protective equipment (PPE) for its staff and (2) PPE is of various sizes based on staff's needs.
- **Intravenous Lines.** The bill requires each nursing home's administrative head to ensure that there is at least one staff member or contracted professional available on-call during each shift who is licensed or certified to start an intravenous line.
- **Nursing Home Infection Committees.** The bill requires a nursing home's infection prevention and control committee to meet at least monthly and, during an infectious disease outbreak, daily. But if daily meetings disrupt the home's operations, the committee must instead meet at least weekly.
- **Infectious Disease Testing.** The bill requires nursing homes to test staff and residents for an infectious disease during an outbreak.
- **Family Councils.** By January 1, 2022, nursing homes and dementia units must encourage and assist in the establishment of a family council to support open communication between the facility and each resident's family members and friends.
- **Resident Visitation.** Requires each nursing home's administrative head, by January 1, 2022, to ensure that each resident's care plan includes the following:
  - Measures to address the resident's social, emotional, and mental health needs, including opportunities for social connection and strategies to minimize social isolation;
  - Visitation protocols and any other information relevant to visitation written in plain language and in a form and manner that may be reasonably understood by the resident and his or her family and friends;
  - Information on the role of the Office of the State Long-Term Care Ombudsman, including the office's contact information.

- **Public Health Preparedness Advisory Committee.** By October 1, 2021, the Committee must amend the plan for emergency responses to public health emergencies to include a plan for emergency responses related to nursing homes and dementia special care units and providers of community-based services to their residents.
- **Minimum Staffing Levels.** The bill requires DPH, by January 1, 2022, to modify minimum staffing levels in nursing homes as follows:
  - Establish at least three hours of direct care per resident per day;
  - Modify staffing level requirements for social workers and recreational staff to require
    - (a) one full-time social worker per 60 residents and
    - (b) recreational staffing levels lower than current requirements, as the DPH commissioner deems appropriate;
  - And adopt regulations to implement the above requirements.
- **Nursing Home Infrastructure.** The bill requires DPH to seek available federal or state funds for infrastructure improvements to the state’s nursing homes. It requires the commissioner, by January 1, 2022, to report to the Public Health Committee on her success in accessing such funding.

**Public Act 21-55 (SB00975) AN ACT STRENGTHENING THE BILLS OF RIGHTS FOR LONG-TERM CARE RESIDENTS AND AUTHORIZING THE USE OF RESIDENT TECHNOLOGY FOR VIRTUAL VISITATION AND VIRTUAL MONITORING** makes various changes affecting long-term care facility residents.

- **Patients’ Bill of Rights Technology for Virtual Visitation.** Adds to the nursing home patients’ bill of rights, which applies to residents in nursing homes, residential care homes and chronic disease hospitals, the right to treat their living quarters as their own home and extends these rights to residents of managed residential facilities or assisted living facilities. This specifically includes the right to:
  - Associate and communicate privately with people the patient chooses, subject to rules designed to protect other patients’ privacy, health, and safety at the facility and
  - Purchase and use technology the patient chooses, including technology that facilitates virtual visitation with family and others, provided the technology’s use and operation does not violate any individual’s right to privacy under state or federal law.
- **Nursing Home Virtual Monitoring and Technology.** The bill allows nursing home residents to use technology of their choosing that facilitates virtual monitoring or virtual visitation and establishes related notification, use, and consent requirements.
  - Under the bill, “technology” means a device capable of remote audio or video communications that may include recording capabilities.
  - A “resident representative” is a person who is the resident’s (1) legally appointed health care representative, guardian, or conservator; (2) designee, as indicated in a signed written document in the resident’s facility records; or (3) legally liable relative or other responsible party who is not a facility employee or contractor.
  - Under the bill, the resident or resident’s representative must file a signed, written notice with the facility and a copy of the roommate’s consent, if applicable, at least seven days before installing or using the virtual monitoring technology. Other requirements, in addition to consent and notice, are also required for the use.

**Public Act 21-160 (HB06457)- AN ACT CONCERNING ACCESS TO RECORDINGS AND IMAGES FROM TECHNOLOGY USED BY NURSING HOME RESIDENTS FOR VIRTUAL VISITATION AND VIRTUAL MONITORING** makes further changes to the virtual monitoring provisions.

- Specifically, it requires a nursing home to give its employee, or the employee of a contractor providing services at the home, access to a resident’s virtual monitoring or virtual visitation technology under some conditions including when the employee may be subject to discipline.
- The bill also allows the long-term care ombudsman, without consulting the nursing home, to ask a resident about the existence of recordings or images taken from virtual monitoring or virtual visitation technology that could corroborate an abuse or neglect allegation.
- Additionally, the bill allows a resident, or resident representative, to voluntarily release recordings or images taken from virtual monitoring or virtual visitation technology if doing so does not infringe on another person’s privacy rights under state or federal law.
- If the Department of Public Health initiates a complaint investigation based on a recording or image, the bill also requires the department to provide a copy of it to the nursing home that is the subject of the investigation.
- Also pursuant to **P.A. 21-55**, residents are required to pay for the technology and its installation, maintenance, operation, deactivation, and removal;
- Nursing homes must provide residents with free internet access, electricity, and a power source for virtual monitoring or virtual visitation technology, under certain conditions.
  - Costs may be recouped by the nursing home including filing with DSS for Medicaid reimbursement or seeking other reimbursements.
  - Generally, nursing homes are provided immunity from civil, criminal, or administrative liability related to residents’ use of this technology.
- Allows the long-term care ombudsman to develop and provide on its website standard consent and notification forms for the use of virtual monitoring technology; and
- Allows the Department of Public Health (DPH) commissioner to adopt regulations to implement the bill’s nursing home virtual monitoring and virtual visitation provisions.

**Public Act 21-121 (HB06666)- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES** makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

- **Long-term Care Citations.** In addition to the current practice of certified mail for citations, the bill allows DPH to send these notices electronically.
- **Long-term Care Facility Background Checks.** Facilities must require background checks for prospective employees or volunteers who will have direct access to patients or residents. The bill suspends this requirement if the DPH commissioner determines it is necessary to do so because of an emergency or significant disruption.
- **Facility Ownership Changes.** Licensed health care institution ownership changes generally need prior DPH approval. Transfers to relatives are generally not subject to this requirement. But one current exception to this is a transfer of 10% or more of the stock of a corporation, partnership, or association that owns or operates multiple facilities. The bill specifies that this exception also applies to transfers involving limited liability companies meeting these same conditions.

- **Emergency Licensure Waiver.** Extends the authority of DPH to temporarily suspend, for up to 60 days, licensing, certification, and registration requirements to allow various health care practitioners credentialed in another state to practice in Connecticut during a declared public health emergency.
- **Nursing Home Administrator License.** The bill eliminates the requirement that DPH administer the administrator examination.
- **Hospice.** The bill adds to the statutory definition of a “health care institution” a “hospice agency,” which it defines as a public or private organization that provides home care and hospice services to terminally ill patients.
- **Home Health Orders.** The bill allows PAs and APRNs to issue orders for home health care agency services, hospice agency services, and home health aide agency services.
- **Nursing Home Bed Capacity in Emergency.** to temporarily provide services to patients with a reportable disease, emergency illness or health condition during a declared public health emergency.
  - Nursing homes may provide these services under their existing license if they provide services to patients in a building that is not physically connected to its licensed facility or expand their bed capacity in a part of a facility that is separate from the licensed facility.
  - Nursing homes must get prior DPH approval.
- **IV Care in Nursing Homes.** The bill permits chronic and convalescent homes from having registered nurses draw blood from a central line for laboratory purposes, provided the facility has an agreement with a laboratory to process the specimens or administer IV therapy or a medication dose by intravenous injection, provided the medication is on a list approved by the facility’s governing body, pharmacist, and medical director for intravenous injection by an RN.
  - Nursing homes must provide notice to DPH that they are using RNs for this practice.
- **Assisted Living Service Agencies (ALSA).** The bill requires a Managed Residential Community (MRC) that wishes to provide assisted living services to obtain a DPH license as an ALSA or arrange for such services with a licensed ALSA.
  - The bill prohibits an ALSA from providing services as a dementia special care unit or program unless they obtain DPH approval.
- **Bed Positions in Long-Term Care.** The bill requires chronic disease hospitals, nursing homes, and residential care homes to position beds in a manner that promotes resident care. Specifically, the bed position cannot act as a restraint to the resident; cannot create a hazardous situation, including the possibility of entrapment, an obstacle to evacuation, or blocking or being close to a heat source; must allow for infection control; and must provide at least a three-foot clearance at the sides and foot of each bed, as under current law.
- **DPH Access to Electronic Health Records.** The bill requires hospitals to provide DPH access, including remote access, to complete electronic medical records on reportable diseases and emergency illnesses and health conditions, in a manner the commissioner approves.
- **Health Care Institutions and Water Supply.** The bill requires health care institutions to obtain potable water from a licensed bulk water hauler or water bottler as a temporary measure to alleviate a water supply shortage.

**Public Act 21-194 (SB00973) AN ACT STRENGTHENING THE VOICE OF RESIDENTS AND FAMILY COUNCILS** requires state agencies to inform the state long-term care ombudsman and Commission on

Women, Children, Seniors, Equity and Opportunity executive director about legislative proposals or new or revised regulations on long-term care facility living and care conditions.

- The bill also requires any state task force on long-term care facility care or living conditions that is appointed by the legislature or a state agency to include as members representatives of resident councils; family councils; and the chairpersons and ranking members of the Aging Committee, or their designees.

## LABOR LEGISLATION

**Public Act 21-30 (HB06380) AN ACT CONCERNING THE DISCLOSURE OF SALARY RANGE FOR A VACANT POSITION** requires employers to provide job applicants and employees with the wage range of their positions.

- The bill prohibits employers from failing or refusing to provide a job applicant with the wage range of the position for which the applicant is applying. The employer must provide the wage range before or when offering the applicant the job, or when the applicant requests it during the application process, whichever is earlier.
- The bill also prohibits employers from failing or refusing to provide their employees with their wage ranges (1) when they are hired, (2) when their position with the employer changes, or (3) upon the employee's first request for a wage range.

**Public Act 21-107 (SB00660)- AN ACT EXPANDING WORKERS' COMPENSATION BENEFITS FOR CERTAIN MENTAL OR EMOTIONAL IMPAIRMENTS SUFFERED BY HEALTH CARE PROVIDERS IN CONNECTION WITH COVID-19** expands eligibility for workers' compensation benefits for post-traumatic stress injuries (PTSI) to cover EMS personnel and certain healthcare providers related to COVID-19.

- **EMS Personnel, DOC Employees, Dispatchers.** The bill allows EMS personnel, DOC employees, and emergency dispatchers to qualify for benefits through the same qualifying events, although the dispatchers may do so by hearing them.
- **COVID-19 Healthcare Providers.** Qualifying events for health care providers under the bill are the same types of events, but they must have occurred due to, or as a result of, COVID19.
  - "Health care providers" are people employed at a physician's office, hospital, health care center, clinic, medical school, local health department or agency, nursing or retirement facility, nursing home, group home, home health care provider, facility that performs, laboratory or medical testing, or pharmacy or any similar institution.
- **Benefits.** Among other things, this (1) caps the benefits' duration at 52 weeks; (2) prohibits the benefits from being awarded beyond four years after the qualifying event; and (3) requires that employers contest a claim for PTSI benefits through a process that is generally similar to the one used for contesting other workers' compensation claims.

**Public Act 21-5 (HB05377) AN ACT CONCERNING THE REMOVAL OF COVID-19 RELATED LAYOFFS FROM THE UNEMPLOYMENT COMPENSATION EXPERIENCE ACCOUNT.**

- The legislation disregards an employer’s benefit charges and taxable wages between July 1, 2019, and June 30, 2021, when calculating the employer’s unemployment tax experience rate for taxable years starting on or after January 1, 2022. Therefore, unemployment benefits paid during this period will not impact the employer’s experience rate.

**Public Act 21-69 (SB00056) AN ACT DETERRING AGE DISCRIMINATION IN EMPLOYMENT**

**APPLICATIONS** makes it a discriminatory employment practice for an employer or the employer’s agent to request or require a prospective employee’s age, birth date, or graduation date on an initial employment application.

- The legislation only allows for such information on an initial application if it is (1) for a bona fide occupational qualification or need or (2) required by state or federal law. The discriminatory employment practices law covers employers with at least three employees.
- Employees can file a complaint alleging the discrimination with the Commission on Human Rights and Opportunities.

**Public Act 21-27 (HB05158) AN ACT CONCERNING BREASTFEEDING IN THE WORKPLACE** establishes certain criteria for employer-provided areas used by employees to express breast milk.

- Existing law requires employers to make reasonable efforts to provide a room or other location near the employee’s work area, other than a toilet stall. The bill further requires that, as long as there is no undue hardship, this area must be free from intrusion and shielded from the public while the employee expresses milk; include or be near a refrigerator or employee-provided portable cold storage device in which the employee can store her breast milk; and have access to an electrical outlet.

**Public Act 21-59 (HB05310) AN ACT CONCERNING DATA PRIVACY BREACHES** expands the data breach notification law to apply to additional types of information and cover additional individuals who keep this information.

- The bill extends the data breach notification requirements to include anyone who owns, licenses, or maintains computerized data that includes personal information (data managers), rather than just those who do so in the ordinary course of doing business in the state, as under current law.

## **PUBLIC HEALTH LEGISLATION**

**Public Act 21-9 (HB05596) AN ACT CONCERNING TELEHEALTH** modifies requirements for the delivery of telehealth services and insurance coverage of these services until June 30, 2023.

- **Expanded telehealth providers.** Certified, licensed, or registered art therapists, athletic trainers, behavior analysts, dentists, genetic counselors, music therapists, nurse mid-wives, and occupational or physical therapist assistants.
- **Audio only for Medicaid.** The bill allows in-network and Medicaid telehealth providers to provide telehealth services via audio-only telephone.

- This includes interaction between a patient at an originating site and the telehealth provider at a distant site and synchronous (real-time) interactions, asynchronous store.
- **P.A. 21-133 (HB06470) AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW** removes the sunset on Medicaid audio-only and requires it be offered when it is determined to be clinically appropriate, providing comparable covered audiovisual telehealth services is not possible, and audio only services are provided to people who are unable to use or access comparable, covered audiovisual services.
- **Commercial Insurance Payment Parity.** As with existing law, the bill requires certain commercial health insurance policies to cover medical advice, diagnosis, care, or treatment provided through telehealth to the extent that they cover those services when provided in person. It generally subjects telehealth coverage to the same terms and conditions that apply to other benefits under a health policy.

**Public Act 21-152 (HB06449) AN ACT EXPANDING ECONOMIC OPPORTUNITY IN OCCUPATIONS LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH.**

- **Military Spouses.** The legislation permits DPH and DCP to issue the appropriate license or other credential to a spouse of an active-duty service member permanently stationed here, if that person meets specified experience and background requirements.
- **Interstate Licensure Compact Workgroups.** The bill requires the DPH commissioner to convene working groups to determine whether Connecticut should join any interstate licensure compacts and report to the Public Health Committee on the groups' recommendations by January 15, 2022.

**Public Act 21-192 (SB00895) AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES** makes a number of changes to the pharmacy statutes, including the following:

- **Automated Dispensing in Nursing Homes.** Allowing long-term care pharmacies to use automated prescription dispensing machines in nursing homes;
- **Methadone PMP Requirement.** Beginning July 1, 2022, requiring dispensed opioid agonists for treatment of a substance use disorder to be uploaded into the electronic Prescription Drug Monitoring Program's (PMP) database;

**Public Act 21-196 (SB01070) AN ACT CONCERNING PHYSICIAN ASSISTANTS** allows physician assistants (PAs) to certify, sign, or otherwise document medical information in several situations that currently require a physician's or APRN's signature, certification, or documentation.

## OTHER LEGISLATION

**Public Act 21-150 (SB01046)- AN ACT CONCERNING LONG-TERM CARE INSURANCE** provides certain consumer protections for long-term care insurance.

- The bill requires the insurance commissioner to develop a minimum set of affordable benefit options that insurers must offer to policyholders if they file a premium rate increase of 20% or more for an individual or group LTC policy.

- It also prohibits an insurer from issuing, delivering, renewing, continuing, or amending an individual or group LTC policy on or after January 1, 2022, unless that insurer is also authorized or licensed to sell another line of insurance in Connecticut.

**Special Act 21-37 (HB05614) AN ACT ESTABLISHING A COMMISSION ON THE DISPARATE IMPACT OF COVID-19** establishes a 22-member Commission on the Disparate Impact of COVID-19 within the legislative department.

- The commission must, among other things, analyze and identify the cause of any disparate impact of COVID-19 and the federal and state responses to it on different racial, ethnic, gender, and socioeconomic groups.
- Starting by January 1, 2022, the commission must annually report its findings and legislative and policy recommendations to the commission’s appointing authorities and the governor. The commission expires on June 30, 2023.

**Public Act 21-84 (HB06458)- AN ACT LOWERING THE AGE OF ELIGIBILITY FOR PROPERTY TAX RELIEF FOR SENIOR CITIZENS AND ESTABLISHING A TASK FORCE TO PROTECT SENIOR CITIZENS FROM FRAUD** expands, starting October 1, 2021, eligibility for the local option Elderly Tax Freeze Program by decreasing the program’s minimum age requirement from 70 to 65 years.

**Public Act 21-125 (HB06588)- AN ACT CONCERNING PSYCHOTROPIC DRUGS AND MENTAL HEALTH SERVICES** prohibits certain health insurance policies that cover outpatient prescription psychotropic drugs from requiring a prescription greater than what is clinically appropriate.

**Public Act 21-148 (SB00955)- AN ACT CONCERNING REVISIONS TO OBSOLETE PROVISIONS OF THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF SOCIAL SERVICES** makes several changes to the Department of Social Services statutes including:

- Limits participation in the Connecticut Home Care Program for Persons with Disabilities to those who are ineligible for Medicaid or Medicaid waivers
- Expanding the Statewide Health Information Exchange board of directors to include the Department of Social Services (DSS) commissioner or her designee as an ex-officio voting member.
- Requires the DSS commissioner, in collaboration with the Mental Health and Addiction Services and Housing commissioners, to study whether state-contracted human services providers receive disparate payment rates under programs they administer in different regions of the state.