



CT ASSOCIATION OF HEALTHCARE FACILITIES 2023 LEGISLATIVE SESSION SUMMARY

The 2023 legislative session began with Governor Lamont's second inaugural and a newly elected legislature with strong Democratic majorities. The Governor was looking to protect and extend the state's fiscal guardrails past his second term and the legislature went along with that back in January. Despite those guardrails, there were continued attempts to spend more on education, non-profits, higher education, social services and in healthcare.

In the end though, the Governor largely prevailed as he was able to help deliver a bipartisan \$51.8 billion two-year budget that adheres to the fiscal spending cap while cutting income taxes and providing record tax relief.

In fact, much of what was accomplished during the 2023 legislative session was bipartisan. From the budget to the bond package to education bills to a variety of criminal justice bills there was often agreement on even contentious issues. Guns and abortion continue to be hot button issues but even legislation in those areas attracted some Republican support.

Overall it was a session full of compromises and policy agreements. The Governor started the session focusing on large income tax cuts, additional gun safety laws, dealing with rising healthcare costs and access to care, expanding early voting, addressing affordable housing and creating a waste authority. There was headway made in most of these areas with expansion of early voting and a major gun safety law passed. There were also bipartisan compromises made on traffic/road safety, criminal justice reforms, bear safety and the overall bond package.

BUDGET & TAXES

Public Act 23-204 (HB6941)- AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2025, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET passed both the House and Senate with overwhelming bipartisan support. The House approved the two-year, \$51.1B state budget 139- 12 and the Senate likewise approved with a 35-1 vote.

The Governor has highlighted that the two-year budget provides: Largest income tax cut for working and middle-class individuals and families in Connecticut history; Provides increases in funding for K-12 and childcare programs; Builds thousands of new housing units utilizing bonding funds and Provides \$206.6 million in new overall funding to nonprofit providers.

NEW SPENDING HIGHLIGHTS

- **Social Services:** Provides \$10 million in one-time ARPA funding to community action agencies to distribute flexible client support funds for individuals and families facing immediate economic hardship (for example, food, housing, and transportation costs)
 - Provides \$4 million in ARPA funds to establish nursing home specialized unit infrastructure fund “to encourage in-state development of additional specialized services” (bariatric, vent, dialysis beds) (\$4 million in ARPA).
 - Provides \$5.2 million in FY 2024 and FY 2025 for rebasing of residential care home rates to current costs using 2022 cost reports.
 - Provides a 10% increase for adult day rates.
 - Community gun violence prevention and reduction including \$7.8 million for the public-health-centered gun violence program and \$9.5 million for the Project Longevity gun violence reduction program. Also \$5.0 million for housing vouchers for populations at risk of gun violence.
 - \$33.2 million to fill the gap in federal Victims of Crime Act Assistance funding (ARPA).
 - \$6.7 million for enhanced GPS monitoring, including high-risk populations with domestic violence charges.
 - \$12.0 million for juvenile review boards to assess at-risk youth and connect them to services.
- **Healthcare:** For FY2025, expands HUSKY C income eligibility to 105% FPL, after all income disregards (\$8.5 million in FY 2025) and extends state HUSKY coverage for undocumented children from age 12 to 15, with continuation of coverage for participants through age 18 (\$3 million in FY 2025).
 - \$11.7 million in FY 2024, \$22.7 million in FY 2025 to support Covered Connecticut which provides zero-cost, Medicaid-like coverage for individuals just over income limits for Medicaid
 - \$10 million to provide two months of premium payments for individuals eligible for federal subsidies under Access Health CT.
 - \$32 million to provide one-time grants to Federally Qualified Health Centers.
 - Providing \$17 million in additional support to the state’s two financially distressed, independent hospitals (Day Kimball and Bristol).
 - FY2025 includes \$12 million for Medicaid increases including \$5 million for ambulance services and \$7 million for specialist doctors.
 - \$3 million for a two-year Medicaid study.
 - \$6.5 million to pay off healthcare debt.
- **Nonprofit Providers:** Provides an additional \$206.6 million over the biennium for private providers.
 - Funds \$53.3 million in each fiscal year across all private providers, including DDS-contracted providers – roughly equivalent to a 2.5% increase.
 - Funds \$50 million each year specific to DDS-contracted providers – roughly equivalent to a 4.5% increase.
- **Education:** ECS formula phase in continued providing \$48 million in FY 2024 and \$96 million in FY 2025 to continue the ECS formula phase-in.

- \$150 million in FY 2025 for Education Finance Reform and an additional \$25 million in Special Ed funding over the biennium budget.
- **Childcare:**
 - Provides \$14.2 million and \$53.3 million in FY 2024 and FY 2025 to fund rate increases of 11% for licensed providers and 6% for unlicensed providers in the Care4Kids system. This is supplemented by a \$35 million ARPA allocation.
 - \$15.5 million to increase Infant Pre-K rates to \$10,500 per pupil in School Readiness and Child Day Care Contract programs in FY 2025.
- **Higher Ed:** Provides an increase of more than \$500 million over the biennium in one-time operating support to help UConn and CSCU transition back to a sustainable level of state support.
 - \$6 million in Student Loan Reimbursement
- **Municipal Aid:** Provides a \$45 million combined increase in Tiered PILOT and Car Tax for municipalities

REVENUE PACKAGE HIGHLIGHTS

- Reduces the state income tax by lowering the 5.0% rate to 4.5% and the 3.0% rate to 2.0% for the income year 2024. The benefits will be capped at \$150,000 for single filers and \$300,000 for joint filers.
- Increases the Earned Income Tax Credit from 30.5% to 40%. 211,000 filers will benefit from the EITC increase.
- Eliminates retirement income tax cliff by adding a phase-out for allowable pension and annuity and IRA distribution deductions against the Personal Income Tax.
- Total personal income tax relief between the above three items is approximately \$460.3 million.

BONDING HIGHLIGHTS

P.A. 23-205 (HB6942)- AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE AND CONCERNING GRANT PROGRAMS, STATE CONSTRUCTION RELATED THRESHOLDS, SCHOOL BUILDING PROJECTS, RESOURCES AND SUPPORT SERVICES FOR PERSONS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY, FAILURE TO FILE FOR CERTAIN GRAND LIST EXEMPTIONS, ELECTIONS, AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET provides \$2.29 billion in new bonding authorizations for FY24 and another \$2.17 billion in FY25.

- Updates the state priority list projects which result in state grant commitments of \$736.4 million for school construction projects.
- Requires DDS in consultation with the Department of Social Services (DSS) to reduce the waiting list for DDS residential services. The DDS waiting list for individuals with no residential services was 685 individuals as of January 1, 2023. The annualized cost to fully fund all 685 individuals on the wait list is approximately \$50 million, which would likely be incurred gradually as individuals are able to access services.
- Requires the Office of Workforce Strategy (OWS) to establish a Human Services Career Pipeline program. Additionally, the bill requires OWS to develop a plan regarding (1) the workforce needs in the human services sector and (2) the funding amount needed for the Human Services Career Pipeline program.

- Establishes a DDS grant program for supportive housing development for persons with intellectual disability or other developmental disabilities and allows not more than \$5 million to be expended in any one of DDS’s three service regions.
- Requires DSS to amend the Medicaid waiver programs administered by DDS, contingent on approval by the Center for Medicare and Medicaid Services (CMS) to authorize compensation for family caregivers providing personal care assistance (PCA) services to participants in the programs.

Nonprofits:

- Includes capital funding for Nonprofit Grant Program (\$25 million in FY 2024, \$25 million in FY 2025). Facility upgrades to improve health, workplace safety conditions, and strengthen quality of care.
- New dedicated position in the Office of Policy and Management will oversee the program and future rounds of funding.

Housing:

- Provides \$810 million over the biennium in capital support towards housing development and housing financial assistance.

LONG TERM CARE LEGISLATION

Public Act 23-39 (SB956)- AN ACT REQUIRING DISCHARGE STANDARDS REGARDING FOLLOW-UP APPOINTMENTS AND PRESCRIPTION MEDICATIONS FOR PATIENTS BEING DISCHARGED FROM A HOSPITAL OR NURSING HOME FACILITY requires Department of Public Health regulations setting minimum standards for hospital and nursing home discharge planning services to require written discharge plans to include (1) the date and location of each follow-up medical appointment scheduled before the patient’s discharge and (2) to the extent known to the facility, a list of all medications the patient is currently taking and will take after discharge.

- Under the bill, when a hospital or nursing home discharges a patient to his or her home, the bill requires the facility to electronically send to the patient’s pharmacy each prescription ordered by a facility employee for the patient before discharge that he or she will need after discharge.

P.A. 23-204 (HB6941)-AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2025, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET includes language that involves nursing homes in several ways:

- Section 290 requires DSS to issue individualized reports annually to each nursing home facility showing the impact to the Medicaid rate for such home based on the quality metrics program. A nursing home receiving an individualized quality metrics report may use such report to evaluate the impact of the quality metrics program on said facility's Medicaid reimbursement. Not later than June 30, 2025, the department shall submit a report to the legislature including the impact

on nursing homes if the state were to implement a rate withhold on nursing homes that fail to meet certain quality metrics.

- Section 314 requires DSS to convene a working group of nine members to review and evaluate the incidence and implications of excess licensed bed capacity and any space not presently in use at skilled nursing facilities. Not later than December 31, 2023, the working group shall submit an interim report, and not later than June 30, 2024, a final report to the Human Services Committee.

P.A. 23-48 (HB5781)- AN ACT CONCERNING NOTICE OF A PROPOSED INVOLUNTARY TRANSFER OR DISCHARGE OF A NURSING FACILITY RESIDENT, FAMILY COUNCILS IN MANAGED RESIDENTIAL COMMUNITIES, COORDINATION OF DEMENTIA SERVICES, NURSING HOME TRANSPARENCY AND HOMEMAKER-COMPANION AGENCIES.

- Requires nursing homes to notify the Long-Term Care ombudsman about an involuntary transfer or discharge on the same day the resident is notified; failure to do so invalidates the transfer
- Requires nursing homes to submit annual narrative cost expenditures summaries to DSS; requires the DSS commissioner to create a uniform narrative summary form for nursing homes to use; subjects nursing homes that do not comply with the reporting requirements to a fine of up to \$10,000.
- Requires chronic and convalescent nursing homes that receive Medicaid funding to annually report a profit and loss statement from each related party that receives at least \$30,000 of income from the home.
- Requires the DSS commissioner to develop and post online a guidebook that explains in plain language the Medicaid nursing home rate setting process
- Homemaker Companion now transferred to DPH (from DCP) with new requirements for such agencies including developing a service plan or contract in consultation with the consumer; the service plan or contract must include (1) a person-centered plan of care, (2) anticipated oversight by the agency of the employee assigned to the consumer, and (3) how often the person who oversees the agency's employee and the consumer will meet.

P.A. 23-30 (HB6677)- AN ACT CONCERNING ADULT DAY CENTERS.

- Requires DSS to develop a plan to increase eligibility for adult day services under the Connecticut Home Care Program for Elders (CHCPE) and report to the Aging Committee on the plan by February 1, 2024.
- Allows the commissioner to submit a Medicaid state plan amendment to CMS to cover Program of All-Inclusive Care for Elderly (PACE)

P.A. 23-174 (SB1075)- AN ACT CONCERNING HOSPICE AND PALLIATIVE CARE makes several changes related to the provision of hospice care services, including:

- Requiring DPH, by January 1, 2024, to establish a Hospice Hospital at Home pilot program to provide in-home hospice care to patients through in-person visits and telehealth;
- Allowing the DSS commissioner to apply for a Medicaid Section 1115 waiver to provide Medicaid reimbursement for hospice services delivered under the bill's pilot program, to the same level DSS reimburses for Medicaid hospital-based hospice services;
- Requiring certain individual and group health insurance policies to cover in-home hospice services provided by a DPH-licensed hospice home care agency to the same extent they cover hospital in-patient hospice service.

P.A. 23-161 (SB1088)- AN ACT CONCERNING FINANCIAL EXPLOITATION OF SENIOR CITIZENS authorizes disclosures and other processes, including temporary account holds, by broker-dealers, investment advisors, financial institutions and probate courts to address the financial exploitation of those over sixty years of age.

Special Act 23-22 (HB6855) AN ACT ESTABLISHING A TASK FORCE TO STUDY MINIMUM STANDARDS FOR TIMELY REPAIR OF COMPLEX REHABILITATION TECHNOLOGY establishes a task force to study minimum standards for the timely repair of complex rehabilitation technology, including, but not limited to, improving timelines for assessment and repair of such technology by a manufacturer or authorized service provider upon notification of the need for repairs.

P.A. 23-186 (SB989)- AN ACT CONCERNING NONPROFIT PROVIDER RETENTION OF CONTRACT SAVINGS, COMMUNITY HEALTH WORKER MEDICAID REIMBURSEMENT AND STUDIES OF MEDICAID RATES OF REIMBURSEMENT, NURSING HOME TRANSPORTATION AND NURSING HOME WAITING LISTS makes various changes to social service programs, creating new workgroups and allowing for Medicaid reimbursement for community health workers.

- Note that this bill was amended after passing the Senate and several nursing home provisions stripped from the final bill. The final bill allows but does not require nursing homes with available vehicles equipped to transport nonambulatory residents, to provide nonemergency transportation of such residents to the homes of such residents' family members, provided: (1) Such family members live within fifteen miles of the nursing home facility, and (2) such transportation is approved not less than five business days in advance.
 - DSS must evaluate whether the need for such transportation would qualify as a health-related social need and file a report to MAPOC not later than October 1, 2023.
- Requires the Ombudsman, with DPH and DSS, to convene a working group concerning any revisions necessary to nursing home waiting list requirements as described in section 19a-533 of the general statutes and report back to the Public Health and Human Services Committees by January 1, 2024.
- Requires DSS to conduct a two-part study of Medicaid rates of reimbursement, within available appropriations, resulting in a cost of approximately \$1 million in FY 24 and \$2 million in FY 25 to contract for the comprehensive study. The study must include (1) an examination of rates for physician specialists, dentists, and behavioral health providers, and (2) a review of the reimbursement system for all other aspects of the Medicaid program.
- Requires state agencies that contract with a nonprofit private provider organization for health and human services to allow such nonprofit organization to retain any savings from a purchase of service contract at the end of each fiscal year, after meeting certain requirements.
- Requires DSS to design and implement a program to provide Medicaid reimbursement to certified community health workers.

Special Act 23-17 (SB1053) AN ACT ESTABLISHING A TASK FORCE TO STUDY AND MAKE RECOMMENDATIONS CONCERNING THE ELDERLY NUTRITION PROGRAM establishes a task force to study and make recommendations, by January 15, 2024, concerning the elderly nutrition program administered by the Department of Aging and Disability Services.

P.A. 23-11 (SB1104)- AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY.

- CHEFA can issue bonds to fund projects at higher education institutions, health care institutions, nursing homes, and nonprofits. The bill expands this authority by also allowing CHEFA to fund projects at these institutions that involve programs or services that further their organization or mission.
 - Under current law, projects at higher education and health care institutions exclude fuel, supplies, and other current customary operating charges. The bill removes this exclusion.

HEALTHCARE LEGISLATION

Public Act 23-31 (HB6733)- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

- **ASSISTED LIVING:** Allows assisted living services agencies to provide nursing services and assistance with activities of daily living to people who are not chronic and stable under limited conditions;

Public Act 23-94 (SB977)- AN ACT CONCERNING MEDICAL ASSISTANCE FOR SURGERY AND MEDICAL SERVICES RELATED TO TREATMENT OF OBESITY requires the Dept. of Social Services to cover bariatric surgery and specified medical services for Medicaid and HUSKY B beneficiaries with obesity under certain circumstances. Under the bill, these medical services include FDA-approved prescription drugs for outpatient treatment of obesity and (2) nutritional counseling from a registered dietitian-nutritionist. Bariatric surgery is a procedure that makes changes to the digestive system to help a patient with obesity lose weight.

P.A. 23-97 (SB9)- AN ACT CONCERNING HEALTH AND WELLNESS FOR CONNECTICUT RESIDENTS was a Senate majority bill that makes several changes to Connecticut statutes related to public health. These include:

- **Agency Requirements:**
 - Requires DMHAS, by July 1, 2027, to create a pilot program establishing harm reduction centers where people with substance use disorder can access counseling, receive and use fentanyl or xylazine test strips, and receive various other services.
 - Creates an Opioid Antagonist Bulk Purchase Fund, which DMHAS must use to give opioid antagonists to municipalities, other eligible entities, and EMS personnel; requires EMS personnel to provide kits with opioid antagonists and an opioid-related fact sheet to certain patients, such as those showing symptoms of opioid use disorder.
 - Requires the Education Commissioner to use an existing plan to promote health care careers and provide health care job shadowing and internship experiences; requires the commissioner to give the plan to school boards and support its implementation.
 - Requires the Office of Workforce Strategy to convene a working group to develop recommendations to expand the state's health care workforce.
 - Requires DSS to establish a PCA career pathways program, including both basic skills and specialized skills pathways, to improve PCAs' quality of care and incentivize their recruitment and retention in the state.

- **Practice Privileges:** Prohibits hospitals, for purposes of granting practice privileges, from requiring (1) board eligible physicians to become board certified until five years after becoming board eligible, or (2) board certified physicians to provide credentials of board recertification.
- **Non-Competes:** Specifies that a physician’s primary practice site, for purposes of limitations on non-compete agreements, is determined by the parties to the agreement in all cases; places additional limitations on physician non-compete clauses when the physician does not agree to a material change to the compensation terms in the employment contract, except for certain group practices; generally extends to APRN or PA non-compete clauses the limitations that apply to physician non-compete clauses.
- **Licensure:**
 - Enters Connecticut into the Physical Therapy Licensure Compact, which provides a process authorizing physical therapists or physical therapy assistants properly credentialed in one member state to practice across state boundaries, without requiring licensure in each state.
 - Allows for licensure by endorsement for APRNs who have (1) practiced for at least three years in another state with practice requirements that are substantially similar to, or higher than, Connecticut’s and (2) no disciplinary history or unresolved complaints pending; correspondingly allows these APRNs to count their out-of-state practice toward the existing requirement of three years’ practice in collaboration with a physician before practicing independently.
- **Task Force Creation and Revisions.**
 - ER Crowding: Requires the DPH commissioner to convene a working group to advise her on how to alleviate emergency department crowding and the lack of available beds;
 - Childhood & Adult Psychosis: Creates a task force to study childhood and adult psychosis;
 - Community Gun Violence Intervention & Prevention Commission: Specifically allows the Commission to create a subcommission, an advisory group, or another entity for specified purposes related to providing home health care and services to people affected by gun violence;
 - Rural Health Task Force: Creates a task force to study issues concerning rural health;
 - Opioid Settlement Committee: Adds eight members to the Opioid Settlement Fund Advisory Committee.
 - Practitioner Shortage Task Force: Creates a task force to study how to address the state’s shortage of radiologic technologists, nuclear medicine technologists, and respiratory care practitioners

P.A. 23-122 (HB6731)- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING CHANGE IN OWNERSHIP OF HEALTH CARE FACILITIES expands the circumstances under which licensed health care facility or institution ownership changes need prior approval from the Department of Public Health.

- It does so by eliminating exemptions in current law for (1) changes in ownership or beneficial ownership of under 10% of the stock of a corporation that owns or operates the facility or (2) certain transfers to relatives.

- The bill requires proposed new owners to submit several documents and other information to DPH as part of its review of the transfer, such as (1) a copy of the sale or transfer agreement; (2) organizational charts, if applicable; and (3) information on certain prior penalties or sanctions in any state.
- The bill establishes the criteria that the commissioner must consider when evaluating an application and sets conditions under which she may deny it and gives the commissioner the discretion to waive specified requirements for certain applicants.
- The bill makes related changes by lowering the ownership threshold, from 10% to 5%, for certain notification requirements concerning nursing home licensing and ownership transfers

Special Act 23-29 (HB6741) AN ACT IMPROVING THE SAFETY OF HEALTH CARE PROVIDERS AND PATIENTS requires DPH by January 1, 2024, to develop a marketing campaign and make monthly public service announcements on its Internet web site and social media accounts for not less than two years discouraging aggressive or violent behavior toward any health care provider in any health care setting, and regarding the opportunity for grants for building security infrastructure through the nonprofit organization security infrastructure competitive grant program.

Special Act 23-12 (HB6603) AN ACT CONCERNING A REDUCTION IN DUPLICATIVE HEALTH INSPECTIONS requires the DPH Commissioner to study the requirements concerning each inspection that is required to be conducted by DPH pursuant to statutes or regulations and determine whether the inspection is duplicative of any inspection required to be performed by a local or district director of health pursuant to the general statutes or regulations of Connecticut state agencies. DPH must report back by January 1, 2024.

Public Act 23-60 (HB6689)- AN ACT CONCERNING A CONNECTICUT HIGHER EDUCATION SUPPLEMENTAL LOAN AUTHORITY REFINANCE LOAN SUBSIDY FOR CERTAIN HEALTH CARE PROFESSIONALS requires the Connecticut Higher Education Supplemental Loan Authority (CHESLA) to establish a Nursing and Mental Health Care Professionals Loan Subsidy Program. This program must subsidize interest rates on CHESLA refinancing loans to certain Connecticut-licensed nurses, nurse's aides, psychologists, marital and family therapists, clinical and master social workers, and professional counselors.

Public Act 23-70 (HB5441)- AN ACT CONCERNING CLINICAL PLACEMENTS FOR NURSING STUDENTS, REPORTING BY THE OFFICE OF WORKFORCE STRATEGY, PROMOTION OF THE DEVELOPMENT OF THE INSURANCE INDUSTRY AND CONNECTICUT HIGHER EDUCATION SUPPLEMENTAL LOAN AUTHORITY STUDENT LOAN SUBSIDY PROGRAMS FOR VARIOUS PROFESSIONS makes various unrelated changes affecting higher education statutes and programs. Among the changes the legislation:

- Creates a task force to develop a plan to establish clinical placements at state facilities for nursing students at public and private higher education institutions;
- Requires the insurance commissioner to promote the development and growth of, and employment opportunities within, the state's insurance industry;
- Extends eligibility to the Connecticut Higher Education Supplemental Loan Authority's (CHESLA) Alliance District Teacher Loan Subsidy Program to paraeducators and school counselors, and makes conforming changes.

P.A. 23-171(HB6669)- AN ACT PROTECTING PATIENTS AND PROHIBITING UNNECESSARY HEALTH CARE COSTS makes numerous changes related to pharmaceutical costs, the CON process, healthcare contracts and health carrier reporting and notice provisions. These changes include:

- Requires the Comptroller to (1) establish a Drug Discount Card Program for state residents and allows him to join with other states or a regional consortium to pool prescription drug purchasing power and (2) study the feasibility of centralizing statewide contracts to consolidate public entities' purchasing of prescription drugs.
- Requires pharmaceutical manufacturers that employ sales representatives to register as pharmaceutical marketing firms, rather than requiring the sales representatives to be licensed;
- Requires the Office of Health Strategy (OHS), in consultation with the Insurance Department, to report to the Insurance and Real Estate Committee by January 1, 2025, on its analysis of pharmacy benefit managers' (PBMs) prescription drug distribution practices.
- Makes various changes affecting facility fees and to the CON program.
- Makes various changes affecting participants in the federal 340B drug pricing program, such as prohibiting certain provisions in contracts between 340B covered entities (including pharmacies) and pharmacy benefits managers, including lower reimbursement rates than for non-participants and (2) requiring DSS to convene a working group to study various issues related to the program. The workgroup must report back to the legislature by January 31, 2024.
- Requiring reports related to HUSKY Health and Medicare Advantage Plans;
 - Requires DSS to develop a strategy to improve health outcomes, community health, and health equity to support HUSKY Health members; requires DSS to submit related recommendations to MAPOC by January 1, 2025.
 - Requires the Insurance Department, in consultation with OHS, to report to the Insurance and Real Estate Committee by January 1, 2025, on utilization management and provider payment practices of Medicare Advantage Plans. Among other requirements, the report must review how these practices impact the delivery of hospital outpatient and inpatient services, including patient placement, discharges, transfers, and other clinical care plans.
- Prohibiting certain health care contracts from containing all-or-nothing, anti-steering, anti-tiering, or gag clauses;
- The bill requires health carriers to disclose how they select providers for different tiers and evaluate providers within each tier. In practice, tiers determine different benefit levels within a health insurance plan; and
- Requiring health carriers and participating providers to give each other at least 90 days' written notice of an intent to terminate their contract.

OTHER LEGISLATION OF INTEREST

P.A. 23-56 (SB3)- AN ACT CONCERNING ONLINE PRIVACY, DATA AND SAFETY PROTECTIONS sets standards on accessing and sharing consumer health data by certain private entities that do business in Connecticut.

- The bill generally prohibits these parties from (1) selling this data without the consumer’s consent or (2) using a “geofence” to create a virtual boundary near mental health or reproductive or sexual health facilities to collect consumer health data. It also places various specific limitations on “consumer health data controllers”.
 - The bill’s provisions on consumer health data and consumer health data controllers generally apply to individuals or entities that conduct business in Connecticut or produce products or services that are targeted to Connecticut residents.
- The bill requires social media platforms to unpublish a minor’s social media account within 15 business days and generally delete the account within 45 business days of receiving an authenticated request.
- Additionally, the bill also establishes a framework and sets requirements for how individuals or entities offering certain online services, products, and features manage and process personal data for minors.

P.A. 23-170 (HB6664)- AN ACT CONCERNING THE MANAGEMENT OF SOLID WASTE AND ESTABLISHING THE MIRA DISSOLUTION AUTHORITY makes assorted changes to the state’s solid waste management laws. Among the changes, the bill:

- Expands the state’s organics recycling law, which requires those entities within 20 miles from a permitted source- separated organic material composting facility to separate the materials from other solid waste and recycle them at a permitted facility, to include certain institutions:
 - Beginning January 1, 2025, the bill applies this requirement to institutions that provide hospitality, entertainment, or rehabilitation and healthcare services, and any hospital, public or private educational facility or correctional facility.
- Allows municipalities to identify additional recyclable solid wastes for diversion (e.g., food scraps);
- Increases funding for the state’s sustainable materials management account and expands use of the account’s fund;
- Allows DEEP to issue a RFP from solid waste management servicers providers and enter into agreements to manage waste from municipalities and waste authorities;

P.A. 23-172 (SB228)- AN ACT CONCERNING EMPLOYEES' LOSS OF HEALTH CARE COVERAGE AS A RESULT OF A LABOR DISPUTE explicitly requires Access Health to have a special enrollment period for people whose employer-sponsored health benefits are terminated by an employer because of a labor dispute.

P.A. 23-35 (SB913)- AN ACT EXPANDING WORKERS' COMPENSATION COVERAGE FOR POST-TRAUMATIC STRESS INJURIES FOR ALL EMPLOYEES expands eligibility, starting January 1, 2024, for workers’ compensation benefits for post-traumatic stress injuries (PTSI) to cover all employees covered by the workers’ compensation law.

- Current law generally limits eligibility for PTSI benefits to certain first responders (e.g., police officers, firefighters, emergency medical service personnel, and emergency 9-1-1 dispatchers) who are diagnosed with PTSI as a direct result of certain qualifying events that occur in the line of duty.

P.A. 23-75 (SB869)- AN ACT CONCERNING ADDITIONAL CAREER TRAINING OPPORTUNITIES OFFERED BY THE OFFICE OF WORKFORCE STRATEGY postpones the Under existing law, the Office of Workforce career accelerator program to support people pursuing commercial driver’s license (CDL) training using income share agreements or equivalent financial instruments.

- Requires OWS to plan, by July 1, 2025, an expansion of the program by identifying (1) additional training opportunities for careers requiring a maximum of one year of training and (2) related training providers to use. It further requires OWS, by July 1, 2026, to report on the additional training opportunities and providers.

P.A. 23-194 (SB984)- AN ACT ACCELERATING THE STATE HIRING PROCESS makes various changes in the State Personnel Act, which governs hiring employees for the state employee classified service (i.e., positions subject to various civil service exams and other hiring and promotion procedures).

- Among other things, the bill allows an appointing (i.e., hiring) authority to (1) immediately fill a position with someone on a candidate list, if doing so would maintain operational efficiency and productivity, and complete any pre-employment checks during the new employee’s working test period,
- Fill a position, under certain circumstances, with someone on a candidate list for a comparable position class, and
- Begin the screening process as soon as the applicable job opening is posted.