PRZYBYSZ + ASSOCIATES GOVERNMENT AFFAIRS

CT ASSOCIATION OF HEALTHCARE FACILITIES
2024 LEGISLATIVE SESSION SUMMARY

Overview

The 2024 legislative session was defined by the fiscal restraints and showed the limitations on passing legislation when there is no ability to spend. Governor Lamont began the session with an updated budget proposal for Fiscal Year 2025 that never took hold with the legislature. The Governor and his Administration remained laser focused on remaining under the spending cap and ensuring that the fiscal guardrails were kept in place. This was despite the desire of many legislative Democrats who were looking to spend on priority areas and ensure that the loss of federal revenues did not impact programs.

The Appropriations Committee process played out with hearings and significant requests for funding. However, it ended without producing a budget. Instead, the Appropriations Committee and the legislature decided not to move forward with the Governor's budget leaving the 2023 biennium budget in place for the next fiscal year. This became necessary as deficits in Medicaid and pension obligations likely would have required funding offsets via cuts to remain under the spending cap.

And after all the handwringing over the fiscal restraints and budget, the April consensus revenues came back and showed a projected surplus of over $1 billion for the current fiscal year. In fact, the surplus for FY25 was also projected to be over $1 billion. Despite this, the volatility cap, which forces legislators to save a portion of volatile income and business tax receipts, will capture $1.12 billion this fiscal year — $645 million more than originally anticipated. Legislative leaders may look at adjusting this cap in 2025 as it continues to capture significant revenues that cannot be used to support spending priorities.

Key Session Highlights

- No new budget. Instead relied on FY24-FY25 biennium budget that passed in June, 2023.
- *P.A. 24-81 (HB5523)*, which reallocated ARPA dollars among various other provisions, served as the major financial package and budget implementer despite not serving as a budget adjustment.
    - Included about $350 million in federal American Rescue Plan Act (ARPA) reallocations focused on support for universities, nonprofits, children's behavioral health, childcare and municipal aid.
- Reduction of Medicaid eligibility for HUSKY A from 155% to 133% of the FPL.

- Passed House Democrats and Governor's bills on longterm care reforms that were significantly scaled back due to cost constraints.
- Failure to pass major healthcare or insurance reforms, including healthcare benchmarking and CON legislation.

ARPA Reallocation & Bond Bill Omnibus Legislation

P.A. 24-81 (HB-5523)- AN ACT CONCERNING ALLOCATIONS OF FEDERAL AMERICAN RESCUE PLAN ACT FUNDS AND PROVISIONS RELATED TO GENERAL GOVERNMENT, HUMAN SERVICES, EDUCATION AND THE BIENNIUM ENDING JUNE 30, 2025.

Medicaid:

- Medicaid Eligibility Changes to HUSKY A: Reduces the income limit for HUSKY A parents and caretaker relatives from 155% of the Federal Poverty Limit (FPL) to 133% of FPL.
    - 155% of FPL for a family of three is $40,021 annually.
    - 133% of FPL for a family of three is $34,340 annually.
- Changes to HUSKY C: The bill reduces the scheduled October 1 HUSKY C income limit increase and instead increases the income limit to 159% of the TFA monthly cash benefit, also effective October 1, 2024. This aligns the HUSKY C income eligibility levels with the Temporary Family Assistance payment standard and does not alter the underlying budget's fiscal impact.
- Med Connect Income Limits: The bill phases out income and asset eligibility limits in Med Connect, DSS's medical assistance program for working people with disabilities.
- Medicaid Billing in Schools: The bill makes several changes to expand access to Medicaid-covered health care for Connecticut schoolchildren. Specifically, it requires the Department of Social Services (DSS) Commissioner to, within appropriations which included $800,000 in one-time funding, seek federal approval to amend the Medicaid state plan to expand Medicaid coverage for health services provided by or on behalf of a local educational agency to any student enrolled in Medicaid and to cover health care services in school nurse's offices for eligible students enrolled in Medicaid.
- Medicaid Funding Implementation: The bill included several provisions implementing Medicaid rate increases, for children's behavioral health, ambulance providers and methadone maintenance treatment, that were part of the biennium budget.

Notable ARPA Funding:

- DPH: Nursing Home Survey Teams: $700K
- DPH Loan Repayment: $3M
- OPM: Private Providers: $50M
- DCF: Expand Mobile Crisis Intervention Services: $8.6M
- DCF: Children's Behavioral Health Services: $10M
- DCF: Urgent Crisis Centers: $7M
- DSS: Support for Infant and Early Childhood Mental Health Services: $4M

- DSS: Provide Funding for Medicaid Rate Study and Implementation Strategy: $2M
- DSS: Hospital Based Autism Pilot: $500K
- DSS: Presumptive Eligibility: $500K
- OLM: Commission on Health Equity in Public Health: $149,885
- DMHAS: Enhance Mobile Crisis Services-Case Management: $1.6M
- DMHAS: Expand Services of Private Provided Mobile Crisis Services: $3M

OPM Authority to Cut

- Pursuant to Section 5, the OPM Secretary has the authority, but is not required, to make reductions in executive branch expenditures "for Fiscal Year 2025 and reduce expenditures" by $129 million.

Bond Omnibus Package

P.A. 24-151 (HB5524)- AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE AND CONCERNING PROVISIONS RELATED TO STATE AND MUNICIPAL TAX ADMINISTRATION, GENERAL GOVERNMENT AND SCHOOL BUILDING PROJECTS authorizes new general obligation bonds for FY 25 for the state projects, grant programs, and other programs, and includes other unrelated provisions. Some of the bonding includes such as:

- Bonding:
  - DOH- $15 million for Grants to nonprofits for capital improvements to facilities used to house or serve the homeless. Requires DOH to administer a capital grant program for nonprofits that own and operate facilities used to house or serve homeless individuals (e.g., shelters, day shelters, homeless hubs, and other facilities).
  - ADS- $1 million for Grants for aging in place
  - OPM- Additional $100 million ($200 million total for FY25) for Urban Act bonding projects.
- Hospital Reporting: The bill requires hospitals to report semi-annually, starting by October 31, 2024, to the Office of Health Strategy (OHS) Executive Director on certain financial information for the prior two calendar quarters. Specifically, hospitals must report the (1) number of days of cash on hand, or days cash and cash equivalents otherwise available to them, and (2) dollar amounts of the following expenses that are at least 90 days past due in the reporting period: any invoices or utility bills; fees, taxes, or assessments owed to public entities; and (3) unpaid employee health insurance premiums, including unpaid contributions, claims, or other obligations.
- The bill also authorizes the OHS Executive Director to take certain actions for hospitals who meet the following thresholds:
  1. if a hospital reports two consecutive quarters of no more than 60 days of cash on hand, the Executive Director may require the hospital to provide additional information she deems relevant to understanding the hospital's financial health;
  2. if a hospital reports less than 45 days of cash on hand, OHS must reach out and offer assistance; and

3. if a hospital reports multiple consecutive quarters of 100 or more days of cash on hand, the Executive Director may waive one of the two semi-annual reports.

- The bill requires the Executive Director to develop a uniform template for hospitals to use to submit the semi-annual reports to OHS and to post the template on the OHS website. Hospitals may request an extension of time.

Long-Term Care Legislation

P.A. 24-39 (HB-5001)- AN ACT SUPPORTING CONNECTICUT SENIORS AND THE IMPROVEMENT OF NURSING AND HOME-BASED CARE was the House Democratic long term care priority legislation that included unrelated provisions pertaining to homecare worker safety and other issues.

- Home Care Provider Registry: Requires the DSS commissioner, starting January 1, 2025, to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services; allows the commissioner to apply to the federal Centers for Medicare and Medicaid Services for enhanced federal financial participation related to the registry's development, maintenance, and ongoing operation.
- Nursing Home Compare Website: Requires the DPH and DSS commissioners to prominently post on their department websites a link to the Medicare Nursing Home Care Compare website.
- Fingerprinting: Requires the DESPP commissioner to develop and implement a plan to expand fingerprinting locations in the state and report on the plan to the Aging, Public Health, and Public Safety committees by January 1, 2025.
- ID Badges: Requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments; subjects agencies to disciplinary action for violating the requirements
- Presumptive Eligibility: Requires the DSS commissioner to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of CHCPE; requires the state to pay for up to 90 days of home care applicants determined to be presumptively Medicaid eligible; expands DSS annual CHCPE reporting requirements to include data on the presumptive Medicaid eligibility system
    - HB5523 replaces this provision with generally similar provisions requiring DSS to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of CHCPE; and the state to pay for up to 90 days of home care applicants determined to be presumptively Medicaid eligible.
- Municipal Agents for the Elderly: Makes the duties of municipal agents for the elderly mandatory and expands them to include helping seniors access housing assistance resources; also requires the ADS commissioner to create a directory with these agents' contact information and post it on the department's website
- Managed Residential Communities: Makes several changes, including requires MRCs to give residents and their legal representatives at least 30 days' notice before changing the facility's operator, requiring the DPH commissioner to notify the Long-Term Care

Ombudsman within 30 days after granting a license to an assisted living services agency that operates an MRC and requiring the Ombudsman to develop an MRC consumer guide.

P.A. 24-141 (HB-5046)-AN ACT PROMOTING NURSING HOME RESIDENT QUALITY OF LIFE was the Governor's proposal that makes changes related to the management and oversight of long-term care and similar licensed facilities, including:

- Phase Out of 3-4 Bedrooms: Prohibits nursing homes from placing newly admitted residents in a room with more than two beds, starting July 1, 2026;
- Phase Out of Rest Homes with Nursing Supervision: phases out the license category of rest homes with nursing supervision;
- Corrective Action Plans: Authorizes DPH to impose disciplinary action on licensed health care institutions that fail to comply with a plan of correction accepted by the department;
- Managed Residential Communities: Requires managed residential communities to give residents information on how the communities may adjust monthly fees and 90 days' notice of fee increases.
- ALSAs: Requires ALSAs to (1) disclose fee increases to residents or their representatives at least 60 days before they take effect and (2) upon request, give them the history of fee increases over the past three years.
- Appointment of Receivers: Requires nursing home or residential care home receiver applications to be granted if the facility sustains any type of serious financial loss or failure and updates the criteria for who may be appointed as a receiver of these facilities

P.A. 24-34 (HB-5308)- AN ACT CONCERNING ABSENTEE VOTING FOR CERTAIN PATIENTS OF NURSING HOMES allows for nursing home patients, consistent with current hospital patients, who apply for an absentee ballot up to six days before the polls close at an election, primary, or referendum to appoint someone who will bring them their ballot.

P.A. 24-17 (HB-5457)- AN ACT CONCERNING NURSING HOME WAITING LISTS makes various changes to waiting list requirements for Medicaid-certified nursing homes

- Current law requires nursing homes to admit residents on a first-come, first-served basis, regardless of their payment source; keep waiting lists of and admit applicants in the order they are received, with certain exceptions and send applicants waiting list receipts that indicate the time and date of the request. This bill specifies that nursing homes must take these actions after accepting a "substantially completed" admissions application.
- The bill also updates current law and allows nursing homes to keep electronic waiting lists and requires them to do so by July 1, 2025.
- Further, the bill requires nursing homes to note on the waiting list whenever they pass over an applicant and include the date and reason for doing so; requires nursing homes to develop and implement waiting list policies and procedures that include, among other things, the information required to deem an admissions application "substantially completed"; allows nursing homes to provide admissions applications to prospective residents electronically or by posting them on their websites, instead of only by mail as required under current regulation;

- It also specifies that nursing homes are not required to maintain a list of inquiries from prospective residents who have not submitted a substantially completed application or give them a receipt for their inquiry, which current regulation requires;
- Finally, it requires nursing homes to maintain their daily roster of residents by payment source electronically, instead of in a single bound volume, as required under current regulation; and requires them to provide DSS and the Ombudsman access to all records they request for an investigation.

Public Health Legislation

P.A. 24-19 (SB1)- AN ACT CONCERNING THE HEALTH AND SAFETY OF CONNECTICUT RESIDENTS makes various changes to laws on home health care and home health aide worker safety and several other health-related matters.

- Nursing Home Staff Direct Care: Establishes a statutory definition of "direct care", for purposes of minimum nursing home staffing levels, which " is hands-on care provided by registered nurses, licensed practical nurses, and nurse's aides, including helping with feeding, bathing, toileting, dressing, lifting, and moving; administering medication; promoting socialization; and personal care services.
- Discrimination Against Nursing Home Applicants: Makes it a discriminatory practice under the CHRO laws for nursing homes to refuse applicants for admission solely because they received mental health services at any time.
- Home Health Safety: Generally, requires home health care and home health aide agencies to do several things, including:
    - Collect certain information, such as the client's history of violence and substance use history and the locality crime rate, during intake with a prospective client and give it to any employee assigned to the client.
    - Monthly safety assessments with direct care staff at the agency's monthly staff meeting;
    - Starting by January 1, 2025, annually report to DPH, on each instance of a client's verbal abuse that an agency's staff member perceives as a threat or danger, physical or sexual abuse, or any other client abuse of a staff member.
    - Also, allows DPH
- DPH Health Safety Grant: Requires the DSS commissioner, by January 1, 2025, to establish a program providing incentive grants, on or before January 1, 2027, for home health agencies to provide (1) safety escorts for staff conducting home visits and (2) ways for staff to perform safety checks
- Health Care Facility Safety Training: Requires hospitals, behavioral health facility, multicare institutions, PRTFs, and nursing homes that participate in Medicaid to adopt and implement workplace violence prevention standards consistent with those set forth by the Joint Commission (an independent, nonprofit organization that accredits and certifies hospitals and other health care organizations) or other applicable certification or accreditation agencies.

- Working Groups: The Public Health chairs must convene and staff with reports due back by January 1, 2025. The workgroups include:
  (1) staff safety issues for home health agencies and hospice organizations;
  (2) nonalcoholic fatty liver disease, including nonalcoholic fatty liver and nonalcoholic steatohepatitis;
  (3) health issues faced by nail salon workers due to their occupational exposure to health hazards;
  (4) ways to address loneliness and isolation; and
  (5) pediatric hospice services.
- Insurance Prohibition on Maintenance of Certification (MOC): The bill generally prohibits certain health carriers from denying reimbursement to a health care provider, or excluding a provider from a network, only because the provider is not maintaining a specialty certification, including through an MOC program.
- Cybersecurity: The bill requires hospitals, except for those operated exclusively by the state, to take certain actions annually, starting by January 1, 2025, in relation to their plans and processes to respond to a cybersecurity disruption of their operations. Specifically, they must submit their plans and processes to an audit (see below) to determine their adequacy and any necessary improvements; and on a confidential basis, make available for inspection to DPH, and other relevant state agencies.
- CONNIE: The bill generally requires health care providers, no later than 18 months after the Office of Health Strategy (OHS) implements the exchange's policies and procedures, to be connected to and actively participating in the exchange.
  - The bill also requires the OHS executive director to create a working group, by Sept. 1, 2024 as amended by HB5290, related to these policies and procedures.
  - But the bill exempts health care providers from the requirement to connect with the exchange if they (1) have no patient medical records or (2) are licensed in the state and exclusively practice as employees of a covered entity under HIPAA, and the covered entity is legally responsible for decisions on the safeguarding, release, or exchange of health information and medical records.
  - The bill specifies that health care providers are not liable for any private or public claim related directly to a data breach, ransomware, or hacking experienced by the exchange. The bill also specifically exempts providers from the requirement to share information with or connect to the exchange if doing so would violate any other law.
- Parkinson's Disease Registry: The bill requires DPH, by April 1, 2026, and within available appropriations, to maintain and operate a statewide data registry on Parkinson's disease and Parkinsonism.
  - Hospitals, physicians/PAs/nurses must make available to the registry data, as required by DPH, on patients admitted to the hospital or treated by these providers for these conditions. They must give patients a notice about these disclosures to the registry and an opportunity to opt out.
- Recent-Onset Schizophrenia Spectrum Disorder: Requires DMHAS, within available appropriations and in consultation with DCF, to create a program providing specialized treatment for people with recent-onset schizophrenia spectrum disorder

- Clinical Peers: Generally, increases the requirements to qualify as a clinical peer for insurance adverse determination reviews; requires health carriers to authorize clinical peers to reverse initial adverse determinations that were based on medical necessity. The bill generally requires these clinical peers to have a nonrestricted license in the same specialty as the treating physician or other health care professional who is managing the condition, procedure, or treatment under review.
- Peer-Run Respite Center: Requires the DMHAS commissioner, within available appropriations, to establish a peer-run respite center, run by a contracted non-profit, to provide peer respite and support services to adults experiencing distress right before or during a mental health crisis. DMHAS must report back by October 1, 2025.
- Physician Recruitment Workgroup: Extends the reporting deadline for the physician recruitment working group and adds to the group's charge the study of issues related to primary care residency and ways to keep those residents in the state
- Data for Prior Authorizations: Starting January 1, 2025, the bill authorizes hospitals, outpatient surgical facilities, and physician group practices to record and keep data on the amount of time their employees spend when requesting prior authorizations from health carriers for patient admissions, services, medication, procedures, or extended stays.

P.A. 24-83 (HB5058)- AN ACT ADOPTING THE NURSE LICENSURE COMPACT enters Connecticut into the Nurse Licensure Compact from October 1, 2025, until January 1, 2028, at which time the provisions sunset subject to legislative action. The compact creates a process for registered nurses (RNs) or licensed practical/vocational nurses (LPNs/VNs) to get a multistate license, allowing them to practice in any compact party state , including via telehealth.

- Among various other provisions, the compact:
  1. sets eligibility criteria for nurses to practice under the compact;
  2. addresses several matters related to disciplinary actions for nurses practicing under it;
  3. allows the commission to levy an annual assessment on party states to cover its operations costs;
  4. only allows compact amendments to take effect if all party states adopt them into law;
  5. has a process for states to withdraw from it.
- DPH must require anyone applying to the department for a multistate nursing license from October 1, 2025, until January 1, 2028, to submit to a state and national fingerprint-based criminal history records.
- The bill also makes clear that it does not prohibit a home state licensing board, if asked by someone with a multistate license, from converting that license into a single-state license.
- It requires DPH, from October 1, 2025, until January 1, 2028, to transfer $2 from each RN or LPN license renewal fee to theHealth Assistance InterVention Education Network (HAVEN).
- Requires OPM to convene a working group to evaluate the state's implementation of the Compact and whether the state's continued participation in the compact is in the best interest of the health, safety, and welfare of the state's citizens

P.A. 24-30 (HB-5197)- AN ACT CONCERNING SOCIAL WORKERS enters Connecticut into the Social Work Licensure Compact. The compact creates a process for social workers to obtain a multistate license, allowing them to practice in any member state (including by telehealth). Member states

must grant a multistate license in one of three categories (clinical, master's, or bachelor's) to social workers who meet the compact's eligibility requirements.

P.A. 24-110 (HB-5198)- AN ACT CONCERNING TELEHEALTH makes permanent certain temporary expanded requirements for telehealth service delivery and insurance coverage, enacted under PA 21-9 and PA 22-81 that was set to sunset under current law on June 30, 2024. Among other things, these provisions include:

- Audio-Only: Allowing authorized telehealth providers to use audio-only telephone to provide services;
- Location: Allowing authorized providers to provide telehealth services from any location to patients at any location, subject to applicable state and federal requirements;
- Payments: Explicitly allows providers to contract with patients for services for an agreed upon rate. Prohibits providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services; and prohibits health carriers from reducing the amount of reimbursement they pay to telehealth providers for covered services appropriately provided through telehealth instead of in-person.
- Out-of-State: Additionally, the bill repeals a provision in current law that permanently allows out-of-state mental or behavioral health services providers to practice telehealth in Connecticut under certain conditions. It instead temporarily allows them to do so, until June 30, 2025, if they meet certain requirements, such as registering with the Department of Public Health (DPH) and obtaining a Connecticut license within 60 days of registration.

P.A. 24-113 (HB-5200)- AN ACT CONCERNING HEALTH CARE ACCESSIBILITY FOR PERSONS WITH A DISABILITY requires group practices of at least nine physicians, APRNs, or joint practitioners to consider certain federal technical accessibility standards when purchasing medical diagnostic equipment. Specifically, these practice locations must consider the technical standards developed by the federal Architectural and Transportation Barriers Compliance Board in accordance with the federal Patient Protection and Affordable Care Act.

- Starting January 1, 2025, the bill requires these facilities and practice locations to take certain related administrative actions, such as (1) training direct care staff on policies and procedures for patients with accessibility needs, (2) taking an inventory of all medical diagnostic equipment, and (3) creating a plan to address inventory gaps and identify steps needed to ensure compliance

P.A. 24-4 (SB181)- AN ACT CONCERNING EMERGENCY DEPARTMENT CROWDING generally requires each in-state hospital with an emergency department, starting by January 1, 2025, and until January 1, 2029, to annually analyze certain data from its emergency department.

- Hospitals must use the data with the goals of (1) developing policies or procedures to reduce admission wait times after a patient presents to the ED, (2) informing potential ways to improve admission efficiencies, and (3) examining root causes for admission delays.

Social Services Legislation

P.A. 24-84 (HB-5146)- AN ACT CONCERNING DISCLOSURES OF FINANCIAL RECORDS requires financial institutions to provide customer financial records to the Department of Social Services within 20 calendar days after receiving a certificate signed by a designated authority.

Special Act 24-4 (HB5455)- AN ACT CONCERNING THE EFFICIENCY OF THE DEPARTMENT OF SOCIAL SERVICES IN DETERMINING ELIGIBILITY FOR MEDICAL ASSISTANCE AND RESPONDING TO REQUESTS FOR INFORMATION OR ASSISTANCE requires the Commissioner of Social Services to study and make recommendations concerning the efficiency of the Department of Social Services in making eligibility determinations for medical assistance and responding to requests for information or assistance. They must report back by October 1, 2024.

P.A. 24-58 (SB308)- AN ACT CONCERNING WHEELCHAIR REPAIR REQUIREMENTS makes several changes related to repair requirements around wheelchairs, including:

- Sets requirements related to wheelchair repair for authorized wheelchair dealers,
- Restricts prior authorization and new prescription requirements for customized wheelchair repair under Medicaid and complex rehabilitation technology (CRT) wheelchair repair under private insurance plans, and
- Establishes a CRT and Wheelchair Repair Advisory Council to monitor wheelchair repair and make recommendations on improving repair times.

Labor Legislation

P.A. 24-8 (HB-5005)- AN ACT EXPANDING PAID SICK DAYS IN THE STATE expands the state's paid sick leave law in numerous ways.

- The current paid sick leave law generally requires certain employers with at least 50 employees to give up to 40 hours of paid sick leave annually to their "service workers" in certain specified occupations (e.g., food service workers, health care workers, and numerous others). The bill expands the law by, among other things:

    1. covering nearly all private sector employees and employers with at least 25 employees in 2025, those with at least 11 employees in 2026, and then those with at least one employee in 2027 (exempting seasonal);
    2. broadening the range of family members for whom an employee may use the leave;
    3. increasing the rate at which employees accrue leave and changing the waiting period before they may use it; and
    4. broadening the reasons employees may use the leave to include events like closures due to a public health emergency and quarantines.
- The bill prohibits employers from requiring their employees to provide documentation to support their reasons for taking leave.
- It expands current employer notice requirements by requiring employers to give written notice to each employee about the paid sick leave law.

P.A. 24-131 (HB-5431)- AN ACT ESTABLISHING THE STABILIZATION SUPPORT AND ARPA REPLACEMENT FUND passed after a "strike all" amendment. The amendment establishes an

account known as the "Connecticut families and workers account" with the intent of providing labor union members funding if they are to go on a strike.

- Monies deposited into the fund shall be used by the Comptroller for the purposes of assisting low-income workers. The Comptroller would have the authority to decide on how to use such funding and who would be eligible to receive such benefits.
- The bill carries forward up to $3 million of appropriated lapsing funds in the State Comptroller for this use.
- This legislation came as a compromise from the House after legislation to fund striking workers salaries stalled out. The Governor has threatened a veto after this was passed in the Senate in the closing minutes of session.

P.A. 24-102 (SB220)- AN ACT CONCERNING CLARIFYING THE APPEALS PROCESS UNDER THE PAID FAMILY AND MEDICAL LEAVE STATUTES specifies certain procedural steps and other criteria that must be followed in appeals by those aggrieved by a denial of benefits or imposition of penalties related to potential fraud.

P.A. 24-5 (SB222)- AN ACT CONCERNING CHANGES TO THE PAID FAMILY AND MEDICAL LEAVE STATUTES makes various changes in the state's paid family and medical leave insurance (PFMLI) law, Family and Medical Leave Act (CTFMLA), and family violence leave law, including:

- Codifies requirements for employers to register with and submit reports to the PFMLI Authority, which administers the program;
- Sets a process for the authority to recover benefit overpayments and penalties;
- Allows the governor to enter into a memorandum of understanding (MOU) with the state's federally recognized tribes to allow employees of the tribe or any tribally owned business to participate in the PFMLI program;
- Requires health care providers to display an authority-developed or -approved informational poster about the PFMLI program.

Other Notable Legislation

P.A. 24-143 (HB5474)- AN ACT CONCERNING MUNICIPAL APPROVALS FOR HOUSING DEVELOPMENT, FINES FOR VIOLATIONS OF LOCAL ORDINANCES, REGULATION OF SHORT-TERM RENTALS, RENTAL ASSISTANCE PROGRAM ADMINISTRATION, NOTICES OF RENT INCREASES AND THE HOUSING ENVIRONMENTAL IMPROVEMENT REVOLVING LOAN AND GRANT FUND makes various changes relating to housing development, rental housing, and blight and zoning requirements including allowing nursing homes to be converted to multifamily housing.

- Generally requiring municipalities to allow vacant nursing homes to be converted to multifamily housing as long as they comply with zoning regulations and do not substantially impact public health and safety.
- To be eligible, the (1) nursing home must be a freestanding structure and not a nonconforming use, and (2) owner must declare in writing to the municipality that the home

has been vacant for at least 90 days immediately preceding the summary review application's submission.

P.A. 24-52 (SB13)- AN ACT INCENTIVIZING STUDENT LOAN REPAYMENT ASSISTANCE expands the student loan payment tax credit for qualified employers that make eligible student loan payments on a qualified employee's behalf.

- It does so by allowing the employer to claim the credit for eligible payments it made to a student loan servicer on a qualified employee's behalf on any student education loan, rather than only loans the Connecticut Higher Education Supplemental Loan Authority (CHESLA) issued.
- It also requires CHESLA to establish a High Priority Occupation Loan Subsidy Program to subsidize interest rates on loans it issues to eligible individuals employed in high priority occupations and consult with the Office of Workforce Strategy (OWS) to designate occupations as such.