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## **CT Association for Healthcare at Home**

### **2025 Legislative Report**

The Rome Smith & Kowalski team is pleased to provide you with the 2025 end of session report.

This report is comprised of the following sections:

- 2025 Connecticut Legislative Session Overview
- Client Detailed Report
  - Budget Overview
  - Legislation Highlights
  - Public Hearing Testimony Facilitated
  - Legislator Meetings Facilitated
- Full Bill Tracking Report

It was our pleasure to work with you during the 2025 session and look forward to working with you in the coming months to set ourselves up for a successful 2026 session and beyond.

As always if you have any questions please do not hesitate to be in touch.

Thank you,

The Rome Smith & Kowalski Team

## 2025 Connecticut Legislative Session Overview

At 11:59 p.m. on June 4th, the legislature adjourned *sine die* marking the end of the 2025 regular legislative session. Over 4,000 bills and resolutions were introduced; hundreds of hours of public hearings and committee meetings were attended and monitored, and countless drafts, amendments and lines of proposed law were reviewed.

This year, Washington D.C. loomed large for state lawmakers, as President Trump's executive orders, federal budget uncertainties, and Congress's controversial 'Big Beautiful Bill' all contributed to shaping the political landscape in Hartford.

Few issues were impacted more by federal developments than the drafting of the Fiscal Year 2026–2027 state budget. Despite considerable budget surpluses, negotiations centered on whether to maintain the state's adherence to the “fiscal guardrails” first established in 2017 and renewed in 2023. These guardrails include strict spending limits, a volatility cap, and requirements for how surplus funds must be used—first to fill the rainy-day fund, then to pay down long-term pension liabilities and other debt.

Many Democratic lawmakers—who hold supermajorities in both the House and Senate—and advocacy groups pushing for increased state spending, have long challenged these constraints, arguing that they are overly rigid and prevent necessary investments in key public services.

Following weeks of negotiations, the legislative leadership and the Governor ultimately reached agreement, and the General Assembly passed a \$55.8 billion two-year budget. The final budget relaxes the state's “fiscal guardrails” slightly. Since there are adjustments to the “guardrails”, primarily to the volatility cap portion, three fifths vote of each chamber was needed to adopt the budget. In the Senate, it passed with 25 affirmative votes and 11 opposed. In the House, it passed with 99 votes, well above the three fifths needed for passage. The changes to the guardrails allowed access to several hundred million dollars more for allocations to non-profits providers, Medicaid rates, municipal aid and early childhood and special education investments.

While the 2025 regular Connecticut Legislative Session has concluded, the possibility of a special session later this summer or fall remains, depending in large part on the federal budget. If federal funding to Connecticut is cut, particularly in the areas of human services and health care, lawmakers may reconvene to adjust the budget. Senate President Pro Tempore Martin Looney, D-New Haven, told members it seemed likely that he would see them again in a few months for those adjustments. House Speaker Ritter and Majority Leader Rojas have also suggested the possibility of a special session. We will keep you apprised of any plans around the possibility of a special session.

In the last few weeks of the five-month session, lawmakers have passed an [omnibus housing bill](#), legislation on [energy policy and costs](#), a bill addressing [early child care and education](#) and reforms to [Connecticut's special education](#).

Governor Lamont will be reviewing and acting on bills that received final passage from the House and Senate as his office receives them over the next few weeks. The Governor has the option to sign bills into law or veto them. He is expected to veto at least one — a bill that would [offer unemployment benefits to striking workers](#).

While the vast majority of bills introduced this session did not survive the legislative process, we know and expect that many of the issues important to you will return next year—and the Rome Smith Kowalski team will continue to monitor and engage throughout the interim period.

## CT Association for Healthcare at Home Budget Overview

Our advocacy this session was largely focused on the inclusion of Medicaid reimbursement rate increases in the state budget. Leading into the session at the end of 2024 and into the first month of the legislative session, the Association was well positioned for increases. Unfortunately, broader political conditions—primarily federal budget uncertainty and the Governor’s insistence on strict adherence to fiscal guardrails—created an inhospitable budget climate as the legislative session proceeded.

Our advocacy included one-on-one meetings with lawmakers in which the Association and RSK presented the dire need for investment in the state’s homecare providers and their patients. We provided materials including a graphic timeline of the state’s chronic underinvestment in Medicaid rates over decades. We pointed towards the clear cost-efficiencies of home care, when compared to institutional care. We explained to lawmakers that the 50% subsequent rate visit rate was not only deeply unfair but was harmful to patients’ health as it discouraged repeat and regular visits.

Our advocacy efforts encompassed a wide range of strategies, including organizing numerous public hearings, engaging in meetings with legislators and their staff, submitting written testimony, sending letters to lawmakers, holding press conferences at the Capitol, and collaborating with a public relations firm in implementing an extensive public relations approach that included op-eds and social media engagement.

Despite broad legislative support for increasing Medicaid rates for our members, neither the Appropriations Committee’s proposed budget, nor the Governor’s proposed budget, accounted for the increases in Medicaid that we advocated for.

RSK and the Association worked to strengthen existing champions within the legislature while cultivating new champions, primarily Human Services Co-Chairs Representative Jillian Gilcrest and Senator Matt Lesser, Representative Rebecca Martinez and others. Even Speaker Ritter, who in January identified Medicaid funding increases as a top session priority of his caucus, later expressed regret that he was unable to fulfill that commitment, acknowledging 1) that the impact of federal budget negotiations on the state’s fiscal outlook was underestimated and 2) the budget negotiations with the Governor on meaningful and large scale increases in Medicaid appropriations were not successful.

We recognize this as the crux of the issue: legislators are well aware of the significant underfunding of Medicaid. Our advocacy, along with that of other stakeholders, has made this clear to lawmakers. The challenge lies in the fact that the funds needed to meaningfully address the problem are effectively locked away by the state’s current fiscal guardrails—and further constrained by the administration’s strong preference to maintain a large surplus in anticipation of potential federal funding cuts. However, the work done this session which was built upon prior years’ advocacy will position our association well to not be left behind when Medicaid increases are contemplated. It is imperative that we continue applying pressure in the interim leading into the next legislative session, or even a potential special session later this year.

## 2025 Legislation Highlights

The bills in this section were those that the Association identified as a priority for active lobbying engagement. *Please note that a full bill tracking list is included at the end of this report that include the entirety of bills from the 2025 legislative session that had a direct or peripheral impact.*

Bills that have passed both chambers in concurrence will be assigned a Public Act Number from the Secretary of State's Office. After a number has been assigned, the Public Act is transmitted to the Office of the Governor. The Governor then has the choice of signing the bill into law, allowing it to become law without his signature, or vetoing it.

### [HB 7287 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2027, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET.](#)

#### **Final Disposition: PASSED**

This was the negotiated budget bill, passed through both chambers and will be signed by the Governor.

***Note that one of the Association's priorities on revisions to last year's safety legislation was successfully included in Sections 198-200, summarized below.***

**Sections 198-200 Home Health and Hospice** Makes various changes to laws on home health and hospice agency staff safety, such as 1) requiring health care providers to give these agencies certain information when referring or transferring a patient to them, 2) extending to hospice agencies certain requirements that already apply to home health agencies, and 3) requiring these agencies to create a system for staff to report violent incidents or threats.

**Sections 299-300 Certificate of Need for Health Care Entities** Expressly allows OHS, when reviewing CON applications for certain hospital ownership transfers that require a cost and market impact review to consider the review's preliminary and final reports and other specified materials; modifies the definition of "termination of services" for CON purposes to include the termination of any services for a combined total of more than 180 days within a consecutive two-year period.

**Section 365 MAPOC Chairs** Appoint the HS and PH committees' chairs as MAPOC Chairs

**Sections 440-458- Occupational License Changes.** Eliminates the occupational licenses for a number of occupations including Registered nurses, Advanced practice registered nurses, Physician assistant, Licensed practical nurses.

[SB 1468 AN ACT CONCERNING GOVERNMENT ACCOUNTABILITY REGARDING AGENCY PURCHASE CARD USE AND REGISTRATION OF HOMEMAKER-COMPANION AGENCIES AND TRAINING REQUIREMENTS FOR THEIR EMPLOYEES.](#)

**Final Disposition: PASSED**

*To implement procedures for the use of purchasing cards by budgeted agency employees, define "personal hygiene" for purposes of homemaker-companion agency and home health aide agency care, increase the fee for homemaker-companion agency registration and require homemaker-companion agency employees to complete certain training.*

Originally, the bill mandated inappropriate medically oriented training for homemaker-companion agency employees and imposed registration fees. We strongly urged the removal of any training that is medically oriented. RSK worked with the Association, as well as CHAOA to get an amendment filed to make those modifications. Ultimately, the final negotiated strike-all amendment passed by the Senate struck all of the sections relevant to this issue. It "removes the underlying bill's provisions on homemaker-company agency certificate of registration fees and employee training." With all unfavorable provisions removed, the bill became fairly inconsequential to the association, though further discussions are needed to continue this issue into future sessions.

[SB 1450 AN ACT CONCERNING RECRUITMENT AND RETENTION OF THE HEALTH CARE WORKFORCE.](#) *To recruit and retain health care providers in the state.*

**Final Disposition: PASSED**

Originally, the bill was of great concern to the Association as it possessed a bizarre and unreasonable provision which placed the expectation on home care workers to check and install smoke detectors in their patients' homes. Our advocacy efforts, including submitting public testimony, resulted in this provision being amended out of the bill prior to committee passage. With this provision removed, the bill became inconsequential to the association.

[HB 7191 AN ACT CONCERNING MEDICAID RATE INCREASES, PLANNING AND SUSTAINABILITY.](#) *To phase in increased rates of reimbursement to Medicaid providers over three years in accordance with a rate study commissioned by the Department of Social Services.*

**Final Disposition: DIED**

Bill died having passed the house, but never came to a vote in the Senate.

This bill requires the Department of Social Services (DSS) to phase in Medicaid rate increases, starting July 1, 2025, to meet certain requirements by June 30, 2030, and annually adjust them in subsequent years. It also requires the DSS commissioner to consolidate existing fee schedules for provider or service reimbursement.

The bill also requires the Human Services Committee chairs to appoint and chair a "Medicaid Rates Review" subcommittee within the Council on Medical Assistance Program Oversight to conduct an

ongoing systematic review of Medicaid provider reimbursement rates and Medicaid members' access to health care.

Lastly, the bill designates the Human Services and Public Health committees' chairpersons as MAPOC's chairpersons, instead of requiring MAPOC to select a chairperson from among its members, as under current law.

\*House Amendment "A" replaces the underlying bill (File 413), which similarly adjusted Medicaid rates, but in doing so it delays, by two years, the date by which the DSS commissioner must finish phasing in rate increases and begin adjusting rates annually. It also adds provisions on (1) Medicaid reimbursement for behavioral health medication administration, (2) the MAPOC Medicaid Rates Review subcommittees, and (3) MAPOC's chairpersons.

**HCH Supported with suggestions:**

- Ensure that all relevant Medicaid home health billing codes - especially Medication Administration (T1502) - are included in rate adjustments.
- Eliminate the subsequent visit rate penalty, which unfairly reduces reimbursement by 50% for efficient, high-quality care.
- Restore Medication Administration rates to at least their 2016 levels.
- Mandate a Supplemental Addendum to the Medicaid Rate Study
- Ensure agency-based home care providers receive Medicaid rate increases that match SEIU PCA Wage Adjustments
- Accelerate the implementation of Medicaid rate increases beyond the proposed phase-in timeline. (10% a year for 4 years)
- Key Concern: A significant flaw in the Medicaid rate study, on which this bill is based, is that it failed to account for key home health reimbursement rates, most notably Medication Administration (T1502). HCH suggested Medicaid home health billing code does not have a direct Medicare equivalent, it must be compared to the most closely related service. In the case of Medication Administration (T1502), the Skilled Nursing visit rate should be used as a reference point for reimbursement.

The bill passed the House as amended by LCO 10499.

[SB 7 AN ACT CONCERNING PROTECTIONS FOR ACCESS TO HEALTH CARE AND THE EQUITABLE DELIVERY OF HEALTH CARE SERVICES IN THE STATE.](#) *To protect continued access to health care and the equitable delivery of health care services in the state.*

**Final Disposition: DIED**

Bill Died having passed the Senate, but then amended by the House and sent back to the Senate where it was not voted on in time.

**Sections 16-18 — Home Health and Hospice**

Makes various changes to laws on home health and hospice agency staff safety, such as (1) requiring health care providers to give these agencies certain information when referring or transferring a patient

to them, (2) extending to hospice agencies certain requirements that already apply to home health agencies, and (3) requiring these agencies to create a system for staff to report violent incidents or threats

***While the bill itself died, a similar section, with similar language relating to reporting requirements, was amended into the budget (Sec 198. of HB 7287)***

Amendment with our language on hospice and worker safety assessments included in final draft before it died:

*"Current law requires home health agencies to conduct monthly safety assessments with direct care staff at the agency's monthly staff meeting. The bill extends this requirement to hospice agencies, and allows any of these agencies to complete the assessment through in-person or virtual meetings or other communication methods, including email, phone calls, text messages, a hotline, or a reporting portal. It also requires these agencies to create a system for staff to promptly report violent incidents or potential threats, along with the safety assessments" (Office of Legislative Research Bill Analysis)*

[SB 1540: AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PEDIATRIC HOSPICE WORKING GROUP.](#) To (1) require the working group concerning pediatric palliative and hospice care to develop recommendations for the establishment of a Children's Health, Advocacy, Management and Palliative Care program and Pediatric Palliative and Hospice Care Center of Excellence pilot program, and (2) require the Commissioner of Public Health to establish such programs.

#### **Final Disposition: DIED**

This bill died after passing out of committee, having never been voted on in either chamber.

ToniAnn Marchione, Carolyn Torello, Tracy Wodatch testified verbally and submitted written testimony.

This bill adds to the required duties of the working group (established under 2024 legislation) on pediatric hospice services within the state. Currently, the working group is responsible for (1) reviewing existing pediatric hospice services in Connecticut, (2) making recommendations for appropriate levels of these services, and (3) evaluating pediatric hospice care payment and funding options. (The group submitted its report on these matters this March.) The bill specifies that these current duties applied through March 1, 2025. From then through June 30, 2026, the bill requires the working group to also make recommendations to establish a (1) Children's Health, Advocacy, Management, and Palliative Care program and (2) within that program, a Pediatric Palliative and Hospice Care Center of Excellence pilot program, as described in the group's March 2025 report.

The recommendations must include the following:

1. appropriations needed to establish the programs;
2. requirements for operating the pilot program, including staff and facility requirements;
3. education and curriculum requirements for nurses participating in the pilot program or providing pediatric palliative or hospice care services; and

4. any licensing or certification requirements needed to operate the pilot program or expand pediatric palliative or hospice care services in Connecticut.

Within 30 days after the bill's passage, the working group's chairpersons must schedule a meeting to start working on the additional responsibilities described above.

Under the bill, the chairpersons must report on the working group's recommendations to the Public Health Committee by March 1, 2026.

Note that the 4/24 substitute language in Appropriations Committee removed section 2, the pilot.

[SB 1451 AN ACT CONCERNING THE RECOMMENDATIONS OF THE WORKING GROUP TO STUDY STAFF SAFETY ISSUES AFFECTING HOME HEALTH CARE AND HOME HEALTH AIDE AGENCIES.](#) *To implement the recommendations of the working group to study staff safety issues affecting home health care and home health aide agencies.*

#### **Final Disposition: DIED**

This bill died as a vehicle before being voted on in either chamber. Some elements were rolled into Sb 7, and then eventually the budget. Reporting requirements and data systems was included in the budget.

Multiple HCH members testified on original bill, supported with changes.

Requested an Amendment to Public Act 24-19 (SB1), Section 2(a)(2): Monthly Safety Assessments to be done virtually. Also requesting the need for a centralized, State-Maintained Data Repository- State of CT creates a central data repository to access by agencies.

#### **Summary:**

This bill makes various changes to laws on staff safety for home health care and home health aide agencies ("home health agencies"), and extends some of these provisions to hospice agencies (i.e. organizations that provide home care and hospice services to terminally ill patients).

It requires health care providers, when referring or transferring a patient to a home health agency, to give the agency any documentation or information the provider has on the topics that the agency must collect during client intake (generally client and service location information; It similarly requires providers to give this information to hospice agencies. (The law, unchanged by the bill, does not require hospice agencies to collect this information at client intake.) These provisions apply to the extent it is feasible and consistent with other state or federal laws.

The bill extends to hospice agencies requirements to do monthly safety assessments with direct care staff and comply with certain related training requirements (or risk losing Medicaid reimbursement if they fail to provide the training). Currently, these laws apply only to home health agencies.

Current law authorizes the Department of Social Services (DSS) commissioner to increase Medicaid rates for home health agencies that report workplace violence incidents to DSS and the Department of Public Health (DPH) within seven calendar days after they happen. The bill (1) specifies that DSS may do so only within available appropriations and (2) extends this provision to hospice agencies.



Existing law also requires home health agencies to annually report to DPH on (1) each instance of a client's verbal abuse that a staff member perceived as a threat or danger, physical or sexual abuse, or any other client abuse of a staff member and (2) the actions they took to ensure the affected staff member's safety. The bill requires these agencies to report threats or abuse against staff members by anyone, not just clients, if related to the staff member's employment. It also extends this reporting requirement to hospice agencies. As under existing law, DPH must annually report on the collected information to the Public Health Committee.

## 2025 Public Hearings RSK Facilitated

Rome Smith Kowalski assisted the Association in the public hearing process, including but not limited to; drafting framework testimony for several priorities, coordinating signing up for oral testimony, written testimony submission and tracking all public hearings of interest. Below is a roster of testimony offered by or on behalf of the association for 2025.

Date of Hearing	Testifier	Committee	Bill	Written or/and Verbal
2/6/2025	Tracy Wodatch	Aging	HB 6772, SB 1176, SB 1177	Verbal
2/20/2025	Tracy Wodatch	Human Services	SB 1300	Verbal
2/28/2025	Tracy Wodatch	Appropriations	HB 6864	Verbal & Written
2/28/2025	Kim Durand	Appropriations	HB 6864	Verbal & Written
2/28/2025	Jennifer LeDuc	Appropriations	HB 6864	Verbal & Written
2/28/2025	Caleb Roseme	Appropriations	HB 6864	Verbal & Written
2/28/2025	Mario D'Aquila	Appropriations	HB 6864	Verbal & Written
2/28/2025	Cecelia Livingston	Appropriations	HB 6864	Verbal & Written
2/28/2025	Chris Pankratz	Appropriations	HB 6864	Verbal & Written
2/28/2025	Johnie Burke	Appropriations	HB 6864	Verbal & Written
2/28/2025	Tracy Wodatch	Aging	SB 1344	Verbal
2/28/2025	Annellie Reed	Appropriations	HB 6864	Verbal & Written
2/28/2025	Ann Olson	Appropriations	HB 6864	Verbal
2/28/2025	Michael Lung	Appropriations	HB 6864	Verbal & Written
2/28/2025	Coco Sellman	Appropriations	HB 6864	Verbal & Written
2/28/2025	Kathy Rathen	Appropriations	HB 6864	Written
2/28/2025	Caleb Roseme	Aging	SB 1344	Written
3/10/2025	Jennifer LeDuc	Public Health	SB 1451, SB 1450	Verbal & Written
3/10/2025	Tracy Wodatch	Public Health	SB 1450, SB 1451	Verbal & Written
3/10/2025	Karen Griffiths	Public Health	SB 1450	Verbal
3/10/2025	Tracy Wodatch	BPRC	Multiple issues	Verbal & Written
3/10/2025	Chris Pankratz	Public Health	SB 1450, SB 1451	Verbal & Written
3/11/2025	Tracy Wodatch	Government Oversight	SB 1468	Verbal & Written
3/11/2025	Tracy Wodatch	Human Services	HB 7191, HB 7189	Verbal & Written
3/11/2025	Coco Sellman	Human Services	HB 7191	Verbal
3/11/2025	Chris Pankratz	Human Services	HB 7191	Verbal
3/11/2025	Kathy Rathen	Human Services	HB 7191	Written
3/11/2025	Kim Durand	Human Services	HB 7191	Written
3/24/2025	Tracy Wodatch	Public Health	SB 1540	Written
3/24/2025	Karen Garlie	Public Health	SB 1540	Written
4/3/2025	Tracy Wodatch	Appropriations	HB 7254	Verbal & Written
4/3/2025	Mario D'Aquila	Appropriations	HB 7254	Verbal & Written
4/3/2025	Chris Pankratz	Appropriations	HB 7254	Verbal & Written
4/3/2025	Coco Sellman	Appropriations	HB 7254	Written



*(Left) Tracy Wodatch testifying before the Aging committee (Center and left) Chris Pankratz and Tracy Wodatch testifying before the Appropriations Committee on the state budget.*

## Formal Legislator Meetings Facilitated

Rome Smith Kowalski arranged formal meetings with the following lawmakers, providing Association representatives the opportunity to advocate on several key issues of importance to the organization.

Legislator/Department	Date
Speaker of the House Matt Ritter	10/3/2024
Senate President Martin Looney	10/16/2024
Rep. Gilchrest	12/16/2024
Sen Osten, Rep Walker	1/3/2025
Sen. Anwar, Sen. Marx, Rep Klarides-Ditria	1/29/2025
Sen. Somers	1/29/2025
Franklin Perry (Speaker's Chief of Staff)	2/3/2025
Rep. Case	2/18/2025
Sen. Miller	2/19/2025
Sen. Hwang	3/3/2025
Rep. Garibay	3/12/2025
Rep. Martinez	3/14/2025
Sen. Gadkar-Wilcox, Rep Dathan	4/14/2025

## 2025 Full Bill Tracking Report

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
<a href="#">SB 1357</a>	AN ACT CONCERNING THE DEPARTMENT OF CONSUMER PROTECTION'S RECOMMENDATIONS REGARDING VARIOUS STATUTES CONCERNING CONSUMER PROTECTION. To implement the Department of Consumer Protection's recommendations regarding (1) public accountancy and certified public accountants, (2) architects and the practice of architecture, (3) real estate licensees, (4) the skilled trades, (5) major contractors, (6) new home construction contractors and the New Home Construction Guaranty Fund, (7) community association managers, (8) closing-out sales, (9) mobile manufactured homes and mobile manufactured home parks, (10) the Commissioner of Consumer Protection's enforcement powers and the enforcement powers of various boards and commissions, (11) pure food and drugs, (12) the Connecticut Food, Drug and Cosmetic Act, (13) bakeries, food manufacturing establishments and food warehouses, (14) health clubs, (15) donation bins, (16) acceptance of cash as a form of payment, (17) the Connecticut Unfair Trade Practices Act, (18) the Home Solicitation Sales Act, (19) new motor vehicle warranties, (20) automatic renewal and continuous services provisions, and (21) mechanical contractors.		Public Act 25-111 (LCO)	<a href="#">Public Act No. 25-111</a>		
<a href="#">HB 7157</a>	AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. To make various revisions to the public health statutes.		Public Act 25-97 (LCO)	<a href="#">Public Act No. 25-97</a>		
<a href="#">SB 1221</a>	AN ACT MAKING CHANGES TO THE CONNECTICUT RETIREMENT SECURITY PROGRAM. To implement the recommendations of the Comptroller concerning the administration of the Connecticut Retirement Security Program.	PCAs	Signed by the Governor	<a href="#">Public Act No. 25-30</a>		
<a href="#">SB 1468</a>	AN ACT CONCERNING GOVERNMENT ACCOUNTABILITY REGARDING AGENCY PURCHASE CARD USE AND REGISTRATION OF HOMEMAKER-COMPANION AGENCIES AND TRAINING REQUIREMENTS FOR THEIR EMPLOYEES. To implement procedures for the use of purchasing cards by budgeted agency employees, define "personal hygiene" for purposes of homemaker-companion agency and home health aide agency care, increase the fee for homemaker-companion agency registration and require homemaker-companion agency employees to complete certain training.	We strongly urged the removal of any training that is medically oriented, as originally mandated in the bill. Tracy testified on this in public hearing, and through HCH and RSK advocacy, the strike-all amendment passed by the Senate "removes the underlying bill's provisions on homemaker-company agency certificate of registration fees and employee training."	In Concurrence	<a href="#">File No. 496</a>	Priority Bills	

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
<a href="#">SB 1450</a>	AN ACT CONCERNING RECRUITMENT AND RETENTION OF THE HEALTH CARE WORKFORCE. To recruit and retain health care providers in the state.	<p>HCH representatives testified during the public hearing. Our advocacy successfully removed smoke detector language before committee vote.</p> <p>This bill requires the Department of Public Health (DPH) to create, within available appropriations, a loan reimbursement program for health care providers, with some of the awards targeted to primary care providers and those employed in rural communities or at federally qualified health centers (FQHCs). The bill requires DPH, in collaboration with a Connecticut-based educational or educational technology provider and within available appropriations, to create a pilot program providing home-based virtual education to people seeking certification as a nurse's aide or emergency medical technician (EMT). The bill specifies that it does not eliminate existing requirements for these people to receive in-person practical training.</p> <p>It requires the education commissioner to add radiologic technology, nuclear medicine technology, and respiratory care to an existing plan on promoting health care career options to middle and high school students.</p> <p>Lastly, the bill requires DPH, within available appropriations, to create a program giving grants to recruit athletic trainers from other states to move to Connecticut to work here. The grants are for their relocation costs.</p> <p>*Senate Amendment "A" (1) specifies that the loan reimbursement program does not apply to self-employed providers or sole proprietors; (2) requires DPH to collaborate with a state-based educational or educational technology provider, not necessarily a nonprofit organization, in creating the virtual education pilot program; and (3)</p>	In Concurrence	<a href="#">APP Joint Favorable</a>	Priority Bills	Support

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
<a href="#">SB 1380</a>	AN ACT PROHIBITING DISCRIMINATION BY HEALTH CARE PROVIDERS IN THE PROVISION OF HEALTH CARE SERVICES IN THE STATE. To prohibit health care providers from discriminating against persons in the provision of health care services in the state.	<p>This bill specifically prohibits health care providers from knowingly discriminating in providing health care services due to someone's race, color, religion, sex, gender identity or expression, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, physical disability (including blindness), veteran status, or status as a domestic violence victim. But the bill specifies that it does not (1) require the delivery of futile health care and services that conflict with a provider's professional judgment or ethical considerations, (2) affect the professional standard of care, or (3) interfere with public health planning. The bill classifies discrimination by health care providers as a discriminatory practice under the Commission on Human Rights and Opportunities (CHRO) laws. By doing so, the bill allows people aggrieved by these violations, or CHRO itself, to file a complaint with CHRO alleging discrimination.</p> <p>Under the bill, a "health care provider" is any person, corporation, facility, or institution licensed by the state to provide health care services, or their officers, employees, or agents acting in the course and scope of their employment. Under existing law, it is generally a discriminatory practice to den someone, based on similar protected classes as listed above, equal accommodations in any place of public accommodation (that is, one that caters to or offers its services, facilities, or goods to the general public), subject to lawful conditions and limitations that apply the same to everyone (CGS § 46a-64).</p> <p>*Senate Amendment "A" removes from the underlying bill a provision that would have given people three years to file complaints for health care discrimination, rather than</p>	In Concurrence	<a href="#">File No. 736</a>		

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		300 days as for other types of discrimination.				
<a href="#">HB 7288</a>	AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE AND CONCERNING GRANT PROGRAMS, STATE GRANT COMMITMENTS FOR SCHOOL BUILDING PROJECTS, REVISIONS TO THE SCHOOL BUILDING PROJECTS STATUTES AND VARIOUS PROVISIONS REVISING AND IMPLEMENTING THE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2027.		In Concurrence	<a href="#">New Bill</a>		
<a href="#">HB 7287</a>	AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2027, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET.	<p><b>Budget</b></p> <p>Sec 198-200 Home Health and Hospice Makes various changes to laws on home health and hospice agency staff safety, such as 1) requiring health care providers to give these agencies certain information when referring or transferring a patient to them, 2) extending to hospice agencies certain requirements that already apply to home health agencies, and 3) requiring these agencies to create a system for staff to report violent incidents or threats.</p> <p>Sec 299-300 Certificate of Need for Health Care Entities Expressly allows OHS, when reviewing CON applications for certain hospital ownership transfers that require a cost and market impact review to consider the review's preliminary and final reports and other specified materials; modifies the definition of "termination of services" for CON purposes to include the termination of any services for a combined total of more than 180 days within a consecutive two-year period.</p> <p>Sec 365 MAPOC Chairs Appoints the HS and PH committees' chairs as MAPOC Chairs</p>	In Concurrence	<a href="#">New Bill</a>	Priority Bills	

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>440-458- Occupational License Changes</p> <p>Eliminates the occupational licenses for a number of occupations including Registered nurses, Advanced practice registered nurses, Physician assistant, Licensed practical nurses.</p>				
<a href="#">HB 7191</a>	AN ACT CONCERNING MEDICAID RATE INCREASES, PLANNING AND SUSTAINABILITY. To phase in increased rates of reimbursement to Medicaid providers over three years in accordance with a rate study commissioned by the Department of Social Services.	<p>Bill died having passed the house, but never came to a vote in the Senate.</p> <p>This bill requires the Department of Social Services (DSS) to phase in Medicaid rate increases, starting July 1, 2025, to meet certain requirements by June 30, 2030, and annually adjust them in subsequent years. It also requires the DSS commissioner to consolidate existing fee schedules for provider or service reimbursement.</p> <p>The bill also requires the Human Services Committee chairs to appoint and chair a "Medicaid Rates Review" subcommittee within the Council on Medical Assistance Program Oversight (MAPOC; see BACKGROUND) to conduct an ongoing systematic review of Medicaid provider reimbursement rates and Medicaid members' access to health care.</p> <p>Lastly, the bill designates the Human Services and Public Health committees' chairpersons as MAPOC's chairpersons, instead of requiring MAPOC to select a chairperson from among its members, as under current law.</p> <p>*House Amendment "A" replaces the underlying bill (File 413), which similarly adjusted Medicaid rates, but in doing so it delays,</p>	Senate Calendar Number 590	<a href="#">APP Joint Favorable</a>	Priority Bills	(Dead Bill)



Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>by two years, the date by which the DSS commissioner must finish phasing in rate increases and begin adjusting rates annually. It also adds provisions on (1) Medicaid reimbursement for behavioral health medication administration, (2) the MAPOC Medicaid Rates Review subcommittees, and (3) MAPOC's chairpersons.</p> <p>HCH Supported with suggestions:</p> <p>Ensure that all relevant Medicaid home health billing codes - especially Medication Administration (T1502) - are included in rate adjustments.</p> <p>Eliminate the subsequent visit rate penalty, which unfairly reduces reimbursement by 50% for efficient, high-quality care.</p> <p>Restore Medication Administration rates to at least their 2016 levels.</p> <p>Mandate a Supplemental Addendum to the Medicaid Rate Study</p> <p>Ensure agency-based home care providers receive Medicaid rate increases that match SEIU PCA Wage Adjustments</p> <p>Accelerate the implementation of Medicaid rate increases beyond the proposed phase-in timeline. (10% a year for 4 years)</p> <p>Key Concern: A significant flaw in the Medicaid rate study, on which this bill is based, is that it failed to account for key home health reimbursement rates, most notably Medication Administration (T1502). HCH suggested Medicaid home health billing code does not have a direct Medicare equivalent,</p>				

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>it must be compared to the most closely related service. In the case of Medication Administration (T1502), the Skilled Nursing visit rate should be used as a reference point for reimbursement.</p> <p>UPDATE 6/2/25: Bill passed the House as amended by LCO 10499. Amendment removes FQHC language.</p>				
<a href="#">SB 985</a>	AN ACT CONCERNING LEGISLATIVE APPROVAL FOR CHANGES TO THE HUSKY HEALTH PROGRAM REIMBURSEMENT AND CARE DELIVERY MODEL. To require legislative approval for changes to the HUSKY Health program reimbursement and care delivery model.		House Calendar Number 672	<a href="#">File No. 165</a>		(Dead Bill)
<a href="#">SB 7</a>	AN ACT CONCERNING PROTECTIONS FOR ACCESS TO HEALTH CARE AND THE EQUITABLE DELIVERY OF HEALTH CARE SERVICES IN THE STATE. To protect continued access to health care and the equitable delivery of health care services in the state.	<p>Bill died, having passed the Senate, but then amended by the House and sent back to the Senate where it was not voted on in time.</p> <p>16-18 — HOME HEALTH AND HOSPICE Makes various changes to laws on home health and hospice agency staff safety, such as (1) requiring health care providers to give these agencies certain information when referring or transferring a patient to them, (2) extending to hospice agencies certain requirements that already apply to home health</p>	Disagreeing Action, Tabled for Calendar, Senate	<a href="#">APP Joint Favorable</a>	Priority Bills	(Dead Bill) Support

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>agencies, and (3) requiring these agencies to create a system for staff to report violent incidents or threats</p> <p>Amendment with our language on hospice and worker safety assessments included in final draft before it died:</p> <p>"Current law requires home health agencies to conduct monthly safety assessments with direct care staff at the agency's monthly staff meeting.</p> <p>The bill extends this requirement to hospice agencies, and allows any of these agencies to complete the assessment through in-person or virtual meetings or other communication methods, including email, phone calls, text messages, a hotline, or a reporting portal. It also requires these agencies to create a system for staff to promptly report violent incidents or potential threats, along with the safety assessments" (Office of Legislative Research Bill Analysis)</p>				
<a href="#">SB 1539</a>	AN ACT CONCERNING CERTIFICATES OF NEED. To (1) require a certificate of need for certain private equity investments in health care facilities, (2) require the denial of certificate of need applications involving the closure of labor and delivery units unless an alternate labor and delivery unit is located not more than twenty-five miles away, (3) prohibit intervenors in certificate of need applications involving certain physician group practices, (4) establish an expedited certificate of need review process for increases in the licensed bed capacity of health care facilities, and (5) require the Commissioner of Health Strategy to post notice of any appeal or agreed settlement relating to a certificate of need application.		Favorable Report, Tabled for the Calendar, Senate	<a href="#">APP Joint Favorable</a>		(Dead Bill)
<a href="#">SB 1481</a>	AN ACT PROHIBITING DISCRIMINATION IN SERVICES FUNDED UNDER MEDICAID. To require a provider who is reimbursed for services under Medicaid to agree, in writing, not to discriminate against persons whose rights are protected under state law as a condition of receiving Medicaid reimbursement.		House Calendar Number 629	<a href="#">File No. 444</a>		(Dead Bill)
<a href="#">SB 1360</a>	AN ACT REQUIRING LEGISLATIVE CONFIRMATION OF THE APPOINTMENT OF THE DEPARTMENT OF SOCIAL SERVICES' MEDICAID		House Calendar Number 596	<a href="#">File No. 135</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
	DIRECTOR. To require legislative confirmation of the appointment of the Medicaid director for the Department of Social Services.					
<a href="#">HB 7196</a>	AN ACT CONCERNING LIMITATIONS ON THE USE OF NONCOMPETE AGREEMENTS. To prohibit the use of noncompete agreements and exclusivity agreements unless they meet certain requirements.		Referred by House to Committee on Judiciary	<a href="#">File No. 367</a>		(Dead Bill)
<a href="#">SB 1251</a>	AN ACT IMPLEMENTING THE GOVERNOR'S RECOMMENDATIONS CONCERNING A DRIVER TRAINING PROGRAM FOR PERSONS WITH DISABILITIES, LEGISLATIVE OVERSIGHT OF MEDICAID STATE PLAN AMENDMENTS AND PENALTIES FOR VIOLATING TIMELY WHEELCHAIR REPAIR STANDARDS. To implement the Governor's budget recommendations regarding health and human services.		Favorable Report, Tabled for the Calendar, Senate	<a href="#">APP Joint Favorable</a>		(Dead Bill)
<a href="#">SB 1035</a>	AN ACT CONCERNING LIMITATIONS ON THE USE OF NONDISCLOSURE AGREEMENTS. To limit the misuse of nondisclosure agreements by adopting similar provisions from California, New Jersey and Washington law regarding limitations on the use of nondisclosure agreements.		Favorable Report, Tabled for the Calendar, Senate	<a href="#">JUD Joint Favorable</a>		(Dead Bill)
<a href="#">HB 7254</a>	AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES' IMPLEMENTATION OF CHANGES RESULTING FROM THE MEDICAID RATE STUDY. To require a report on the implementation of the Medicaid rate study and a review of Medicaid rates.	Substitute language in Appropriations on 4/24 changes "shall" to "may" in line 11.	File Number 888 (LCO)	<a href="#">File No. 888</a>		(Dead Bill)
<a href="#">SB 1177</a>	AN ACT CONCERNING A STUDY OF LONG-TERM CARE NEEDS. To require the Commissioner of Social Services to study long-term care needs in the state.	Appears to be a placeholder "dummy" bill. Adding to tracking to monitor for any changes. Provided testimony in support of Medicaid Rates.	Immediate Transmittal	<a href="#">APP Joint Favorable</a>		(Dead Bill)
<a href="#">SB 1484</a>	AN ACT IMPLEMENTING ARTIFICIAL INTELLIGENCE PROTECTIONS FOR EMPLOYEES. To (1) limit the use of electronic monitoring by an employer, and (2) establish various requirements concerning the use of artificial intelligence systems by employers.	Section 1 and 2 on employee electronic monitoring. Unsure if that is relevant or not, but flagging in case.	Favorable Report, Tabled for the Calendar, Senate	<a href="#">JUD Joint Favorable</a>		(Dead Bill)
<a href="#">SB 1416</a>	AN ACT CONCERNING THE EXPANSION OF LONG-TERM CARE OPTIONS FOR MEDICAID BENEFICIARIES. To expand long-term care options for Medicaid beneficiaries.		Favorable Report, Tabled for the Calendar, Senate	<a href="#">APP Joint Favorable</a>		(Dead Bill)
<a href="#">HB 6864</a>	AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2027, AND MAKING APPROPRIATIONS THEREFOR. To implement the Governor's budget recommendations.		File Number 839 (LCO)	<a href="#">File No. 839</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
<a href="#">SB 1540</a>	AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PEDIATRIC HOSPICE WORKING GROUP. To (1) require the working group concerning pediatric palliative and hospice care to develop recommendations for the establishment of a Children's Health, Advocacy, Management and Palliative Care program and Pediatric Palliative and Hospice Care Center of Excellence pilot program, and (2) require the Commissioner of Public Health to establish such programs.	<p>This bill died after passing out of committee, having never been voted on in either chamber.</p> <p>ToniAnn Marchione, Carolyn Torello, Tracy Wodatch testified verbally and submitted written testimony. Note that the 4/24 substitute language in appropriations removes section 2, the pilot.</p> <p>This bill adds to the required duties of the working group (established under 2024 legislation) on pediatric hospice services within the state. Currently, the working group is responsible for (1) reviewing existing pediatric hospice services in Connecticut, (2) making recommendations for appropriate levels of these services, and (3) evaluating pediatric hospice care payment and funding options. (The group submitted its report on these matters this March.) The bill specifies that these current duties applied through March 1, 2025. From then through June 30, 2026, the bill requires the working group to also make recommendations to establish a (1) Children's Health, Advocacy, Management, and Palliative Care program and (2) within that program, a Pediatric Palliative and Hospice Care Center of Excellence pilot program, as described in the group's March 2025 report.</p> <p>The recommendations must include the following:</p> <ol style="list-style-type: none"> <li>1. appropriations needed to establish the programs;</li> <li>2. requirements for operating the pilot program, including staff and facility requirements;</li> <li>3. education and curriculum requirements for nurses participating in the pilot program or providing pediatric palliative or hospice care services; and</li> <li>4. any licensing or certification requirements needed to operate the pilot program or expand pediatric palliative or hospice care services in Connecticut.</li> </ol>	File Number 827 (LCO)	<a href="#">File No. 827</a>	Priority Bills	(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>Within 30 days after the bill's passage, the working group's chairpersons must schedule a meeting to start working on the additional responsibilities described above.</p> <p>Under the bill, the chairpersons must report on the working group's recommendations to the Public Health Committee by March 1, 2026.</p>				
<a href="#">HB 6987</a>	AN ACT CONCERNING CLOSURES AND EVACUATIONS OF RESIDENTIAL CARE HOMES AND NURSING HOMES. To (1) require nursing homes and residential care homes to consider resident proximity to family and other support networks when transferring or discharging a resident, (2) require the Commissioner of Public Health to study nursing home and residential care home evacuation procedures relating to transportation, (3) require nursing homes and residential care homes to maintain insurance for residents' personal property lost or damaged as a result of an evacuation, (4) establish a database that provides real-time tracking of nursing home and residential care home bed availability, (5) establish an automated benefits transfer system to facilitate the transfer of benefits and payments when a nursing home or residential care home resident is transferred to a new facility on an emergency basis, and (6) require the Commissioner of Public Health to study methods to employ alternative housing solutions to provide living arrangements to residential care home residents impacted by mandated bed reductions.		Referred by House to Committee on Appropriations	<a href="#">File No. 237</a>		(Dead Bill)
<a href="#">HB 7227</a>	AN ACT CONCERNING ELIGIBILITY FOR STATE CONTRACTING AND FEES CHARGED FOR HEALTH RECORDS. To limit the fees charged a patient's attorney or authorized representative to obtain health records and to make any entity that opts not to comply with such fee limitation ineligible to obtain a state contract.		Tabled for the Calendar, House	<a href="#">JUD Joint Favorable</a>		(Dead Bill)
<a href="#">SB 1508</a>	AN ACT CONCERNING MEDICAL RECORDS. To revise the maximum allowable fees an institution may charge for medical records requested by someone other than a patient or the patient's personal representative.		File Number 711 (LCO)	<a href="#">File No. 711</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
<a href="#">HB 7050</a>	AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY'S RECOMMENDATIONS REGARDING THE CERTIFICATE OF NEED PROGRAM. To make various revisions to the certificate of need program.		File Number 683 (LCO)	<a href="#">File No. 683</a>		(Dead Bill)
<a href="#">SB 1507</a>	AN ACT PROHIBITING PRIVATE EQUITY OWNERSHIP AND CONTROL OF HOSPITALS AND HEALTH SYSTEMS AND THE CONTROLLING OF OR INTERFERENCE WITH THE PROFESSIONAL JUDGMENT AND CLINICAL DECISIONS OF CERTAIN HEALTH CARE PROVIDERS AND REQUIRING AN EVALUATION OF THE APPOINTMENT OF A RECEIVER TO MANAGE HOSPITALS IN FINANCIAL DISTRESS. To prohibit private equity ownership and control of certain health care institutions and the controlling of or interference with the professional judgment and clinical decisions of certain health care providers.		File Number 614 (LCO)	<a href="#">File No. 614</a>		(Dead Bill)
<a href="#">SB 1331</a>	AN ACT CONCERNING THE EXCLUSION OF PATIENT HEALTH INFORMATION AND OPT-IN AND OPT-OUT PROCEDURES RELATING TO THE STATE-WIDE HEALTH INFORMATION EXCHANGE. To require the Commissioner of Health Strategy to study (1) whether to exclude patient health information and medical records relating to certain sensitive medical procedures from the State-wide Health Information Exchange, and (2) current procedures relating to patient participation in the State-wide Health Information Exchange.		File Number 577 (LCO)	<a href="#">File No. 577</a>		(Dead Bill)
<a href="#">SB 1479</a>	AN ACT CONCERNING WITHHOLDING MEDICAID REIMBURSEMENT FOR HEALTH CARE PROVIDERS WHO REQUIRE MANDATORY ARBITRATION IN BILLING DISPUTES. To prohibit health care providers from receiving Medicaid reimbursement if they require consumers to use mandatory arbitration for billing disputes.		File Number 443 (LCO)	<a href="#">File No. 443</a>		(Dead Bill)
<a href="#">HB 7105</a>	AN ACT CONCERNING FORENSIC AUDITS CONDUCTED BY THE DEPARTMENT OF SOCIAL SERVICES. To clarify the definition of a forensic audit, the circumstances under which such an audit will be conducted by the Department of Social Services and costs and penalties for a facility associated with such an audit.		File Number 468 (LCO)	<a href="#">File No. 468</a>		(Dead Bill)
<a href="#">SB 1451</a>	AN ACT CONCERNING THE RECOMMENDATIONS OF THE WORKING GROUP TO STUDY STAFF SAFETY ISSUES AFFECTING HOME HEALTH CARE AND HOME HEALTH AIDE AGENCIES. To implement the recommendations of the working group to study staff safety issues affecting home health care and home health aide agencies.	<p>This bill died as a vehicle before being voted on in either chamber.</p> <p>Multiple HCH members testified, support with changes.</p> <p>Requested an Amendment to Public Act 24-19 (SB1).</p>	File Number 297 (LCO)	<a href="#">File No. 297</a>	Priority Bills	(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>Section 2(a)(2): Monthly Safety Assessments to be done virtually.</p> <p>Also requesting the need for a centralized, State-Maintained Data Repository- State of CT creates a central data repository to access by agencies.</p>				
<a href="#">SB 829</a>	AN ACT CONCERNING PRE AND POST-SHIFT HOURS. To include security screenings required by an employer in the definition of "hours worked" for purposes of chapter 558 of the general statutes.		File Number 277 (LCO)	<a href="#">File No. 277</a>		(Dead Bill)
<a href="#">SB 1300</a>	AN ACT CONCERNING COMPENSATING SPOUSES FOR STATE-FUNDED HOME CARE. To compensate spouses who provide personal care assistance to persons enrolled in the state-funded portion of the Connecticut home-care program for the elderly.	<p>This bill authorizes compensation for people, including spouses, who provide personal care assistance to someone enrolled in the state-funded portion of the Connecticut Home Care Program for Elders (see BACKGROUND). The bill requires the Department of Social Services commissioner to set training and documentation requirements for these people to receive compensation under the program.</p> <p>Tracy submitted testimony.</p>	File Number 105 (LCO)	<a href="#">File No. 105</a>		(Dead Bill)
<a href="#">SB 1280</a>	AN ACT CONCERNING THE RESPONSIBILITIES OF THE COMMUNITY OMBUDSMAN PROGRAM. To allow the Community Ombudsman program to oversee home and community-based long-term services and supports.	<p>This bill expands the scope of the community ombudsman program in the Office of the Long-Term Care Ombudsman. It does so by extending the ombudsman's authority under a number of provisions to a broader category of services. Under current law, these provisions apply to home care services which are long-term services and supports for adults in a home or community-based Department of Social Services (DSS)-administered program. Under the bill, these provisions apply to "home and community-based long-term services and supports, which the bill broadly defines as a comprehensive array of health, personal care, and supportive services.</p> <p>It specifically includes:</p> <ol style="list-style-type: none"> <li>1. DSS community-based programs; and</li> <li>2. Providers of home care to people with physical, cognitive, or mental health conditions to enhance</li> </ol>	File Number 102 (LCO)	<a href="#">File No. 102</a>		(Dead Bill)



Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>quality of life, facilitate optimal functioning, and support independent living. (The bill also expands who is considered a home care provider by adding individuals who formally or informally offer direct long-term services. Currently, only home health or hospice agencies and homemaker-companion agencies are considered home careproviders.) Specifically, the bill applies this broader category of services to provisions that allow the ombudsman to:</p> <ol style="list-style-type: none"> <li>1. identify, investigate, refer, and resolve complaints;</li> <li>2. raise public awareness;</li> <li>3. promote access; and</li> <li>4. provide referrals to clients for legal, housing, and social services.</li> </ol> <p>The bill also expands the ombudsman's access to data, subject to certain existing consent requirements, to include data about home- and community-based long-term services and supports, rather than data about long-term services and supports from home care providers. The bill makes conforming changes to the ombudsman's annual reporting and data protection requirements to reflect the expanded scope of the program. Finally, the bill makes technical and conforming changes.</p>				
<a href="#">SB 1122</a>	AN ACT REQUIRING ANNUAL PERFORMANCE AUDITS OF MEDICAID-FUNDED PROGRAMS BY THE AUDITORS OF PUBLIC ACCOUNTS. To ensure optimum use of Medicaid dollars toward providing human services through utilization of performance audits conducted by the Auditors of Public Accounts.		File Number 97 (LCO)	<a href="#">File No. 97</a>		(Dead Bill)
<a href="#">HB 6986</a>	AN ACT ESTABLISHING A SENIOR CITIZENS' BILL OF RIGHTS. To establish a senior citizens' bill of rights.	<p>This bill creates a bill of rights for state residents aged 65 years or older ("senior citizens"). It specifies that the rights given to them must be available to them only to the extent that they are implemented in keeping with the general statutes, state rules and regulations, federal law, and the state and U.S. constitutions.</p> <p>Under the bill, senior citizens have the right to:</p> <ol style="list-style-type: none"> <li>1. live where they choose;</li> <li>2. independence to the maximum extent possible no matter their age or</li> </ol>	File Number 117 (LCO)	<a href="#">File No. 117</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
		<p>ability;  3. participate in care decisions to the maximum extent possible;  4. live with dignity; and  5. be treated inclusively and with respect, including being accepted as their authentic selves, whether or not they identify with a historically marginalized or disempowered community.</p> <p>The bill requires each state-licensed or -funded nursing home, managed residential community, or facility housing elderly individuals to post a notice of these rights at its entrance in at least 14-point type. It allows municipalities to post notices of these rights in public places.</p>				
<a href="#">SB 955</a>	AN ACT REQUIRING STATE AND LOCAL GOVERNMENT AND STATE CONTRACTORS TO ENSURE INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY ARE ABLE TO ACCESS PUBLIC SERVICES. To require the adoption of various policies concerning the offering of translation and interpretation services to ensure that individuals with limited English proficiency have meaningful access to programs and services offered by state and local government agencies, contractors and other entities that receive state funding.	See section 2	Public Hearing 03/21	<a href="#">Committee Bill</a>		(Dead Bill)
<a href="#">SB 1176</a>	AN ACT CONCERNING FUNDING FOR THE OFFICE OF THE LONG-TERM CARE OMBUDSMAN AND AREA AGENCIES ON AGING SERVICE NAVIGATORS. To provide funding to the Department of Aging and Disability Services for the purpose of (1) hiring one regional ombudsman for the Office of the Long-Term Care Ombudsman, and (2) providing funding to the five area agencies on aging to hire two additional service navigators per area agency on aging.	Provided testimony in support of Medicaid Rates.	Favorable Change of Reference, House to Committee on Appropriations	<a href="#">AGE Joint Favorable Substitute Change of Reference</a>		(Dead Bill)
<a href="#">HB 7189</a>	AN ACT CONCERNING MEDICAID COST SAVINGS. To require the Commissioner of Social Services to review potential cost savings from nurse delegation of medication administration in Medicaid-funded programs.		Public Hearing 03/11	<a href="#">Raised Bill</a>		(Dead Bill)
<a href="#">HB 7007</a>	AN ACT PROVIDING AN INCOME TAX DEDUCTION FOR INDIVIDUALS CARING FOR ELDERLY PERSONS, CHILDREN OR DISABLED PERSONS. To provide financial relief for family caregivers.		Favorable Change of Reference, Senate to Committee on Finance, Revenue and Bonding	<a href="#">AGE Joint Favorable Change of Reference</a>		(Dead Bill)
<a href="#">SB 831</a>	AN ACT CONCERNING ADVANCED NOTICE OF AN EMPLOYEE'S WORK SCHEDULE TO CERTAIN EMPLOYEES. To require employers to provide advance notice to certain employees of such employees'		Public Hearing 03/04	<a href="#">Committee Bill</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
	work schedule and work schedule changes and create a cause of action for violations of advance notice requirements.					
<a href="#">HB 6772</a>	AN ACT CONCERNING A STUDY OF THE NEEDS OF SENIOR CITIZENS. To study the needs of senior citizens in the state in order to ensure the adequate allocation of resources.	Provided testimony in support of Medicaid Rates.	File Number 23 (LCO)	<a href="#">File No. 23</a>		(Dead Bill)
<a href="#">SB 1344</a>	AN ACT CONCERNING HOMEMAKER-COMPANION AGENCIES. To (1) require the Commissioner of Consumer Protection to develop a list of approved training programs for homemaker-companion agency employees, (2) require homemaker-companion agencies to provide not less than ten hours of (A) initial training to new employees, and (B) continuing education to current employees, and (3) increase the registration fee for homemaker-companion agencies from three hundred seventy-five dollars to four hundred fifty dollars.		Public Hearing 02/28	<a href="#">Raised Bill</a>	Priority Bills	(Dead Bill)
<a href="#">HB 5962</a>	AN ACT EXEMPTING HOSPITAL BEDS FOR HOME HEALTH CARE USE FROM THE SALES AND USE TAXES. To exempt from the sales and use taxes the sale of and the storage, use or other consumption in this state of hospital beds for home health care use.		Public Hearing 02/26	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5775</a>	AN ACT CONCERNING THE SAFETY OF HOME HEALTH CARE WORKERS. To ensure the safety of home health care workers by allowing them to park their vehicle in close proximity to their patients' homes.	A comment was made from Rep. Martinez that in areas like Hartford in the winter with broad parking bans, some nurses are walking several blocks.	Change of Reference, Senate to Committee on Planning and Development	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6600</a>	AN ACT ELIMINATING CERTAIN CERTIFICATE OF NEED REQUIREMENTS. To eliminate certain certificate of need requirements.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6591</a>	AN ACT REQUIRING THE INCLUSION AND CONFIRMATION OF CERTAIN INFORMATION IN MEDICAL RECORDS. To prevent identity theft in health care settings.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6585</a>	AN ACT ESTABLISHING A DATABASE AND HOTLINE FOR THE REPORTING OF CRIMINAL HISTORY RECORDS OR VIOLENT INCIDENTS OF PATIENTS OF HOME HEALTH CARE WORKERS. To ensure the safety of home health care workers by providing them access to the criminal background information and violent incident reports of their patients.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6560</a>	AN ACT CONCERNING THE CERTIFICATION AND LICENSURE OF HEALTH CARE PROVIDERS TRAINED IN OTHER COUNTRIES. To support, encourage, facilitate and streamline the certification and licensure processes of health care providers trained in other countries.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6464</a>	AN ACT ESTABLISHING A PERSONAL INCOME TAX		Referred to Joint Committee	<a href="#">Proposed Bill</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
	DEDUCTION FOR THE COSTS OF HOME HEALTH CARE. To establish a personal income tax deduction of not more than sixty thousand dollars for the costs of full-time home health care services and medical supplies.		on Finance, Revenue and Bonding			
<a href="#">SB 1123</a>	AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE COMMISSION ON ENHANCING AGENCY OUTCOMES CONCERNING THE DEPARTMENT OF SOCIAL SERVICES. To enhance outcomes for the Department of Social Services.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6333</a>	AN ACT CONCERNING FAMILY HOME-CARE SERVICES. To improve home-care services in the state, allow more senior citizens to age in place at home and avert state costs on institutional care.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 1071</a>	AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PEDIATRIC HOSPICE WORKING GROUP. To implement the recommendations of the pediatric hospice working group.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 1060</a>	AN ACT CONCERNING CERTIFICATE OF NEED APPLICATIONS FOR SMALL PHYSICIAN-OWNED MEDICAL GROUPS. To streamline the certificate of need application process for small physician-owned medical groups.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 1057</a>	AN ACT CONCERNING HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT REQUIREMENTS AND ELECTRONIC HEALTH RECORDS SYSTEMS AND THE MODERNIZATION OF MEDICAL RECORD FEES. To update the medical records statutes.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 1053</a>	AN ACT CONCERNING THE IMPROVEMENT OF HOME HEALTH CARE SERVICES DELIVERY. To implement certain policies that would improve the delivery of home health care services across the state.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 1049</a>	AN ACT PROVIDING TELEHEALTH ACCESS TO STATE RESIDENTS WHILE OUT OF STATE. To provide telehealth access to state residents while out of state.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 1047</a>	AN ACT REQUIRING THE CERTIFICATION OF HOME HEALTH CARE PROVIDERS WHO PROVIDE BEHAVIORAL HEALTH SERVICES. To require home health care providers of behavioral health services be certified to provide such services.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>	Priority Bills	(Dead Bill)
<a href="#">SB 1046</a>	AN ACT ESTABLISHING A TASK FORCE TO STUDY HOME HEALTH SERVICES IN THE STATE. To study home health services in the state.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 986</a>	AN ACT CONCERNING EXPANDING ACCESS TO STATE-FUNDED ASSISTED LIVING SERVICES. To expand access to state-funded assisted living services to allow senior citizens to		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
	age in place and save state funds spent on skilled nursing facility care.					
<a href="#">SB 864</a>	AN ACT CONCERNING FUNDING FOR PEDIATRIC HOSPICE SERVICES AT REGIONAL HOSPICE IN DANBURY. To allocate funds for the expansion of the pediatric hospice program at Regional Hospice in Danbury.		Referred to Joint Committee on Appropriations	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6146</a>	AN ACT REGULATING ACCESSIBILITY AND COSTS OF HEALTH CARE IN THIS STATE. To: (1) Increase Medicaid reimbursement rates; (2) regulate medical debt; (3) regulate pharmacy benefits management practices; (4) conduct a study of, and provide consumers access to, the impact of vertical integration in the health care system in this state; (5) limit the use of prior authorization practices; and (6) regulate private equity acquisition of hospitals and medical care centers.		Referred to Joint Committee on Insurance and Real Estate	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6098</a>	AN ACT RESTORING 2016 MEDICAID PAYMENT RATES FOR MEDICATION ADMINISTRATION. To ensure adequate Medicaid payment rates for medication administration.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>	Priority Bills	(Dead Bill)
<a href="#">HB 6077</a>	AN ACT EXPANDING TRAINING PROGRAMS FOR CAREERS IN HEALTH CARE. To establish a Career ConneCT program to fund training for certified nursing assistants and other health care occupations by organizations that hire directly into such organization's health care system and to appropriate not less than five million dollars for such program.		Referred to Joint Committee on Higher Education and Employment Advancement	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 6060</a>	AN ACT CONCERNING HEALTH DATA. To establish additional standards governing the ownership, collection, storage and use of health data.		Referred to Joint Committee on General Law	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 843</a>	AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE WORKING GROUP ESTABLISHED TO EXAMINE PEDIATRIC HOSPICE SERVICES. To implement the recommendations of the working group established to examine pediatric hospice services.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 835</a>	AN ACT CONCERNING THE REVITALIZATION AND STRENGTHENING OF THE STATE'S HEALTH CARE SYSTEM TO PROMOTE HEALTH CARE QUALITY AND AFFORDABILITY. To create a sustainable, patient-centered health care system that improves outcomes for all state residents.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 824</a>	AN ACT REQUIRING BEHAVIORAL HEALTH PARITY. To require parity in behavioral health coverage in line with coverage for medical, surgical or other physical health conditions.		Referred to Joint Committee on Insurance and Real Estate	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 804</a>	AN ACT EXPANDING LONG-TERM CARE OPTIONS FOR MEDICAID BENEFICIARIES. To improve health outcomes and		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
	quality of life for Medicaid beneficiaries.					
<a href="#">HB 5782</a>	AN ACT ESTABLISHING A TASK FORCE TO IDENTIFY CERTAIN OCCUPATIONAL AND PROFESSIONAL LICENSES. To establish a task force to identify each occupational or professional license (1) for which the state imposes a fee, and (2) for which the state does not impose any other requirement, including, but not limited to, any educational, training or professional certification requirement.		Referred to Joint Committee on General Law	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5711</a>	AN ACT ELIMINATING THE REQUIREMENT FOR A CERTIFICATE OF NEED FOR THE EXPANSION OF HEALTH CARE SERVICES. To facilitate improved health care delivery and reduce health care costs by easing the ability of health care providers to increase the supply of health care services.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5625</a>	AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS. To provide aid in dying to terminally ill patients.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5496</a>	AN ACT CONCERNING THE STATE BUDGET AND THE MEDICAID LINE ITEM. To provide additional detail and transparency to the multibillion dollar Medicaid line item in the state budget.		Referred to Joint Committee on Appropriations	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 773</a>	AN ACT ELIMINATING APPLICATION REVIEW FEES AND CAPPING LICENSURE FEES FOR HEALTH CARE PROFESSIONALS LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH. To eliminate application review fees and set a maximum fee of two hundred dollars for the fee for licensure of health care professionals by the Department of Public Health.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5454</a>	AN ACT ALLOWING TERMINALLY ILL PATIENTS TO MAKE DECISIONS ABOUT END-OF-LIFE CARE. To allow terminally ill patients to make decisions about their end-of-life care that do not cause them to endure lengthy, painful deaths.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5411</a>	AN ACT ESTABLISHING A CHILD PERSONAL INCOME TAX DEDUCTION. To establish a personal income tax deduction of two thousand dollars per child.		Referred to Joint Committee on Finance, Revenue and Bonding	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 709</a>	AN ACT ELIMINATING THE CERTIFICATE OF NEED PROGRAM. To eliminate the certificate of need program.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 708</a>	AN ACT ALLOWING OUT-OF-STATE TELEHEALTH PROVIDERS TO PROVIDE TELEHEALTH SERVICES TO PATIENTS IN THIS STATE. To establish that the requirements for licensure, certification or registration of telehealth providers include out-of-state telehealth providers who are Medicaid-enrolled providers or in-network providers for commercially, fully		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)

Bill	Title	Notes	Last Action	Latest Version	Priority	Position
	insured health insurance providing telehealth services to patients.					
<a href="#">SB 705</a>	AN ACT REQUIRING SMOKE DETECTORS IN ALL HOMES IN WHICH A PERSON IS PROVIDING HEALTH CARE OR HOSPICE CARE THROUGH A HOME HEALTH CARE AGENCY, HOSPICE AGENCY OR HOME HEALTH AIDE AGENCY. To ensure a safe working environment for persons providing home health care or hospice care to patients in their homes.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 704</a>	AN ACT ESTABLISHING A LOAN FORGIVENESS PROGRAM AND A TUITION PAYMENT PROGRAM FOR HEALTH CARE PROFESSIONALS. To address the shortage of health care professionals in rural and underserved areas in the state.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5362</a>	AN ACT CONCERNING BENCHMARKING MEDICAID PAYMENT RATES TO EIGHTY PER CENT OF CORRESPONDING MEDICARE RATES AND ADDING WORK AND TIME LIMIT REQUIREMENTS FOR THE HUSKY D HEALTH PROGRAM. To increase Medicaid payment rates, reduce state costs and foster efficacy and better outcomes for the HUSKY D health program.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5337</a>	AN ACT CONCERNING PATIENT ACCESS TO MEDICAL RECORDS. To ensure patients have affordable access to their own medical records.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5326</a>	AN ACT CONCERNING INDEXING MEDICAID PAYMENT RATES TO THE RATE OF INFLATION. To keep Medicaid reimbursement rates consistent with the rise in costs and wages in Connecticut.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5293</a>	AN ACT STREAMLINING THE CERTIFICATE OF NEED PROCESS. To improve the delivery of care to patients by reducing the delay caused by the certificate of need application and approval process.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 563</a>	AN ACT CONCERNING EMPLOYMENT PROTECTIONS FOR PHYSICIANS AND PROCESSES FOR HEALTH CARE EMPLOYMENT TRANSITIONS. To establish certain employment protections for physicians and processes for health care employment transitions.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 560</a>	AN ACT CONCERNING TRUTH AND TRANSPARENCY IN ADVERTISING, REPRESENTATION AND SPECIALTY DESIGNATIONS FOR HEALTH CARE PRACTITIONERS. To safeguard patient trust and ensure clarity in the state's health care system.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5199</a>	AN ACT CONCERNING THE TERMINATION OF INPATIENT OR OUTPATIENT SERVICES OFFERED BY A HOSPITAL. To (1) prohibit the termination of inpatient		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)

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	or outpatient services provided by a hospital without clear and convincing evidence that such termination would not decrease health care accessibility or affordability in the affected area, (2) require the notification of the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the need for termination of any inpatient or outpatient services offered by a hospital, and (3) prohibit the overturning of a decision made by the Office of Health Strategy denying an application for a certificate of need for termination of inpatient or outpatient services offered by a hospital absent new evidence.					
<a href="#">HB 5195</a>	AN ACT ELIMINATING THE REQUIREMENTS TO OBTAIN A CERTIFICATE OF NEED TO ESTABLISH NEW HEALTH CARE FACILITIES OR SERVICES AND TRANSFER OWNERSHIP OF EXISTING HEALTH CARE FACILITIES. To promote the expansion of and access to health care services in the state by requiring certificate of need approval only for the termination of existing facilities and services.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 485</a>	AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE HEALTH CARE WORKER SAFETY TASK FORCE. To implement the recommendations of the health care worker safety task force.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>	Priority Bills	(Dead Bill)
<a href="#">SB 484</a>	AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE STATE-WIDE PEDIATRIC HOSPICE SERVICE TASK FORCE. To implement the recommendations of the state-wide pediatric hospice service task force.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>	Priority Bills	(Dead Bill)
<a href="#">SB 440</a>	AN ACT REQUIRING MEDICAID REIMBURSEMENT RATES NOT TO FALL BELOW NINETY PER CENT OF MEDICARE REIMBURSEMENT RATES. To increase provider participation in the state Medicaid program and expand access to and quality of health care for Medicaid recipients.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">HB 5086</a>	AN ACT CONCERNING COMPENSATING SPOUSES FOR STATE-FUNDED HOME CARE. To allow spouses to receive compensation for home health care of spouses enrolled in state-funded home care.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 390</a>	AN ACT CONCERNING MEDICAID AND MEDICARE RATE REIMBURSEMENT PARITY. To equalize Medicaid and Medicare reimbursement rates.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 361</a>	AN ACT CONCERNING THE ADEQUATE PRESCRIPTION OF PAIN MEDICATION FOR CANCER PATIENTS, PALLIATIVE AND NURSING HOME PATIENTS AND PATIENTS EXPERIENCING CHRONIC INTRACTABLE PAIN. To allow health care practitioners to		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)



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	adequately prescribe pain medication.					
<a href="#">SB 354</a>	AN ACT ELIMINATING PROHIBITIONS ON NONCOMPETE AGREEMENTS. To eliminate existing prohibitions on noncompete provisions in private employment contracts.		Referred to Joint Committee on Labor and Public Employees	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 266</a>	AN ACT CONCERNING THE CERTIFICATE OF NEED PROGRAM. To revise various certificate of need requirements and procedures.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 264</a>	AN ACT CONCERNING HEALTH CARE SERVICE COST ESTIMATES. To require each health care provider to provide each patient a cost estimate for health care services prior to treatment.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 262</a>	AN ACT REQUIRING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES TO PROVIDE DATA TO THE DEPARTMENT OF PUBLIC HEALTH BY CATCHMENT AREA FOR HEALTH CARE PROFESSIONAL SHORTAGE AREA SCORES. To require the Department of Mental Health and Addiction Services to provide data to the Department of Public Health by catchment area for health care professional shortage area scores.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 253</a>	AN ACT ESTABLISHING A LOAN FORGIVENESS PROGRAM FOR HEALTH CARE PROFESSIONALS WHO WORK IN A RURAL OR OTHER UNDERSERVED AREA OR IN A FIELD WITH A WORKFORCE SHORTAGE. To address the shortage of health care professionals in the state.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 245</a>	AN ACT CONCERNING THE STATE'S HEALTH CARE SYSTEM. To revitalize and strengthen the state's health care system.		Referred to Joint Committee on Public Health	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 187</a>	AN ACT CONCERNING THE REGULATION OF PREMIUM RATES ON LONG-TERM CARE INSURANCE POLICIES. To: (1) Evaluate an alternative pool for long-term care policyholders in excess of twenty years; (2) require that the Insurance Department hold a public hearing for long-term care premium rate increase requests that exceed ten per cent; and (3) require that long-term care insurers provide potential policyholders with explicit notice, prior to the purchase of long-term care insurance policies, of the high risk of future premium rate increases.		Referred to Joint Committee on Insurance and Real Estate	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 163</a>	AN ACT CONCERNING THE EXPANSION OF AGING IN PLACE PROGRAMS. To expand opportunities for senior citizens to remain independently in their homes and communities and avoid costs to the state and senior citizens for institutionalization.		Referred to Joint Committee on Human Services	<a href="#">Proposed Bill</a>		(Dead Bill)
<a href="#">SB 116</a>	AN ACT ESTABLISHING A TAX CREDIT FOR PREMIUM PAYMENTS FOR CERTAIN		Referred to Joint Committee on Finance,	<a href="#">Proposed Bill</a>		(Dead Bill)

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	LONG-TERM CARE INSURANCE POLICIES. To establish a tax credit for the amount of premiums paid to purchase an individual or group long-term care insurance policy that provides benefits for health care provided in an insured's home.		Revenue and Bonding			
<a href="#">HB 5031</a>	AN ACT ESTABLISHING A PERSONAL INCOME TAX DEDUCTION FOR FULL-TIME HOME HEALTH CARE COSTS. To establish a personal income tax deduction of up to sixty thousand dollars for the cost of full-time home health care, including, but not limited to, the cost of medical supplies and in-home services.		Referred to Joint Committee on Finance, Revenue and Bonding	<a href="#">Proposed Bill</a>		(Dead Bill)