



2025 Acts Affecting Seniors

By: Nicole Dube, Principal Analyst
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Notice to Readers

This report provides summaries of new laws (public acts) significantly affecting seniors enacted during the 2025 regular legislative session. OLR's other Acts Affecting reports are, or will soon be, available on [OLR's website](#).

Each summary indicates the public act (PA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden. Complete summaries of public acts are, or will soon be, available on [OLR's website](#).

Readers are encouraged to obtain the full text of acts that interest them from the [General Assembly's website](#) or the Connecticut State Library.

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Conservatorship, Taxes, and Retirement

Connecticut Retirement Security Program

This year, the legislature made several changes to the Connecticut Retirement Security Program, which generally provides state-administered Roth individual retirement accounts for eligible private-sector employees. Starting July 1, 2026, a new law extends the program to cover certain personal care attendants (PCAs) who provide personal care assistance under a state-funded program (such as the Connecticut Home Care Program for Elders). Among other things, the new law also creates a notice requirement and financial penalty for employers that fail to (1) enroll eligible employees in the program or (2) timely remit employee contributions to the program ([PA 25-30](#), effective July 1, 2025).

Conservator Appointment Expedited Process Study

A new law requires the probate court administrator and Department of Social Services (DSS) commissioner to evaluate the feasibility of establishing an expedited process to appoint a conservator for hospital emergency department patients who lack the capacity to consent to services, to ensure that these patients receive timely services and to help reduce emergency department crowding and boarding. By January 1, 2026, they must report on the evaluation and any legislative recommendations to the Public Health Committee ([PA 25-168](#), § 188, effective upon passage).

Conservator Working Group

Under a new law, the probate court administrator must convene a working group to study and make recommendations on issues facing conservators in the probate court system, including payment delays, fee waiver requirements, and compensation levels. The probate court administrator must report to the Judiciary Committee on the study's results by January 15, 2026 ([PA 25-48](#), § 7, effective July 1, 2025).

Involuntary Conservatorship Notice to Relatives

A new law expands the circumstances in which the required notice to certain relatives about an involuntary conservatorship application must be made by certified mail (in addition to the required notice to the respondent and spouse by personal service or specified alternate ways if this cannot be done). The act requires this if (1) DSS brought the conservatorship application for an elderly person who is being abused, neglected, exploited, or abandoned and lacks the capacity to consent to protective services or (2) the spouse is out of state, his or her address is unknown, or personal service or service at the spouse's usual residence cannot reasonably be done in the state. Prior law instead required the notice to certain relatives to be sent by certified mail if (1) DSS brought the

application as described above and (2) the respondent was unmarried or the spouse could not be located ([PA 25-48](#), § 5, effective upon passage).

Tax on Nursing Homes and Intermediate Care Facilities

The FY 26-27 budget and implementer act terminates the quarterly user fee on nursing homes and intermediate care facilities for individuals with intellectual disabilities (ICFs) as of July 1, 2026, and instead imposes a quarterly 6% tax on their revenue. Under the act, this tax will cease to apply if the federal Centers for Medicare and Medicaid Services (CMS) determines that it is an impermissible tax under federal law. If CMS issues this determination, the nursing home and ICF user fees are reinstated and apply starting with the calendar quarter during which the determination was made ([PA 25-168](#), §§ 359, 361, 363 & 364, effective July 1, 2026; provisions concerning the facilities' quarterly returns and payment extensions apply to calendar quarters starting on or after July 1, 2026).

Withholding for Certain Retirement Income Distributions

A new law suspends the income tax withholding requirement on lump sum distributions from pensions, annuities, and other specified sources from July 1, 2025, through December 31, 2026. But it requires payers (e.g., retirement plan servicers) to withhold taxes from these distributions if the payee has requested it.

By law, a "lump sum distribution" is a payment greater than \$5,000 or more than 50% of the payee's entire account balance, whichever is less, subject to certain exclusions. By law, as of January 1, 2025, income tax withholding is required for other (non-lump sum) distributions from pensions, annuities, and other specified sources only if the payee requests it ([PA 25-168](#), § 401, effective July 1, 2025).

Discrimination

Discrimination in Long-Term Care Facilities

Legislation enacted this session generally prohibits nursing homes and assisted living facilities (and their staff) from discriminating against residents based on their race, color, religious creed, sex, gender identity or expression, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, physical disability, status as a veteran, status as a victim of domestic violence, or HIV status. Among other things, it requires long-term care facilities to post a printed nondiscrimination notice, ensure direct care staff receive cultural competency training, and respect residents' physical privacy in the context of their care ([PA 25-17](#), § 1, effective October 1, 2025).

Health Care Discrimination

A new law specifically prohibits health care providers from knowingly discriminating in providing health care services due to various factors, including race, age, sexual orientation, or veteran status. But the act 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 act classifies discrimination by health care providers as a discriminatory practice under the Commission on Human Rights and Opportunities laws ([PA 25-154](#), effective October 1, 2025).

Another new law prohibits emergency departments, or health care providers providing care at them, from discriminating against a patient when providing emergency care based on various factors, including citizenship, age, insurance status, or race. But it is not discrimination for an emergency department provider to consider any of these factors if the provider believes it is medically significant to providing appropriate care ([PA 25-168](#), § 171, effective October 1, 2025).

Home- and Community-Based Care

Community Ombudsman Program

A new law expands the scope of the community ombudsman program in the Office of the Long-Term Care Ombudsman to cover a broader category of health, personal care, and supportive services. Specifically, it includes (1) DSS community-based programs, and (2) providers of home care to people with physical, cognitive, or mental health conditions to enhance quality of life, facilitate optimal functioning, and support independent living in a setting of the person's choice. The act also expands who is considered a home care provider by adding individuals who formally or informally offer direct home- and community-based long-term services and supports. Previously, only home health or hospice agencies and homemaker-companion agencies were considered home care providers ([PA 25-168](#), § 166, effective July 1, 2025).

Home Health Care and Hospice Worker Safety

The legislature made various changes to laws on staff safety for home health care and home health aide agencies ("home health agencies") and hospice agencies. Among other things, a new law:

1. generally requires health care providers, when referring or transferring a patient to a home health or hospice agency, to give the agency any documentation or information the provider has on the topics that home health agencies must collect during client intake (generally client and service location information);

2. extends to hospice agencies various existing requirements for home health agencies, such as on safety-related staff training and monthly safety assessments (and allows the assessments to occur through virtual meetings or other communication methods);
3. requires these agencies to create a system for staff to report violent incidents or threats; and
4. requires them to report threats or abuse against staff members by anyone, not just clients as under prior law, if related to the staff member's employment ([PA 25-168](#), §§ 184-186, effective October 1, 2025).

Insurance

Biomarker Testing

This session, the legislature passed a new law that generally requires health insurance policies to cover biomarker testing to diagnose and treat patient diseases, such as cancer. Use of the testing must be supported by medical and scientific evidence, such as federal Food and Drug Administration (FDA) approval, Medicare coverage determinations, or nationally recognized clinical guidelines. Generally, biomarker testing identifies certain gene mutations, proteins, or other molecules that help health care providers diagnose diseases and choose targeted treatments that may help improve patient outcomes ([PA 25-16](#), §§ 4 & 5, effective January 1, 2026).

Step Therapy Restrictions

The legislature limited a health carrier's use of step therapy under a new act. Step therapy is a prescription drug protocol that generally requires patients to try less expensive drugs before higher-cost drugs. The new act prohibits certain health insurance policies or contracts from requiring the use of step therapy for drugs used to treat multiple sclerosis or rheumatoid arthritis, as long as the drug complies with approved FDA indications. Additionally, the act makes permanent a prohibition on the use of step therapy for drugs used to treat schizophrenia, major depressive disorder, or bipolar disorder ([PA 25-94](#), §§ 4 & 5, effective January 1, 2026).

Long-Term Care Facilities

AEDs at Certain Long-Term Care Facilities

Legislation enacted this session requires administrators of nursing homes and certain managed residential communities (MRCs), by January 1, 2026, to have and maintain an automated external defibrillator (AED) in a central location at the home or MRC. They must (1) make the AED's location known and accessible to staff members and residents and their visiting family members and (2) maintain and test the AED according to the manufacturer's guidelines ([PA 25-168](#), § 179, effective October 1, 2025).

Long-Term Care Facility Employee Background Check

A new law requires all prospective employees at long-term facilities (whether direct hires or contracted positions) to undergo a criminal history and patient abuse background check under the Department of Public Health's (DPH) Long-Term Care Background Check Program. (Prior law required only those prospective employees with direct patient access to do so.) The act retains the existing requirement that volunteers complete a background check if the facility reasonably expects their duties will be substantially similar to employees with direct patient access.

By law, the Long-Term Care Background Check Program includes (1) state and national criminal history record checks; (2) a review of DPH's nurse's aide registry; and (3) a review of any other registry DPH specifies ([PA 25-16](#), § 1, effective October 1, 2025).

Long-Term Care Provider Rates and Other State Payments

The FY 26-27 budget and implementer act includes several provisions that affect rates and payments for various types of long-term care providers, such as:

1. increasing nursing home reimbursement rates to support wage increases for employees (i.e. nurses; nurse's aides; and dietary, housekeeping, laundry, maintenance, and plant operation personnel), within available appropriations in FYs 25-27 ([PA 25-168](#), § 332, effective July 1, 2025);
2. distributing supplemental funding in FYs 27 and 28 appropriated to promote workforce retention and high employee health and retirement security standards in long-term care facilities ([PA 25-168](#), §§ 333-335, effective July 1, 2025);
3. increasing reimbursement rates for intermediate care facilities for people with intellectual disabilities for FYs 26-28 and allowing certain facilities to receive fair rent increases and rate increases for specified capital improvements in FYs 26 and 27 ([PA 25-168](#), § 336, effective July 1, 2025);
4. allowing the Department of Social Services to give residential care homes a rate increase in FYs 26 and 27, within available appropriations, for certain capital costs as well as pro rata fair rent increases in these years, within available appropriations ([PA 25-168](#), § 337, effective July 1, 2025); and
5. freezing State Supplement Program (SSP) payment standards for FYs 26 and 27 instead of adjusting them annually for inflation as under prior law (SSP provides cash assistance to people who are aged, blind, or living with a disability) ([PA 25-168](#), § 348, effective July 1, 2025).

Managed Residential Community Alcohol Sales

A new law allows managed residential communities to hold a restaurant caterer permit to allow the community to serve alcohol at the daily scheduled meal on its premises as well as for on-site functions, occasions, or events ([PA 25-51](#), §§ 10, 18 & 19, effective October 1, 2025).

Residential Care Home Transfers and Discharges

Generally, if a residential care home involuntarily transfers or discharges a resident, the law requires the facility to give written notice at least 30 days in advance to the resident and (if known) the resident's legally liable relative, guardian, or conservator. A new law requires the written notice to include (1) the location to which the resident is being transferred or discharged and (2) an attestation by the facility that the notice was submitted to the Long-Term Care Ombudsman's website portal the same day it was given to the resident. If the information in the written notice changes before the resident's transfer or discharge, the facility must update the notice as soon as practically possible. It also requires these facilities to consider a resident's proximity to family and known support networks when, as required by existing law, they help residents find a new appropriate placement when leaving or being transferred from the facility ([PA 25-16](#), § 3, effective October 1, 2025).

Residential Care Home Working Group

A new law requires the state ombudsman, with the social services and public health commissioners, to convene a working group to examine (1) residential care home evacuation procedures and (2) if residential care homes should be required to use a mutual aid digital platform that supports the risk management needs of health care organizations (e.g., solutions for emergency management and inspections).

The working group must report its findings and recommendations to the Aging, Human Services, and Public Health committees, by January 1, 2026 ([PA 25-16](#), § 8, effective upon passage).

Nursing Homes

DSS Quality Reimbursement Program for Nursing Homes

By law, DSS is transitioning from a cost-based Medicaid reimbursement system for nursing homes to an acuity-based system that reimburses facilities based on residents' level of care. A new law effectuates this transition by authorizing DSS, starting October 1, 2026, and within available appropriations, to establish a quality metrics program to pay nursing homes (1) for achieving high quality outcomes based on their performance on the program's quality metrics and (2) to

incentivize providing high-quality services to Medicaid residents, based on individualized reports existing law requires DSS to give them.

Under the act, the program must evaluate nursing homes based on national quality measures issued by CMS and state-administered consumer satisfaction measures. It requires DSS to report on the program's implementation by February 1, 2027, to the Appropriations and Human Services committees ([PA 25-168](#), § 167, effective October 1, 2025).

Nursing Home Transfers

A new law requires all Medicaid certified nursing facilities, Medicare certified skilled nursing facilities, and nursing homes to consider a resident's proximity to family and known support networks when, as required by existing law, they help residents find a new appropriate placement when leaving or being transferred from the facility ([PA 25-16](#), § 7, effective upon passage).

Nursing Home Waiting List Exception

This session, the legislature granted additional exceptions to the state's nursing home waiting list law. Generally, this law requires Medicaid-certified nursing homes to (1) admit residents on a first-come, first-served basis, regardless of their payment source and (2) keep waiting lists of and admit applicants in the order they are received, with certain exceptions (e.g., when an applicant directly transfers from a home that is closing).

One new law generally requires a nursing home to disregard its waiting list and admit an applicant who seeks to transfer from a nursing home that (1) has filed a certificate of need (CON) request (but before the social services commissioner decides on the request) and (2) has five residents or less.

But under this act, nursing homes are not required to admit these applicants under certain circumstances, such as when the nursing home determines that the applicant does not (1) have a payor source because they were denied Medicaid eligibility or (2) require a nursing home level of care according to law. The same exceptions apply under existing law for certain other transfers ([PA 25-16](#), § 9, effective October 1, 2025).

A second new law requires nursing homes to admit a veteran regardless of the waiting list if the (1) nursing home has a contract with the U.S. Department of Veterans Affairs (U.S. DVA) to provide care for veterans and (2) veteran applicant meets U.S. DVA's service-connected and other applicable eligibility criteria and is eligible for care at the nursing home ([PA 25-15](#), § 10, effective July 1, 2025).

Tuition Waivers for Nursing Home Residents

A new law generally requires the Board of Regents for Higher Education to waive tuition fees at any of the regional community-technical colleges for nursing home residents, regardless of age, who enroll in any course at these colleges. To qualify, nursing home residents must be a resident of the facility for at least 30 days. In addition, there must be enough other students enrolled in the course to offer it, and space available in the course after accommodating these other students.

Under existing law, state residents 62 years of age or older are eligible to have their tuition waived at the regional community-technical colleges if there are enough other students and space available after accommodating them ([PA 25-16](#), § 6, effective upon passage).

Miscellaneous

Alzheimer's Disease and Dementia Task Force

A new law establishes an Alzheimer's Disease and Dementia Task Force to (1) examine the needs of people living with Alzheimer's or dementia, services available to them and their family caregivers, and health care providers' ability to meet the needs of people living with Alzheimer's or dementia and (2) develop a state Alzheimer's plan. The act requires the task force to annually report, beginning by January 1, 2027, to the governor and the Aging, Human Services, and Public Health committees. The report must include recommendations for implementing the state Alzheimer's plan and identify any implementation barriers. The task force must update the plan every four years ([PA 25-16](#), § 2, effective October 1, 2025).

Reduced Fare for Public Buses

Legislation enacted this session requires the Department of Transportation to give up to a 50% fare discount for state-owned or -controlled public buses to veterans, people ages 65 or older, people ages 18 or younger, and people with disabilities ([PA 25-65](#), § 37, effective October 1, 2025).

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