



House of Representatives

General Assembly

File No. 446

February Session, 2026

Substitute House Bill No. 5562

House of Representatives, April 7, 2026

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING VARIOUS REVISIONS TO HUMAN SERVICES STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 19a-697 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July 1,*
3 *2026*):

4 (b) A managed residential community shall post in a prominent place
5 in the managed residential community the resident's bill of rights,
6 including those rights set forth in subsection (a) of this section. The
7 posting of the resident's bill of rights shall include contact information
8 for (1) the Department of Public Health and the Office of the State Long-
9 Term Care Ombudsman, including the names, addresses and telephone
10 numbers of persons within such agencies who handle questions,
11 comments or complaints concerning managed residential community,
12 and (2) the Department of Social Services to report the suspected abuse,
13 neglect, exploitation or abandonment of an elderly person, or that an
14 elderly person may be in need of protective services.

15 Sec. 2. Subsection (d) of section 17b-105a of the general statutes is
16 repealed and the following is substituted in lieu thereof (*Effective from*
17 *passage*):

18 (d) Not later than December 31, 2024, the Commissioner of Social
19 Services shall enter into a contract with an outside vendor to update the
20 system utilized by the Department of Social Services to administer the
21 supplemental nutrition assistance program for the purpose of enabling
22 the department to stagger the distribution of program benefits so that
23 benefits are distributed, in accordance with federal law, to cohorts of
24 program beneficiaries designated by the commissioner at multiple
25 intervals during each month. Not later than March 1, 2026, the
26 commissioner shall commence staggering the distribution of such
27 benefits to such cohorts of beneficiaries each month, in accordance with
28 federal law. Not later than April 1, 2026, [and annually thereafter,] the
29 commissioner shall report, in accordance with the provisions of section
30 11-4a, to the joint standing committee of the General Assembly having
31 cognizance of matters relating to human services regarding the
32 staggering of distribution benefits pursuant to this subsection.

33 Sec. 3. Subsection (c) of section 17a-247b of the 2026 supplement to
34 the general statutes is repealed and the following is substituted in lieu
35 thereof (*Effective from passage*):

36 (c) The department shall make information in the registry available
37 only to: (1) Authorized agencies, for the purpose of protective service
38 determinations; (2) employers who employ employees to provide
39 services to an individual who receives services or funding from the
40 department or the Medicaid waiver program for autism spectrum
41 disorder administered by the Department of Social Services, as
42 described in section 17a-215c; (3) the Departments of Children and
43 Families, Mental Health and Addiction Services, Social Services and
44 Administrative Services and the Office of Labor Relations, for the
45 purpose of determining whether an applicant for employment with the
46 Departments of Children and Families, Developmental Services, Mental
47 Health and Addiction Services and Social Services appears on the

48 registry; (4) the Office of the Probate Court Administrator, for the
49 purpose of determining whether a person proposed for appointment as
50 a guardian pursuant to part V of chapter 802h appears on the registry;
51 or (5) charitable organizations that recruit volunteers to support
52 programs for persons with intellectual disability or autism spectrum
53 disorder, upon application to and approval by the commissioner, for
54 purposes of conducting background checks on such volunteers.

55 Sec. 4. Section 46a-175 of the general statutes is repealed and the
56 following is substituted in lieu thereof (*Effective July 1, 2026*):

57 (a) There is established a Lesbian, Gay, Bisexual, Transgender and
58 Queer Justice and Opportunity Network to make recommendations to
59 the state legislative, executive and judicial branches of government
60 concerning the delivery of access and opportunity services to lesbian,
61 gay, bisexual, transgender and queer persons in the state.

62 (b) The network shall work to build a more just, safer and healthier
63 environment for gay, lesbian, bisexual, transgender and queer persons
64 by (1) conducting a needs analysis, within available appropriations, (2)
65 collecting additional data on the access and opportunity needs of such
66 persons as necessary, (3) informing state policy through reports
67 submitted at least biennially, in accordance with the provisions of
68 section 11-4a, to the joint standing committees of the General Assembly
69 having cognizance of matters relating to the judiciary, public health,
70 human services, appropriations and the budgets of state agencies, other
71 legislative committees as necessary, the Governor and the Chief Court
72 Administrator, and (4) building organizational member capacity,
73 leadership and advocacy across the geographic and social spectrum of
74 the lesbian, gay, bisexual, transgender and queer community.

75 (c) The network membership shall reflect the diversity of the lesbian,
76 gay, bisexual, transgender and queer community and include, but need
77 not be limited to, the following members, or their designees, appointed
78 jointly by the speaker of the House of Representatives and the president
79 pro tempore of the Senate:

80 (1) [The president of Connecticut Latinas/os Achieving Rights and
81 Opportunities (CLARO)] A health care provider, licensed pursuant to
82 chapter 370 or 378, serving the lesbian, gay, bisexual, transgender and
83 queer community;

84 (2) [The executive director of the Safe Harbor Project] A mental health
85 provider, licensed pursuant to chapter 370 or 383, serving the lesbian,
86 gay, bisexual, transgender and queer community;

87 (3) [The executive director of the New Haven Pride Center] A
88 representative of an organization that works to improve the health of
89 people living with HIV/ AIDS;

90 (4) [The executive director of the Triangle Community Center in
91 Norwalk] An attorney representative of an organization that works to
92 eliminate LGBTQ+ discrimination, who is admitted to practice pursuant
93 to chapter 876;

94 (5) [The executive director of Advancing CT Together] A
95 representative of an organization that works with lesbian, gay, bisexual,
96 transgender and queer youth;

97 (6) [The executive director of the Connecticut chapter of the Gay,
98 Lesbian & Straight Education Network (GLSEN)] A representative of an
99 organization that works with lesbian, gay, bisexual, transgender and
100 queer elderly persons;

101 (7) [The executive director of the Rainbow Center at The University
102 of Connecticut] A veteran who is lesbian, gay, bisexual, transgender or
103 queer;

104 (8) [The executive director of the Hartford Gay and Lesbian Health
105 Collective] A representative from a lesbian, gay, bisexual, transgender
106 and queer corporate employee affinity group;

107 (9) [The executive director of the Connecticut Transadvocacy
108 Coalition] An educator who is lesbian, gay, bisexual, transgender or
109 queer;

110 (10) [The president of OutCT in New London] A representative of an
111 organization that works with a resettlement community providing
112 support for refugees and other immigrants;

113 (11) [The executive director of the Queer Unity Empowerment
114 Support Team] An executive director of a lesbian, gay, bisexual,
115 transgender or queer community center;

116 (12) [The executive director of the Commission on Women, Children,
117 Seniors, Equity and Opportunity] A representative of an organization
118 that works with the disability community;

119 (13) [A lesbian, gay, bisexual, transgender or queer physician,
120 licensed pursuant to chapter 370, appointed by the speaker of the House
121 of Representatives] A representative of an affirming interfaith
122 organization that works to welcome and include diverse communities,
123 including, but not limited to, lesbian, gay, bisexual, transgender and
124 queer persons;

125 (14) [A member of the LGBT Aging Advocacy coalition, appointed by
126 the Governor] A parent or caregiver of a lesbian, gay, bisexual,
127 transgender or queer child;

128 (15) [The president of Connecticut Community Care;] The executive
129 director of the Commission on Women, Children, Seniors, Equity and
130 Opportunity; and

131 [(16) The executive director of A Place to Nourish Your Health;

132 (17) The executive director of Kamora's Cultural Corner;

133 (18) A lesbian, gay, bisexual, transgender or queer provider of mental
134 health services, licensed pursuant to chapter 370 or 383;

135 (19) The executive director of Apex Community Care; and

136 (20) The executive director of Queer Youth Program of Connecticut.]

137 (16) Not more than nine at-large representatives with an interest in

138 furthering state policy specific to the interests and welfare of lesbian,
139 gay, bisexual, transgender and queer persons.

140 (d) Members shall serve at the will of the speaker of the House of
141 Representatives and the president pro tempore of the Senate, who may
142 each appoint additional members pursuant to subdivision (16) of
143 subsection (c) of this section and set term limits for each member.
144 Appointments to the network shall be made not later than [sixty days
145 after July 1, 2019] September 1, 2026. Members shall choose
146 chairpersons. Any vacancy shall be filled by the speaker of the House of
147 Representatives, acting in consultation with the president pro tempore
148 of the Senate.

149 (e) The administrative staff of the Commission on Women, Children,
150 Seniors, Equity and Opportunity shall, within available appropriations,
151 provide administrative support to the network.

152 (f) Members shall adopt bylaws for the conduct of the network's
153 business and shall annually elect from among the members officers as
154 may be designated in the bylaws. The bylaws may provide for (1)
155 alternate representatives of the network to attend and vote at any
156 meeting in place of absent representatives, (2) an executive committee
157 of the network and for additional committees, including, but not limited
158 to, nonvoting advisory committees, (3) procedures to address
159 nonattendance by members, including, but not limited to, standards for
160 participation, notice requirements and potential consequences for
161 repeated or unexcused absences, and (4) procedures for adopting a
162 governance model.

163 Sec. 5. Subsection (a) of section 17b-338 of the general statutes is
164 repealed and the following is substituted in lieu thereof (*Effective from*
165 *passage*):

166 (a) There is established a Long-Term Care Advisory Council which
167 shall consist of the following: (1) The executive director of the
168 Commission on Women, Children, Seniors, Equity and Opportunity, or
169 the executive director's designee; (2) the State Nursing Home

170 Ombudsman, or the ombudsman's designee; (3) the president of the
171 Coalition of Presidents of Resident Councils, or the president's designee;
172 (4) the executive director of the Legal Assistance Resource Center of
173 Connecticut, or the executive director's designee; (5) the state president
174 of AARP, or the president's designee; (6) one representative of a
175 bargaining unit for health care employees, appointed by the president
176 of the bargaining unit; (7) the president of LeadingAge Connecticut &
177 Rhode Island, Inc., or the president's designee; (8) the president of the
178 Connecticut Association of Health Care Facilities, or the president's
179 designee; (9) the president of the Connecticut Association of Residential
180 Care Homes, or the president's designee; (10) the president of the
181 Connecticut Hospital Association or the president's designee; (11) the
182 executive director of the Connecticut Assisted Living Association or the
183 executive director's designee; (12) the executive director of the
184 Connecticut Association for Homecare or the executive director's
185 designee; (13) the president of Connecticut Community Care, Inc. or the
186 president's designee; (14) one member of the Connecticut Association of
187 Area Agencies on Aging appointed by the agency; (15) the president of
188 the Connecticut chapter of the Connecticut Alzheimer's Association;
189 (16) one member of the Connecticut Association of Adult Day Centers
190 appointed by the association; (17) the president of the Connecticut
191 Chapter of the American College of Health Care Administrators, or the
192 president's designee; (18) the president of the Connecticut Council for
193 Persons with Disabilities, or the president's designee; (19) the president
194 of the Connecticut Association of Community Action Agencies, or the
195 president's designee; (20) a personal care attendant appointed by the
196 speaker of the House of Representatives; (21) a person who, in a home
197 setting, cares for a person with a disability and is appointed by the
198 president pro tempore of the Senate; (22) three persons with a disability
199 appointed one each by the majority leader of the House of
200 Representatives, the majority leader of the Senate and the minority
201 leader of the House of Representatives; (23) a legislator who is a member
202 of the Long-Term Care Planning Committee; (24) one member who is a
203 nonunion home health aide appointed by the minority leader of the
204 Senate; and (25) the executive director of the nonprofit entity designated

205 by the Governor in accordance with section 46a-10b to serve as the
206 Connecticut protection and advocacy system or the executive director's
207 designee.

208 Sec. 6. Subsection (d) of section 19a-127l of the general statutes is
209 repealed and the following is substituted in lieu thereof (*Effective from*
210 *passage*):

211 (d) The advisory committee shall consist of (1) four members who
212 represent and shall be appointed by the Connecticut Hospital
213 Association, including three members who represent three separate
214 hospitals that are not affiliated of which one such hospital is an
215 academic medical center; (2) one member who represents and shall be
216 appointed by the Connecticut Nursing Association; (3) two members
217 who represent and shall be appointed by the Connecticut Medical
218 Society, including one member who is an active medical care provider;
219 (4) two members who represent and shall be appointed by the
220 Connecticut Business and Industry Association, including one member
221 who represents a large business and one member who represents a
222 small business; (5) one member who represents and shall be appointed
223 by the Home Health Care Association; (6) one member who represents
224 and shall be appointed by the Connecticut Association of Health Care
225 Facilities; (7) one member who represents and shall be appointed by
226 LeadingAge Connecticut & Rhode Island, Inc.; (8) two members who
227 represent and shall be appointed by the AFL-CIO; (9) one member who
228 represents consumers of health care services and who shall be
229 appointed by the Commissioner of Public Health; (10) one member who
230 represents a school of public health and who shall be appointed by the
231 Commissioner of Public Health; (11) the Commissioner of Public Health
232 or said commissioner's designee; (12) the Commissioner of Social
233 Services or said commissioner's designee; (13) the Secretary of the Office
234 of Policy and Management or said secretary's designee; (14) two
235 members who represent licensed health plans and shall be appointed by
236 the Connecticut Association of Health Care Plans; (15) one member who
237 represents and shall be appointed by the federally designated state peer
238 review organization; and (16) one member who represents and shall be

239 appointed by the Connecticut Pharmaceutical Association. The
240 chairperson of the advisory committee shall be the Commissioner of
241 Public Health or said commissioner's designee. The chairperson of the
242 committee, with a vote of the majority of the members present, may
243 appoint ex-officio nonvoting members in specialties not represented
244 among voting members. Vacancies shall be filled by the person who
245 makes the appointment under this subsection.

246 Sec. 7. Subsection (b) of section 19a-515 of the general statutes is
247 repealed and the following is substituted in lieu thereof (*Effective from*
248 *passage*):

249 (b) Each licensee shall complete a minimum of forty hours of
250 continuing education every two years, including, but not limited to,
251 training in (1) Alzheimer's disease and dementia symptoms and care,
252 and (2) infection prevention and control. Such two-year period shall
253 commence on the first date of renewal of the licensee's license after
254 January 1, 2004. The continuing education shall be in areas related to the
255 licensee's practice. Qualifying continuing education activities are
256 courses offered or approved by the Connecticut Association of
257 Healthcare Facilities, LeadingAge Connecticut & Rhode Island, Inc., the
258 Connecticut Assisted Living Association, the Connecticut Alliance for
259 Subacute Care, Inc., the Connecticut Chapter of the American College of
260 Health Care Administrators, the Association For Long Term Care
261 Financial Managers, the Alzheimer's Association or any accredited
262 college or university, or programs presented or approved by the
263 National Continuing Education Review Service of the National
264 Association of Boards of Examiners of Long Term Care Administrators,
265 the Association for Professionals in Infection Control and Epidemiology
266 or by federal or state departments or agencies.

267 Sec. 8. Subsection (b) of section 309 of public act 23-204 is repealed
268 and the following is substituted in lieu thereof (*Effective from passage*):

269 (b) The Department of Social Services or its agent shall consult with
270 health care providers with expertise regarding gender-affirming care in
271 developing and updating coverage policy for gender-affirming care in

272 the HUSKY Health program. [The Commissioner of Social Services shall
 273 provide a report not less than annually regarding coverage of gender-
 274 affirming care in the HUSKY Health program to the Council on Medical
 275 Assistance Program Oversight established pursuant to section 17b-28 of
 276 the general statutes for review and comment.]

277 Sec. 9. (*Effective July 1, 2026*) The provisions of 42 CFR 483.45(e) with
 278 respect to the provision of anti-psychotic pharmaceuticals to a resident
 279 of a nursing home and 42 CFR 483.10(c) with respect to informed
 280 consent to treatment by a resident of a nursing home, adopted as of
 281 January 1, 2026, shall apply to the provisions of the general statutes in
 282 the same manner and with the same force and effect as if the language
 283 of the federal regulations had been incorporated in full into the general
 284 statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2026</i>	19a-697(b)
Sec. 2	<i>from passage</i>	17b-105a(d)
Sec. 3	<i>from passage</i>	17a-247b(c)
Sec. 4	<i>July 1, 2026</i>	46a-175
Sec. 5	<i>from passage</i>	17b-338(a)
Sec. 6	<i>from passage</i>	19a-1271(d)
Sec. 7	<i>from passage</i>	19a-515(b)
Sec. 8	<i>from passage</i>	PA 23-204, Sec. 309(b)
Sec. 9	<i>July 1, 2026</i>	New section

Statement of Legislative Commissioners:

The effective date of Section 4 was changed to July 1, 2026, for internal consistency with the provisions of Section 4(d); in Section 4(c)(4) "licensed" was changed to "admitted to practice" for accuracy; and in Section 9, "42 CFR 483.45" was changed to "42 CFR 483.45(e)", "42 CFR 483.10" was changed to "42 CFR 483.10(c)", and the sentence was rewritten, for clarity.

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill has no fiscal impact as it makes various changes that are technical or conforming in nature, can be met by existing agency expertise, or are not applicable to the state or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5562****AN ACT CONCERNING VARIOUS REVISIONS TO HUMAN SERVICES STATUTES.****SUMMARY**

This bill makes unrelated changes in human services-related laws, as described in the section-by-section analysis below.

EFFECTIVE DATE: Various, see below

§ 1 — POSTING AT MANAGED RESIDENTIAL COMMUNITIES

Requires managed residential communities to post DSS contact information to report suspected abuse, neglect, exploitation, or abandonment of an elderly person, or that an elderly person may need protective services

Current law requires managed residential communities to prominently post a resident's bill of rights, including contact information for the Department of Public Health (DPH) and the Office of the State Long-Term Care Ombudsman. The bill expands this required posting to include contact information for the Department of Social Services (DSS) to report suspected abuse, neglect, exploitation, or abandonment of an elderly person, or that an elderly person may need protective services.

A managed residential community is a for-profit or nonprofit facility consisting of private residential units that provide a managed group living environment with housing and services for people primarily age 55 and over (assisted living facilities). The term excludes state-funded congregate housing facilities.

EFFECTIVE DATE: July 1, 2026

§ 2 — REPORT ON SNAP BENEFIT DISTRIBUTION

Requires DSS to report to the Human Services Committee on staggering SNAP benefits one time rather than annually

Existing law requires DSS to distribute Supplemental Nutrition Assistance Program (SNAP) benefits to cohorts of beneficiaries at multiple intervals during the month (implement a staggered distribution), starting March 1, 2026. Current law requires DSS to report on this to the Human Services Committee annually, starting by April 1, 2026. The bill makes this report a one-time requirement.

EFFECTIVE DATE: Upon passage

§ 3 — DDS FORMER EMPLOYEE REGISTRY ACCESS

Broadens access to DDS' registry of former employees terminated or separated from employment due to substantiated abuse or neglect

Existing law requires the Department of Developmental Services (DDS) to maintain a registry of certain former employees who were fired from or left their jobs due to substantiated abuse or neglect and makes the registry available to specified agencies, employers, and charitable organizations. The bill additionally requires DDS to make the registry available to employers of service providers for people who get services or funding from DSS' Medicaid waiver for autism spectrum disorder.

EFFECTIVE DATE: Upon passage

§ 4 — LGBTQ JUSTICE AND OPPORTUNITY NETWORK

Makes changes to the network's membership and sets requirements for its bylaws

Existing law establishes a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Justice and Opportunity Network to make recommendations to the state government on the delivery of access and opportunity services to LGBTQ people in the state.

The bill changes the network's membership by removing all the required members under current law and replacing them with members appointed jointly by the House speaker and Senate president pro tempore. The bill requires the network's membership to reflect the diversity of the LGBTQ community. Under the bill, members include:

1. a health care provider, licensed in medicine and surgery or nursing, serving the LGBTQ community;

2. a mental health provider, licensed in medicine and surgery or psychology, serving the LGBTQ community;
3. a representative of an organization working to improve the health of people with HIV/AIDS;
4. a licensed attorney representing an organization working to eliminate LGBTQ+ discrimination;
5. an LGBTQ youth organization representative;
6. an LGBTQ elderly organization representative;
7. an LGBTQ veteran;
8. an LGBTQ corporate employee affinity group representative;
9. an LGBTQ educator;
10. a representative of an organization that works with a resettlement community supporting refugees and other immigrants;
11. an LGBTQ community center executive director;
12. a representative of an organization working with the disability community;
13. a representative of an affirming interfaith organization working to welcome and include diverse communities, including LGBTQ people;
14. a parent or caregiver of an LGBTQ child;
15. the Commission on Women, Children, Seniors, Equity and Opportunity executive director; and
16. up to nine at-large representatives with an interest in furthering state policy specific to LGBTQ persons' interests and welfare.

The bill requires appointments to be made to the board by September 1, 2026. As under existing law, members serve at the will of the House speaker and Senate president pro tempore, who set term limits for each member.

The bill also requires network members to (1) adopt bylaws to conduct network business and (2) annually elect officers, as bylaws may designate, from among the members. Bylaws may include:

1. alternate representatives of the network to attend and vote at any meeting in place of absent representatives;
2. an executive committee of the network and additional committees, including nonvoting advisory committees;
3. procedures to address member nonattendance, including participation standards, notice requirements, and potential consequences for repeated or unexcused absences; and
4. procedures for adopting a governance model.

EFFECTIVE July 1, 2026

§§ 5-7 — ORGANIZATION NAME CHANGE

Renames “LeadingAge Connecticut” as “LeadingAge Connecticut & Rhode Island”

The bill renames “LeadingAge Connecticut” as “LeadingAge Connecticut & Rhode Island” in laws on committees and councils that include the organization as member.

EFFECTIVE DATE: Upon passage

§ 8 — ELIMINATED REPORTING REQUIREMENT

Eliminates a requirement that DSS report at least annually to MAPOC on gender-affirming care coverage

Current law requires DSS to report at least annually to the Council on Medical Assistance Program Oversight (MAPOC) on gender-affirming care coverage in the HUSKY Health Program (which includes Medicaid and the State Children’s Health Insurance Program). The bill eliminates

this requirement.

EFFECTIVE DATE: Upon passage

§ 9 — FEDERAL REGULATIONS CONCERNING NURSING HOME RESIDENTS

Incorporates into state law by reference federal regulations on (1) giving antipsychotic pharmaceuticals to a nursing home resident and (2) a nursing home resident’s informed consent to treatment

The bill incorporates the provisions of two federal regulations into state law by reference. The bill incorporates these regulations as adopted as of January 1, 2026, and requires that they apply in the same way and with the same force and effect as if the language of the federal regulations had been incorporated in full into the general statutes.

Specifically, the bill incorporates the provisions of 42 C.F.R. § 483.45(e) with respect to the provision of antipsychotic pharmaceuticals to a nursing home resident. These regulations set requirements for nursing home facilities when administering psychotropic drugs to residents. Among other things, they require facilities to ensure that residents who use psychotropic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, to discontinue these drugs.

The bill incorporates the provisions of 42 C.F.R. § 483.10(c) with respect to a nursing home resident’s informed consent to treatment. Among other things, these regulations give a resident the right to be informed of and participate in their treatment, including the right to (1) participate in developing and implementing a person-centered care plan and (2) request, refuse, or discontinue treatment.

EFFECTIVE DATE: July 1, 2026

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 23 Nay 0 (03/19/2026)