



# End-of-Session Report for CT Nurses Association

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The 2025 session of the Connecticut General Assembly closed on June 4, 2025, with several major legislative actions across fiscal policy, education, housing, the environment, health care, and consumer protection. Lawmakers approved a \$55.8 billion biennial state budget, emphasizing increased investments in education, social services, and targeted tax relief for low-income families. Accompanying the budget was a \$6.6 billion bonding package that funds infrastructure priorities such as school construction, clean energy projects, and security upgrades for religious institutions.

A central legislative priority this year was childcare expansion. Lawmakers established a Universal Preschool Trust with an initial \$300 million investment, aiming to create 16,000 new daycare slots by 2027. These slots will be free or subsidized depending on family income. In addition, the budget allocates \$60 million over two years to enhance special education services statewide. In housing policy, the legislature passed the “Work, Live, Ride” initiative to encourage transit-oriented development and increase affordable housing near public transportation hubs. While the legislation includes targets for affordable housing in municipalities, this component remains controversial and may be subject to future negotiation or revision.

On environmental issues, House Bill 5004 sets a legally binding goal for Connecticut to reach net-zero greenhouse gas emissions by 2050. The legislation also creates a Clean Economy Council to develop transition strategies. To alleviate energy costs, lawmakers passed a bill to reduce electricity rates by approximately \$200 per year for residential consumers.

Health care saw substantial attention, with budget increases for Medicaid and initiatives to expand children's behavioral health services. Legislation was also introduced to lower prescription drug prices, aligning with broader affordability goals. In public safety, the state allocated funding to develop a new police training facility at Central Connecticut State University, aiming to modernize law enforcement education and preparation.

Consumer protection measures were advanced as well. Legislation was passed to ensure transparency in artificial intelligence applications and to bolster data privacy for consumers. A separate bill focused on social media regulation, mandating that platforms verify user age and obtain parental consent before allowing minors to engage with algorithm-driven recommendation systems.

## Bills passed during the 2025 session:

### House Bill No. 7287 (Budget) – Passed Public Act No. 25-168 (signed by the Governor)

AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2027, AND MAKING APPROPRIATIONS THEREFORE, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00168-R00HB-07287-PA.PDF>

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#### **Summary:**

Connecticut's biennial budget for fiscal years 2026 and 2027 totals approximately \$55.8 billion, allocating \$27.1 billion for 2026 and \$28.6 billion for 2027. It remains within the state's statutory spending cap while increasing appropriations across nearly all departments, including significant funding boosts for education, health care, social services, and public safety. The budget includes Medicaid enhancements, support for community-based nonprofits, and a wide range of grants targeting youth services, education programs, housing support, and workforce development. It also features provisions for salary adjustments, hospital rate negotiations, and compliance with federal funding requirements, while enabling flexible transfers between agencies to maximize federal reimbursements. Numerous grants are earmarked for local organizations, municipalities, and special initiatives across sectors. House Amendment Schedule "A" LCO 10255 adjusts the budget to include increases in appropriations for programs such as housing/homeless services, state employee health services, and other expenses across multiple agencies. It allocates new funds for initiatives like teacher residency programs and disconnected youth programming, repeals or amends several legislative sections, and introduces a new law criminalizing the dissemination of intimate synthetically created images. Additionally, it enacts the PA Licensure Compact, enabling cross-state physician assistant licensure, mandates fingerprint-based background checks for PA licensure, and clarifies property tax exemptions and collection procedures. The amendment outlines detailed revenue estimates and funding sources across various funds including the General Fund, Special Transportation Fund, and others to support these appropriations.

Due to its volume, a link to the budget summary can be found at:

<https://www.cga.ct.gov/2025/BA/PDF/2025HB-07287-R01-BA.PDF>

**§§ 126-130 — TELEHEALTH PRESCRIPTION OF OPIOIDS** - Specifically allows opioids to be prescribed through telehealth as part of medication-assisted treatment or to treat a psychiatric disability or substance use disorder.

**§ 134 — MATERNITY CARE REPORT CARD** - Requires the DPH commissioner to (1) establish an annual maternity care report card for birth centers and hospitals that provide obstetric care, (2) establish an advisory committee to establish the report card's contents, and (3) adjust the report card based on patient acuity levels. **HB 7214 “An Act Concerning Maternal Health”, passed, please see later in the report, which includes RN and Certified Nurse Midwife representation.**

**§§ 158 & 159 — PFAS IN JUVENILE PRODUCTS** - Renames “children’s products” as “juvenile products” in the law that regulates the sale and use of certain products containing PFAS. **CT Nurses’ Association continues to work for the removal of toxic chemicals from products and the environment in collaboration with Clean Water Action.**

**\*Sections 183-200, 203 below were formerly SB 7, “An Act An Act Concerning Protections for Access to Healthcare and the Equitable Delivery of Healthcare Services in the State”**

**§ 183 — WATER FLUORIDATION** - Codifies the amount of fluoride that water companies must add to the water supply, rather than tying the amount to federal recommendations.

**§ 184 — FEDERAL RECOMMENDATION ADVISORY COMMITTEE** - Allows DPH to create an advisory committee on matters related to CDC and FDA recommendations. **This section was originally included in SB 7. CNA testified on the bill and recommended a nurse be included on the advisory committee. The committee may include “anyone else the commissioner determines would be beneficial”. CNA will monitor, if needed, in the future.**

**§§ 185 & 186 — EMERGENCY DEPARTMENTS AND EMERGENCY CARE PROVIDERS** - Requires hospital emergency departments to provide services related to pregnancy complications when necessary; prohibits emergency departments, or their providers, from discriminating on various bases; requires hospitals to comply with the federal EMTALA, and DPH to adopt certain EMTALA-related provisions into state regulations if the federal law is revoked; allows DPH to take disciplinary action against hospitals or providers who violate these provisions.



**§ 187 — SAFE HARBOR ACCOUNT** - Creates an account funded by private sources to award grants to nonprofit organizations that provide funding for reproductive or gender-affirming health care services or collateral costs related to these services.

**§§ 188 & 189 — OPIOID USE DISORDER** - Declares opioid use disorder to be a public health crisis in the state and requires the Alcohol and Drug Policy Council to convene a working group to set goals to combat this disorder's prevalence.

**§ 190 — PUBLIC HEALTH URGENT COMMUNICATION ACCOUNT** - Creates an account to fund DPH communications during public health emergencies.

**§ 191 — EMERGENCY PUBLIC HEALTH FINANCIAL SAFEGUARD ACCOUNT** - Creates an account to address unexpected shortfalls in public health funding.

**§ 192 — SUDEP INFORMATION** - Requires physicians, APRNs, and PAs who regularly treat patients with epilepsy to give them information on sudden unexpected death in epilepsy.

**§ 193 — AEDS AT CERTAIN LONG-TERM CARE FACILITIES** - Requires nursing homes and certain managed residential communities to have an AED in a central location.

**§ 194 — PANCREATIC CANCER SCREENING PROGRAM** - Requires DPH, within available appropriations, to create a pancreatic cancer screening and treatment referral program.

**§ 195 — EMS ADMINISTERING GLUCAGON NASAL POWDER** - Requires EMS personnel to receive training on administering glucagon and allows them to administer glucagon nasal powder when necessary.

**§ 196 — HOSPITAL FINANCIAL ASSISTANCE PORTAL** - Requires OHA to contract with a vendor to develop an online hospital financial assistance portal for patients and their family members.

**§ 197 — FOOD CODE REVISIONS** - Requires the DPH commissioner to adopt into the state's food code any FDA food code revision issued by the end of 2024, and gives her the discretion to adopt other supplements to the federal code.

**§§ 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. **CNA testified before the Public Health Committee in support of 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” which was incorporated into the budget bill, HB 7287. CNA also participated on the working group to study staff safety issues affecting home healthcare and home health aide agencies.**

**§ 203 — HOSPITAL REPORTING ON EMERGENCY DEPARTMENTS** - Adds to the required recipients of hospitals' annual reports analyzing emergency department data.

**§§ 206-211 — LACTATION CONSULTANT LICENSURE** - Creates a DPH licensure program for lactation consultants; allows unlicensed people meeting specified criteria to practice lactation consulting or provide related services, if they do not refer to themselves as “lactation consultants”.

**§ 279 — UNLAWFUL DISSEMINATION OF AN INTIMATE SYNTHETIC IMAGE** - Establishes a new crime of unlawful dissemination of an intimate synthetically created image that is generally similar to the existing crime of unlawful dissemination of an intimate image; penalties vary based on (1) how the person distributed the image (including the number of recipients and how it was sent) and (2) whether the person intended to harm the victim.

**§§ 301-311 — REPRODUCTIVE AND GENDER-AFFIRMING HEALTH CARE SERVICES (formerly HB 7135)** - Subjects covered entities' business associates to existing law's disclosure limitations; requires the entities and for certain patient information; specifies that gender-affirming health care services do not include conversion therapy for anyone under age 18.

**§§ 354-359 — NURSING HOME MEDICAID RATES** - Prohibits DSS from rebasing nursing home costs in FY 26; eliminates inflation adjustments for nursing homes in FYs 26 and 27; requires DSS to (1) amend the Medicaid state plan to extend the case mix neutrality limit as needed to remain within available appropriations; (2) increase nursing home reimbursement rates to support wage increases for employees, within available appropriations, in FYs 25-27; and (3) distribute 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.

**§ 369 — SCHOOL-BASED HEALTH CLINIC BILLING** - Requires the Transforming Children's Behavioral Health Policy and Planning Committee to develop a

framework and operational guidelines to streamline municipal Medicaid billing for Medicaid-eligible school-based behavioral health services.

**§§ 375-377 — FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)** - Requires DSS to provide an alternative, updated prospective payment methodology and changes procedures for approving changes to an FQHC's scope of service.

**§§ 440-458 — OCCUPATIONAL LICENSE OR CERTIFICATION FEES** - Eliminates numerous occupational license or certification fees for health care professionals and educators. **The final budget passed by the legislature and signed by the Governor did not change healthcare renewal fees. Only initial application fees were eliminated (see table below) in the budget. HAVEN receives funding from a fee collected from each healthcare provider's license renewal (\$5 per application). Since the bill only eliminated initial licensure fees and not renewal fees, HAVEN's funding remains unaffected.**

§	Citation	Occupational License Fee or Certification	Current Fee
440	20-12b	Physician assistant (PA) license	190
440	20-12b	PA temporary permit	150
441	20-86c	Nurse-midwife license	100
442	20-93	Registered nurse (RN) license	180
443	20-94	RN, license by endorsement	180
443	20-94	RN temporary permit	180
444	20-94a	Advanced practice registered nurse (APRN) license	200
444	20-94a	APRN, license by endorsement	200
445	20-96	Licensed practical nurse (LPN) license	150
446	20-97	LPN, license by endorsement	150
446	20-97	LPN temporary permit	150
447	20-162j	Dental hygienist license	150
448	20-126k	Dental hygienist, license by endorsement	150
449	20-260ll	Paramedic license	150
449	20-260ll	Paramedic license renewal	155
450	20-70	Physical therapist license	285
450	20-70	Physical therapist assistant license	190
451	20-71	Physical therapist, license by endorsement	225
451	20-71	Physical therapist assistant, license by endorsement	150
452	20-74d	Occupational therapist temporary permit	50
453	20-74f	Occupational therapist license	200
454	20-195c	Marital and family therapist license	200

454	20-195c	Marital and family therapist associate license	125
454	20-195c	Marital and family therapist, license by endorsement	200
454	20-195c	Marital and family therapist associate, license by endorsement	125
455	20-195o	Clinical social worker license	200
455	20-195o	Master social worker license	125
456	20-195t	Master social worker license temporary permit	50
457	20-195cc	Professional counselor license	200
457	20-195cc	Professional counselor associate license	125
458	10-145b	Initial educator certificate	200

**§§ 512 & 513 — PHYSICIAN ASSISTANT LICENSURE COMPACT** - Enters Connecticut into the Physician Assistant Licensure Compact, which creates a process authorizing PAs who are licensed in one participating state to practice across state boundaries without requiring licensure in each state; correspondingly requires all PA licensure applicants to get a fingerprint-based background check.

## House Bill No. 7288 (Bond bill) – Passed Public Act No. 25-174

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

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00174-R00HB-07288-PA.PDF>

### Summary:

Implements the budget with \$9 billion in bond allocations toward a broad range of projects including state agency infrastructure improvements, school construction, housing development, brownfield remediation, environmental protection, higher education, transportation infrastructure, and economic development initiatives. It includes general obligation bonds and special tax obligation bonds, along with grant-in-aid programs for municipalities and nonprofits. Provisions outline oversight mechanisms, funding conditions, and repayment structures, while also amending existing statutes to expand bond caps and funding authority for various state programs.



Due to its volume, a link to the bill summary can be found at:

<https://www.cga.ct.gov/2025/BA/PDF/2025HB-07288-R00-BA.PDF>

**§ 102 — DOH HEALTH CARE WORKER HOUSING PROGRAM REPORTING** - Requires DOH and CHFA to submit a report on increasing health care worker housing options.

**§§ 214 & 215 — OHE STUDENT LOAN REIMBURSEMENT PROGRAM** - Makes various changes to the OHE student loan reimbursement program, including expanding eligibility and revising certain qualification criteria related to the volunteer hour requirement such as expanding eligibility to individuals holding a degree from **any** level and to certain former Stone Academy students,

**§ 220 — SUPPLEMENTAL FUNDING FOR NURSING HOMES** - Replaces HB 7287 (§ 358), as amended by House A, and requires DSS to distribute up to \$55 million in supplemental funding to nursing homes and proportionally distribute it to support wage increases for nursing home employees.

HB 7287 (§ 358), as amended by House A, requires the Department of Social Services (DSS) commissioner to distribute up to \$55 million to nursing homes in FY 28, and allows her to proportionally distribute the funds to support wage increases as follows:

1. a 2.5% increase on July 1, 2027, for nurses; nurse's aides; and dietary , housekeeping, laundry , maintenance, and plant operation personnel and
2. a \$26 hourly rate for registered nurse's aides by January 1, 2028.

This bill requires, rather than allows the commissioner to proportionally distribute the funds to stay within the allocated amount.

It also specifies that (1) the hourly rate for registered nurse's aides must be at least \$26 and (2) any remaining funds must be used for other wage increases and minimum increases for nurses; nurse's aides; and dietary, housekeeping, laundry, maintenance, and plant operation personnel.

Under the bill, the commissioner must determine which homes are eligible for this supplemental funding and may recoup any amount given to facilities to provide wage increases who do not do so.

EFFECTIVE DATE: July 1, 2025

# Senate Bill No. 10 – Passed Special Act No. 25-94 (signed by the Governor)

AN ACT CONCERNING HEALTH INSURANCE AND PATIENT PROTECTION

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00094-R00SB-00010-PA.PDF>

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**CNA is deeply committed to advancing mental health parity. CNA members, Immacula Cann and Clarisse Fairbanks, played a key role in the Mental Health Parity Coalition, led by Mental Health Connecticut, advocating for strict measures to ensure fair reimbursement and access to care.**

**Prior to the close of the 2025 legislative session, CNA urged House leadership to call SB 10 for a vote, warning that failure to act would harm patient care, strain the healthcare workforce, and further destabilize the system.**

**Thanks to strong coalition advocacy and CNA's leadership, SB 10 was called for a vote and passed the House on June 2, 2025 — a major step toward mental health insurance parity.**

Due to its volume, a link to the bill summary can be found at:

<https://www.cga.ct.gov/2025/BA/PDF/2025SB-00010-R01-BA.PDF>

**§§ 1-3 — MENTAL HEALTH PARITY COMPLIANCE** - Requires health carriers to annually file a mental health parity compliance certification with the insurance commissioner; makes public a carrier's compliance with mental health parity requirements; authorizes the insurance commissioner to impose civil penalties and late fees on carriers who fail to comply with mental health parity requirements and to engage certain independent experts to help with compliance reviews.

# House Bill No. 7214 – Passed Special Act No. 25-7 (signed by the Governor)

## AN ACT CONCERNING MATERNAL HEALTH

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/SA/PDF/2025SA-00007-R00HB-07214-SA.PDF>

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**CNA submitted testimony before the Public Health Committee in strong support of HB 7214, An Act Concerning Maternal Health. CNA urged the committee to include the voices of nurses at all levels to strengthen its impact. This bill moves the state forward in addressing maternal services. Creates an advisory committee to conduct a study and recommendations to improve perinatal mental health care services in the state and benefits and challenges of doula friendly hospitals. The Advisory includes an RN providing perinatal mental health care services and a licensed nurse midwife.**

### **Summary:**

\*House Amendment "A" replaces the underlying bill (File 689) and eliminates provisions (1) establishing a 16-member Perinatal Mental Health Task force and (2) requiring the public health commissioner to establish an annual maternity care report card for certain birth centers and hospitals. It also requires the commissioner to convene the advisory committee to study making hospitals more doula friendly within available appropriations and expands the study's scope to include improving the state's perinatal mental health services.

The Commissioner of Public Health is instructed to convene an advisory committee within available appropriations to comprehensively study and make recommendations on improving perinatal mental health care services in Connecticut and evaluating the benefits and challenges of making hospitals more welcoming to doulas. The study will address vulnerable populations and risk factors for perinatal mood and anxiety disorders, evidence-based prevention, screening, diagnosis, intervention, treatment, and recovery practices including peer support specialists, community health workers, care coordination, culturally congruent practices, successful models nationally and globally, community-based and multigenerational support models, workforce development strategies, funding models, and assessments of existing programs with attention to gaps affecting marginalized and vulnerable groups. It will also examine current hospital policies on doula access, barriers to full integration, successful examples from other jurisdictions, data on doula support outcomes such as maternal mortality, caesarean rates, patient satisfaction, birth equity, reimbursement models, and the experiences of hospitals, providers, doulas, and underserved pregnant and postpartum persons.

**The advisory committee will include individuals with lived experience, advocates, representatives from managed care organizations, nursing, pediatrics, obstetrics, psychology, psychiatry, social work, certified doulas, nurse-midwives, home visiting programs, maternal mental health organizations, lactation consultants, hospital associations, and commissioners or designees from the Departments of Children and Families, Public Health, and Mental Health and Addiction Services.** An initial report is due by February 1, 2026, and a final report by January 1, 2027, to the General Assembly's Public Health Committee, with the act taking effect immediately upon passage.

## House Bill No. 6978 – Passed Public Act No. 25-96

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH  
STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00096-R00HB-06978-PA.PDF>

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### Summary:

Due to its volume, a link to the bill summary can be found at:

<https://www.cga.ct.gov/2025/BA/PDF/2025HB-06978-R01-BA.PDF>

### **§§ 2-4 — MATERNAL MORTALITY REVIEW PROGRAM AND REVIEW COMMITTEES -**

Allows DPH to use information it obtains for the Maternal Mortality Review Program, and findings of the Maternal Mortality Review Committee, to improve the accuracy of vital statistics data.

**§ 7 — BOARD OF EXAMINERS FOR NURSING -** Allows the Board of Examiners for Nursing to hold contested case hearings before hearing officers as well as board members.

**§ 10 — EMERGENCY DEPARTMENT DIVERSION -** Requires hospitals to notify DPH within two hours after they declare emergency department diversions.

**§ 15 — CHIEF MEDICAL AND NURSING OFFICERS -** Requires hospitals' chief medical officers and chief nursing officers to be licensed in their respective professions in Connecticut. **CNA presented testimony before the Public Health Committee in support of the licensure of hospital administrators (originally**

included in SB 7). CNA urged the committee to pass this legislation as it represents a meaningful step toward building a more accountable and competent leadership structure.

## House Bill No. 7157 – Passed Public Act No. 25-97

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00097-R00HB-07157-PA.PDF>

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### Summary:

Due to its volume, a link to the bill summary can be found at:

<https://www.cga.ct.gov/2025/BA/PDF/2025HB-07157-R01-BA.PDF>

**§ 19 — DPH WORKPLACE VIOLENCE REPORTS** - Extends, from January 1 to February 1, the date by which health care employers must annually report to DPH on workplace violence incidents. **CNA felt these changes did not impact the purpose or intent of the original laws, the report due date was just changed to support workflow.**

**§ 21 — HOSPITAL NURSE STAFFING PLAN COMPLIANCE REPORTS** - Changes the dates by which hospitals must biannually report to DPH on their compliance in the past six months with at least 80% of nurse staffing assignments in their nurse staff plans.

**§ 45 — PEDIATRIC HOSPICE WORKING GROUP** - Requires the pediatric hospice services working group to make recommendations to establish a (1) Children's Health, Advocacy, Management, and Palliative Care program and (2) Pediatric Palliative and Hospice Care Center of Excellence pilot program; requires the working group chairpersons to report the recommendations to the Public Health Committee by March 1, 2026. **CNA strongly supported the bill (SB 1540) in the Public Health Committee which was incorporated into HB 7157. CNA works with and supports the nurse led Pediatric Palliative Care Coalition of CT (Eileen O'Shea, Lisa McCabe, and Robin Kanarek).**



# Senate Bill No. 1450 – Passed Public Act No. 25-162

AN ACT CONCERNING RECRUITMENT AND RETENTION OF THE HEALTH CARE WORKFORCE

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00162-R00SB-01450-PA.PDF>

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**CNA presented testimony before the Public Health committee in support of the sections addressing loan repayment programs for health care providers. However, CNA expressed opposition to section 3 of the original bill regarding virtual training of certified nurses' aides. CNA urged the committee to reject the notion that a fully online CNA education is sufficient to prepare individuals for this essential role. Instead, CNA recommended a hybrid training model that integrates virtual learning with mandatory in-person clinical practice. The bill which passed creates a pilot program and does not eliminate specified existing requirements for nurses' aides and EMTs to receive in person, supervised practical training.**

## **Summary:**

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.

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.

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.

\*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) removes a provision from the underlying bill that would have prohibited state-administered loan reimbursement programs for certain providers from requiring, under their eligibility criteria, that the provider be employed by a nonprofit employer.

\*House Amendment “A” (1) requires DPH to create the home-based virtual education pilot program only within available appropriations and (2) opens the athletic trainer grant program to any area of the state, not just rural and underserved areas.

**EFFECTIVE DATE:** Upon passage, except the provisions on the DPH loan reimbursement program and athletic trainer grant program take effect July 1, 2025.

**§ 1 — STUDENT LOAN REIMBURSEMENT GRANT PROGRAM** - The bill requires DPH, within available appropriations, to create a program giving loan reimbursement grants to health care providers. The program is open to DPH-licensed providers employed full-time in the state, and DPH must give awards annually, to reimburse recipients for qualifying student loan payments. But the program is not open to self-employed providers or sole proprietors of a professional health care practice.

Under the bill, the DPH commissioner must set the (1) award amounts; (2) program’s eligibility requirements, which may include income guidelines; and (3) application process. She must consider workforce shortage areas when developing the eligibility requirements.

DPH must award at least (1) 20% of grants to full-time primary care providers and (2) 20% of grants to providers employed full-time in rural communities or at FQHCs. For this purpose, primary care includes family medicine, general pediatrics, primary care, internal medicine, and primary care obstetrics or gynecology, regardless of board certification.

The bill allows DPH to adopt regulations implementing the program.

**§ 2 — VIRTUAL EDUCATION PILOT PROGRAM** - The bill requires DPH, within available appropriations, to create a pilot program providing home-based virtual education for people seeking to become a nurse’s aide or EMT. DPH must

do so by January 1, 2026, and in collaboration with a Connecticut-based educational provider or educational technology provider.

Under the bill, the program must offer courses that meet DPH's training and competency evaluation requirements for nurse's aide registration and EMT certification. The bill requires the commissioner to set the program's eligibility criteria and allows her to solicit and accept private funds to implement the program. By January 1, 2027, she must report to the Public Health Committee on the program's outcome.

The bill specifies that it does not eliminate specified existing requirements for nurse's aides and EMTs to receive in-person, supervised practical training. This includes requirements under (1) federal regulations on state approval of nurse's aide training programs, (2) state regulations on nursing homes employing nurse's aides, and (3) state law on EMT certification.

**§ 3 — HEALTH CARE CAREER PROMOTION** - Existing law requires the state's chief workforce officer, in consultation with various stakeholders, to develop a plan to work with high schools in the state to encourage students to pursue high-demand health care professions. The education commissioner, in collaboration with the chief workforce officer, must use this plan in (1) promoting health care professions as career options to middle and high school students and (2) health care job shadowing and internship experiences for high school students.

The bill requires the education commissioner, by January 1, 2026, to amend the plan to specifically include promoting the professions of radiologic technology, nuclear medicine technology, and respiratory care through related (1) career day presentations; (2) partnerships with in-state education programs; (3) counseling programs to inform high school students about, and recruit them for, these professions; and (4) job shadowing and internship experiences for high school students.

**§ 4 — ATHLETIC TRAINER RELOCATION GRANT PROGRAM** - The bill requires DPH, by January 1, 2026, and within available appropriations, to create a program giving relocation assistance grants to athletic trainers who relocate to Connecticut, get licensed here, and work in the state. The commissioner must determine the grant amounts and set the application and eligibility criteria and related forms. She also must require grant recipients to report to her on how they used the funds.

Starting by January 1, 2027, the bill requires the commissioner to annually report to the Public Health Committee on the program's impact in recruiting athletic trainers to work in the state.

# House Bill No. 7213 – Passed

## Public Act No. 25-28 (signed by the Governor)

### AN ACT CONCERNING ACCESS TO REPRODUCTIVE HEALTH CARE

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00028-R00HB-07213-PA.PDF>

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#### **Summary:**

This bill allows minors (under age 18) to give consent for services, examination, or treatment related to pregnancy and pregnancy prevention without the consent or notification of their parents or guardian. These services specifically include contraceptive counseling and services, prenatal care, and appropriate care and pain management during labor and delivery (e.g., epidural administration), but not sterilization.

The bill prohibits physicians and other health care providers from sharing any information about these services or a related consultation (including sending a bill) with the minor's parent or guardian without the minor's express consent.

Additionally, under the bill:

1. these provisions do not affect a provider's obligation to make a report to the departments of public health (DPH) or children and families (DCF), or any other report or disclosure, that may be required under state law and
2. a parent or guardian who was not informed of these services is not liable to pay for them.

\*House Amendment "A" eliminates provisions in the underlying bill (File 688) (1) repealing DPH regulations on abortions and abortion clinics, and the statutory authorization for abortion clinic regulations and (2) requiring the secretary of the state, by October 1, 2025, to update the e-Regulations system to remove these regulations.

#### **BACKGROUND**

##### ***Medical Treatment Without Parental Consent***

Existing law does not require parental consent to treat a minor under the following conditions:

1. treatment of sexually transmitted diseases (if the minor is age 12 or younger, the treating facility must report his or her name to DCF for investigating child abuse) (CGS § 19a-216);
2. alcohol and drug treatment (CGS § 17a-688);
3. HIV testing (CGS § 19a-582);
4. HIV or AIDS prophylaxis or treatment if the provider determines that (a) notifying the parents will result in denial of prophylaxis or treatment or (b) the minor will not start or continue prophylaxis or treatment if the parents are notified and the minor requests they not be notified (if the minor is age 12 or younger, the treating provider must report his or her name to DCF for investigating child abuse) (CGS § 19a-592);
5. abortion and abortion counseling (minors under 16 generally must receive counseling before an abortion) (CGS § 19a-601); and
6. outpatient mental health treatment (not including prescribing legend drugs) under certain circumstances (CGS § 19a-14c).

## House Bill No. 7102 – Passed Public Act No. 25-38 (signed by the Governor)

AN ACT CONCERNING MATERNAL AND INFANT HEALTH CARE

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00038-R00HB-07102-PA.PDF>

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### **Summary:**

This bill requires the Office of Health Strategy (OHS) commissioner to develop a strategic plan to increase the number of birth centers and birthing hospitals in areas with high percentages of Medicaid recipients and limited access to these facilities. Under the bill, the OHS commissioner must report by January 1, 2027, to the Appropriations, Human Services, and Public Health committees on recommendations and estimated state appropriations needed to open more birth centers and birthing hospitals in underserved areas.

The bill also expands the Connecticut Fatherhood Initiative's (CFI) objectives to include expanding fathers' roles in supporting maternal health. Under existing law, the Department of Social Services (DSS) must apply for any available federal and private health funds that promote CFI's objectives and award grants from these funds to entities that provide programs that promote various goals (e.g., responsible parenting and economic stability). The bill adds programs that support fathers' roles in supporting maternal health to the types of programs this funding may support.



\*House Amendment "A" (1) eliminates a requirement in the underlying bill that DSS increase Medicaid reimbursement for doulas as part of the department's bundled maternity payments and report on any increase and (2) extends the due date for OHS's report from December 1, 2025, to January 1, 2027.

**EFFECTIVE DATE:** July 1, 2025

### **STRATEGIC PLAN ON BIRTH CENTERS AND HOSPITALS**

The bill requires OHS to develop a strategic plan to increase the number of birth centers and birthing hospitals located in areas with a high percentage of Medicaid recipients and limited access to these facilities. A birth center is a freestanding facility licensed by the Department of Public Health (DPH) to provide perinatal, labor, delivery, and postpartum care during and immediately after delivery to people with low-risk pregnancies and healthy newborns, typically for less than 24 hours. (It does not include a hospital or facility attached to a hospital.) A birthing hospital is a health care facility that cares for patients during child delivery and postpartum patients and their newborns following birth.

The bill requires OHS to develop the strategic plan in consultation with the DSS and DPH commissioners and include the following:

1. barriers to opening birth centers and birthing hospitals,
2. incentives that the state may offer to facilitate opening these facilities, and
3. an evaluation of best practices nationwide to facilitate opening and sustaining these facilities.

## House Bill No. 7098 – Passed

## Public Act No. 25-88 (signed by the Governor)

AN ACT CONCERNING TUITION REFUNDS FOR FORMER STONE ACADEMY STUDENTS

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00088-R00HB-07098-PA.PDF>

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### **Summary:**

This bill establishes new eligibility criteria for former Stone Academy students to receive tuition refunds from the private career school student protection

account. It makes these students eligible if they were enrolled in, but did not graduate from, Stone Academy's practical nurse education program between November 1, 2021, and February 28, 2023, and did not:

1. receive credit for a Stone Academy course or unit at another practical nurse education program;
2. receive a tuition refund from this account already;
3. participate in a teach-out (instruction that completes a course or program after a private school closes); or
4. after the bill's effective date, take a proctored comprehensive predictor examination given by an Office of Higher Education (OHE)-identified institution (this exam assesses a student's readiness for the National Council Licensure Examination for Practical Nurses).

The bill allows these students to apply for a tuition refund until June 30, 2026. A student who receives a tuition refund under the bill is not eligible to participate in a teach-out or proctored comprehensive predictor examination.

Previously, students who were enrolled in Stone Academy's practical nurse program but did not graduate during this same time period were eligible for tuition refunds if they completed a course or unit that did not comply with legal requirements. Students eligible under these criteria had two years after Stone Academy closed to apply for tuition reimbursement and this application period recently expired.

\*House Amendment "A" adds the provision making students who receive tuition refunds under the bill ineligible to participate in teach-outs or proctored comprehensive predictor examinations.

EFFECTIVE DATE: Upon passage

## **BACKGROUND**

### ***Private Career School Student Protection Account***

This General Fund account is generally used to refund tuition to students unable to complete a course at a private career school because the school became insolvent or ceased operation. It is funded by quarterly assessments on private career schools and certain other fees (CGS § 10a-22u).

By law, OHE may also use up to \$150,000 from the fund to pay stipends to former Stone Academy students (PA 23-204, § 67).

### ***Application for Private Career School Tuition Refund***

When a private career school becomes insolvent or closes abruptly, preventing a student from finishing a course or unit of instruction, state law allows the student to apply to OHE for a tuition refund. OHE reviews the applications and determines the validity of the student's claim and the amount of the refund.

Tuition refunds are financed by the private career school student protection account. The student or any person or organization who paid tuition on the student's behalf receives a refund from the state to the extent the account has the necessary funds (CGS § 10a-22v).

## House Bill No. 7192 – Passed Public Act No. 25-167

AN ACT IMPLEMENTING RECOMMENDATIONS OF THE BIPARTISAN DRUG TASK FORCE

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00167-R00HB-07192-PA.PDF>

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**CNA had multiple members participate in the bipartisan drug task force meetings.**

### **Summary:**

The bill passed as amended by [House Amendment Schedule "A" \(LCO 10634\)](#) introduces comprehensive reforms aimed at increasing transparency, fairness, and preparedness within the pharmaceutical and healthcare sectors. It establishes that Pharmacy Benefit Managers (PBMs) must act in good faith and disclose conflicts of interest, with violations deemed unfair insurance practices under state law. The act prohibits contractual arrangements allowing PBMs to profit by charging health plans more than they reimburse pharmacies, bans fees based on drug costs or rebates, and ensures pharmacists can freely inform patients of lower-cost alternatives. It mandates that patients pay the lowest available price at the point of sale. Additionally, health carriers are required to report annually on pricing and profits related to PBMs and mail-order pharmacies, with the Insurance Department making these reports publicly available. The legislation also creates a Task Force on Prescription Drug Shortages to study emergency preparedness and includes representatives from healthcare, state agencies, and tribal entities, tasked with submitting annual findings. Moreover, the act expands the Strategic Supply Chain Initiative to

bolster in-state drug manufacturing. Lastly, it directs the Commissioner of Social Services to petition the HHS Secretary to authorize the use of low-cost, FDA-approved generic GLP-1 drugs for obesity and diabetes under federal law.

## Senate Bill No. 1312 – Passed Public Act No. 25-117

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LABOR DEPARTMENT

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00117-R00SB-01312-PA.PDF>

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### Summary:

This bill:

1. decreases, from 60 to 40 days after a quarterly statement is provided, the amount of time an employer has to file a written protest with the Department of Labor (DOL) on the payment of unemployment insurance benefits due to fraud or error;
2. changes the unemployed workers' advocate from a position that serves at the labor commissioner's pleasure to a full-time position in the state employee classified service;
3. **requires physicians, physician assistants (PAs), and advanced practice registered nurses (APRNs) to report suspected occupational diseases to DOL (the provision is similar to one previously codified at CGS § 31-40a and repealed by PA 22-67);**
4. eliminates a provision on how employees paid through the Shared Work Program affect their employer's experience rate for purposes of unemployment insurance (UI) taxes; and
5. makes a technical change to the labor statutes.

Senate Amendment Schedule "A" (LCO 8295) adds (1) PAs to the list of healthcare providers that must report suspected occupational diseases to DOL, (2) the provision permitting DOL to share information from these reports with the Department of Public Health (DPH), and (3) the provision on UI benefits and the Shared Work Program.

**EFFECTIVE DATE:** October 1, 2025, except the provisions on the reporting requirement (§ 3) and a technical change (§ 4) are effective upon passage.

# Senate Bill No. 8 – Passed

## Public Act No. 25-64 (vetoed by the Governor)

AN ACT CONCERNING PROTECTIONS FOR WORKERS AND ENHANCEMENTS TO WORKERS' RIGHTS

Hyperlink to bill: <https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00064-R00SB-00008-PA.PDF>

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### Summary:

For labor disputes that start on or after December 14, 2026, this bill generally makes striking workers eligible for unemployment benefits after they have been on strike for 14 consecutive days. Current law generally disqualifies claimants for benefits during any week in which their unemployment is due to a labor dispute. The bill lifts this disqualification once the labor dispute has been continuous for 14 days.

Existing law also allows claimants to qualify for benefits during a labor dispute, with no waiting period, if the (1) unemployment is due to a lockout (e.g., the employer closed the employment premises) or (2) claimant is not participating in the dispute and does not belong to a trade, class, or organization of workers that is participating in, financing, or directly interested in the dispute (e.g., non-union employees at a business temporarily closed by a strike).

\*Senate Amendment "A" removes provisions from the underlying bill (File 177) that generally would have limited how employers at certain warehouses could use quotas for their employees.

**EFFECTIVE DATE:** October 1, 2025

## PRIORITY BILLS WHICH DIED DURING 2025 SESSION:

### House Bill No. 5175 – Died

AN ACT CONCERNING PRESCRIPTION DRUG COSTS

- CNA on Task Force



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## House Bill No. 5454 – Died

AN ACT ALLOWING TERMINALLY ILL PATIENTS TO MAKE DECISIONS ABOUT END-OF-LIFE CARE

- Died in the Public Health Committee

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## House Bill No. 5625 – Died

AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS

- Died in the Public Health Committee

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## House Bill No. 6773 – Died

AN ACT ALLOWING TRAINED NURSE'S AIDES AND ASSISTED LIVING AIDES TO ADMINISTER MEDICATION TO NURSING HOME AND ASSISTED LIVING RESIDENTS

- CNA presented testimony before Aging Committee on 2/6/25 in opposition to the bill as written.
- Died in the Aging Committee

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## House Bill No. 6923 – Died

AN ACT CONCERNING THE USE OF SMART DEVICES IN SCHOOLS

- ASNC supported this bill
- Died in the House of Representatives

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## House Bill No. 6975 – Died

AN ACT REQUIRING A BIENNIAL STUDY OF PAYMENT PARITY FOR SERVICES UNDER CERTAIN INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES IN THE STATE AND THE HUSKY HEALTH PROGRAM

- Died in the House of Representatives

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## Senate Bill No. 246 – Died

AN ACT REQUIRING A STUDY OF THE VIABILITY OF ALLOWING NATUROPATHIC PHYSICIANS TO SERVE AS PRIMARY CARE PROVIDERS

- Died in the Public Health Committee

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## Senate Bill No. 468 – Died

AN ACT REQUIRING TITLE PROTECTION FOR PHYSICIANS

- Died in the Public Health Committee

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## Senate Bill No. 1064 – Died

AN ACT CONCERNING ADVANCED PRACTICE REGISTERED NURSE SCOPE OF PRACTICE

- Died in the Public Health Committee

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## Senate Bill No. 1069 – Died

AN ACT PERMITTING NATUROPATHIC PHYSICIANS TO PRESCRIBE MEDICATION

- Died in the Public Health Committee

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## Senate Bill No. 1325 – Died

AN ACT PERMITTING NATUROPATHIC PHYSICIANS TO PRESCRIBE AND ADMINISTER VITAMIN B12

- Died in the Public Health Committee

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## House Bill No. 5035 – Died

AN ACT PROHIBITING THE USE, SALE AND DISTRIBUTION OF PRODUCTS CONTAINING HIGH FRUCTOSE CORN SYRUP IN STATE GOVERNMENT BUILDINGS AND OFFICES, CORRECTIONAL INSTITUTIONS AND PUBLIC SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION

- Died in the General Law Committee. Per CSDE this is already a rule in public schools.

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## House Bill No. 5069 – Died

AN ACT REQUIRING THE LICENSURE OF DANCE/MOVEMENT THERAPISTS

- Died in the Public Health Committee