



House of Representatives

General Assembly

File No. 450

January Session, 2025

House Bill No. 5580

House of Representatives, April 2, 2025

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 bill ought to pass.

AN ACT CONCERNING MEDICAID COVERAGE FOR DIABETES PREVENTION, EDUCATION, SELF-MANAGEMENT AND MEDICAL NUTRITION THERAPY PROGRAMS AND ESTABLISHING AN ADVISORY COUNCIL.

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

1 Section 1. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of
2 Social Services shall provide Medicaid coverage, to the extent
3 permissible under federal law, for diabetes prevention, education, self-
4 management and medical nutrition therapy.

5 (b) The commissioner may seek federal approval for a Medicaid
6 waiver or a Medicaid state plan amendment if necessary to implement
7 the provisions of this section. Not later than January 1, 2026, the
8 commissioner shall file a report, in accordance with the provisions of
9 section 11-4a of the general statutes, on the enrollment of Medicaid
10 recipients in diabetes prevention, education, self-management or
11 nutrition therapy programs and any data available on program impact
12 on such recipient's health.

13 Sec. 2. (NEW) (*Effective from passage*) (a) There is established a
14 Diabetes Advisory Council to study and make recommendations
15 concerning diabetes education, prevention and treatment.

16 (b) The council shall consist of the following members:

17 (1) Two appointed by the speaker of the House of Representatives,
18 one of whom has medical expertise in the treatment of diabetes and one
19 of whom has expertise in educational and nutritional programs to help
20 prevent type 2 diabetes;

21 (2) Two appointed by the president pro tempore of the Senate;

22 (3) One appointed by the majority leader of the House of
23 Representatives;

24 (4) One appointed by the majority leader of the Senate;

25 (5) One appointed by the minority leader of the House of
26 Representatives;

27 (6) One appointed by the minority leader of the Senate;

28 (7) The Commissioner of Social Services, or the commissioner's
29 designee;

30 (8) The Commissioner of Public Health, or the commissioner's
31 designee; and

32 (9) A person diagnosed with prediabetes or diabetes, appointed by
33 the Senate chairperson and the House chairperson of the joint standing
34 committee of the General Assembly having cognizance of matters
35 relating to human services.

36 (c) Any member of the council appointed under subdivision (1), (2),
37 (3), (4), (5) or (6) of subsection (b) of this section may be a member of the
38 General Assembly.

39 (d) All initial appointments to the council shall be made not later than

40 thirty days after the effective date of this section. Any vacancy shall be
41 filled by the appointing authority.

42 (e) The speaker of the House of Representatives and the president pro
43 tempore of the Senate shall select the chairpersons of the council from
44 among the members of the council. Such chairpersons shall schedule the
45 first meeting of the council, which shall be held not later than sixty days
46 after the effective date of this section.

47 (f) The administrative staff of the joint standing committee of the
48 General Assembly having cognizance of matters relating to human
49 services shall serve as administrative staff of the council.

50 (g) Not later than January 1, 2026, and annually thereafter, the council
51 shall submit a report on its findings and recommendations to the joint
52 standing committees of the General Assembly having cognizance of
53 matters relating to human services and public health, in accordance with
54 the provisions of section 11-4a of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2025</i>	New section
Sec. 2	<i>from passage</i>	New section

HS *Joint Favorable*

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:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Social Services, Dept.	GF - Cost	75,000	75,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the Department of Social Services (DSS) of approximately \$75,000 in FY 26 and FY 27 due to requiring Medicaid coverage of diabetes prevention, education, self-management and medical nutrition therapy. Costs are based on a diabetes prevention program previously operated by the Community Health Network of Connecticut (CHNCT) and assume similar enrollment and management through the administrative services organization.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to program utilization.

OLR Bill Analysis**HB 5580*****AN ACT CONCERNING MEDICAID COVERAGE FOR DIABETES PREVENTION, EDUCATION, SELF-MANAGEMENT AND MEDICAL NUTRITION THERAPY PROGRAMS AND ESTABLISHING AN ADVISORY COUNCIL.*****SUMMARY**

This bill requires the Department of Social Services (DSS) commissioner to give Medicaid coverage, as federal law allows, for diabetes prevention, education, self-management, and medical nutrition therapy and allows her to seek federal approval for any needed Medicaid waiver or state plan amendment to do so. The bill requires the commissioner to report to the legislature, by January 1, 2026, on Medicaid recipients enrolled in diabetes prevention, education, self-management, or nutrition therapy programs and any available data on these programs' impact on recipients' health.

The bill also establishes an 11-member Diabetes Advisory Council to study and make recommendations on diabetes education, prevention, and treatment. The council must report its findings and recommendations annually, beginning by January 1, 2026, to the Human Services and Public Health committees.

EFFECTIVE DATE: July 1, 2025, except the provision establishing the advisory council is effective upon passage.

DIABETES ADVISORY COUNCIL***Members***

Under the bill, the advisory council includes the following 11 members:

1. one member with medical expertise in diabetes treatment and one member with expertise in type 2 diabetes prevention

programs, appointed by the House speaker;

2. two members appointed by the Senate president pro tempore;
3. one member each appointed by the House and Senate majority and minority leaders;
4. the DSS and Department of Public Health commissioners, or their designees; and
5. one member diagnosed with diabetes or prediabetes appointed by the Human Services Committee chairs.

Appointments

Under the bill, appointing authorities must make their initial appointments within 30 days after the bill's passage and fill any vacancies. Appointed members may be legislators, except for the member diagnosed with diabetes or prediabetes.

Leadership and Meetings

The bill requires the House speaker and Senate president pro tempore to select the council's chairpersons from among its members. The chairpersons must schedule and hold the council's first meeting within 60 days after the bill's passage.

The Human Services Committee's administrative staff must serve in this capacity for the commission.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 17 Nay 5 (03/13/2025)