



General Assembly

Amendment

January Session, 2025

LCO No. 10449



Offered by:
REP. GILCHREST, 18th Dist.

To: Subst. House Bill No. 7191

File No. 413

Cal. No. 274

**"AN ACT CONCERNING MEDICAID RATE INCREASES, PLANNING
AND SUSTAINABILITY."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2025*) (a) As used in this section, (1)
4 "Medicaid rate study" means the study commissioned by the
5 Department of Social Services pursuant to section 1 of public act 23-186,
6 (2) "five-state rate benchmark" means the average of rates for the same
7 health care services in Maine, Massachusetts, New Jersey, New York
8 and Oregon, and (3) "Medicare Economic Index" means a measure of
9 inflation for physicians with respect to their practice costs and wage
10 levels as calculated by the Centers for Medicare and Medicaid Services.

11 (b) Within available appropriations, the Commissioner of Social
12 Services shall phase in increases to Medicaid rates for providers and
13 health care services in accordance with the Medicaid rate study. The
14 commissioner shall phase in the rate increases commencing on July 1,
15 2025, such that by June 30, 2030, all such rates equal (1) not less than

16 seventy-five per cent of the most recent Medicare rates for the same
17 health care services, (2) for such services with no corresponding
18 Medicare rates, a percentage of the five-state benchmark that results in
19 an equivalent rate increase, or (3) as recommended by the Council on
20 Medical Assistance Program Oversight's Medicaid Rates Review
21 subcommittee.

22 (c) On and after June 30, 2030, the commissioner shall adjust such
23 rates every year in accordance with (1) the most recent Medicare rates
24 for the same health care services, (2) an equivalent percentage of the
25 five-state rate benchmark for such services with no corresponding
26 Medicare rates, (3) by the Medicare Economic Index, in the discretion of
27 the commissioner, or (4) as recommended by the Council on Medical
28 Assistance Program Oversight's Medicaid Rates Review subcommittee.

29 (d) In increasing such rates and making such rate adjustments, the
30 commissioner shall prioritize adjusting provider rates for pediatric and
31 adult health care services to achieve parity between such rates for the
32 same health care services. For purposes of setting Medicaid rates of
33 reimbursement for behavioral health services, the Commissioner of
34 Social Services shall include medication administration services
35 delivered by a licensed home health care agency, as defined in section
36 19a-490 of the general statutes, to individuals with psychiatric diagnoses
37 under a care plan (1) developed and supervised by a licensed behavioral
38 health clinician or prescriber, and (2) overseen by the state's behavioral
39 health administrative services organization.

40 (e) Not later than July 1, 2026, the commissioner shall consolidate
41 existing fee schedules used for provider or service reimbursement so
42 that every provider or service is being reimbursed using the same fee
43 schedule. In consolidating existing fee schedules, the commissioner
44 shall incorporate, to the extent applicable, the most recent Medicare fee
45 schedule for services covered by Medicare as well as Medicaid.

46 Sec. 2. (NEW) (*Effective July 1, 2025*) (a) Not later than November 1,
47 2025, the House and Senate chairpersons of the joint standing committee

48 of the General Assembly having cognizance of matters relating to
49 human services shall appoint a subcommittee of the Council on Medical
50 Assistance Program Oversight entitled the "Medicaid Rates Review
51 subcommittee", which shall include the House and Senate ranking
52 members of said joint standing committee. The chairpersons of said joint
53 standing committee shall serve as chairpersons of the subcommittee,
54 which shall conduct an ongoing systemic review of Medicaid provider
55 rates and service reimbursement rates to ensure such rates are adequate
56 to sustain a sufficient provider pool to provide Medicaid beneficiaries
57 sufficient access to high-quality care.

58 (b) In consultation with the Commissioner of Social Services and the
59 Secretary of the Office of Policy and Management, the subcommittee
60 shall create a process and schedule for the regular and predictable
61 review of Medicaid rates of reimbursement and the system used by the
62 state to reimburse Medicaid providers for health care services,
63 including, but not limited to, benchmarking such rates to Medicare rates
64 when possible. Not later than November 15, 2026, and annually
65 thereafter, the subcommittee shall present its findings and
66 recommendations to the Council on Medical Assistance Program
67 Oversight on Medicaid rates of reimbursement and access to services by
68 Medicaid beneficiaries.

69 (c) Not later than January 1, 2027, and annually thereafter, the
70 chairpersons of the Council on Medical Assistance Program Oversight
71 shall file a report, in accordance with the provisions of section 11-4a of
72 the general statutes, with the joint standing committees of the General
73 Assembly having cognizance of matters relating to appropriations and
74 the budgets of state agencies and human services and the Governor. The
75 report shall incorporate recommendations of the subcommittee and
76 include, but need not be limited to: (1) The identification of any provider
77 shortages and wait times for Medicaid beneficiaries to access services in
78 the state and identification of providers and health care services that
79 should be considered for prioritization of rate increases to avoid or
80 remedy such shortages or service gaps and achieve rate parity, (2)

81 necessary state appropriations to ensure Medicaid providers are
82 compensated for health care services in accordance with section 1 of this
83 act, and (3) recommendations to achieve parity between Medicaid rates
84 of reimbursement for adult and pediatric rates for the same health care
85 services.

86 Sec. 3. Subsection (d) of section 17b-28 of the general statutes is
87 repealed and the following is substituted in lieu thereof (*Effective July 1,*
88 *2025*):

89 (d) [The council shall choose a chairperson from among its members.]
90 The chairpersons of the council shall be the House and Senate
91 chairpersons of the joint standing committees of the General Assembly
92 having cognizance of matters relating to human services and public
93 health. The Joint Committee on Legislative Management shall provide
94 administrative support to such [chairperson] chairpersons."

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>July 1, 2025</i>	New section
Sec. 3	<i>July 1, 2025</i>	17b-28(d)