



General Assembly

Amendment

January Session, 2025

LCO No. 10410



Offered by:

REP. CANDELORA V., 86th Dist.
REP. O'DEA, 125th Dist.
REP. RUTIGLIANO, 123rd Dist.
REP. ACKERT, 8th Dist.

REP. ZUPKUS, 89th Dist.
REP. NUCCIO, 53rd Dist.
REP. POLLETTA, 68th Dist.

To: House Bill No. 7287

File No.

Cal. No.

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

- 1 Strike line T363 and insert the following in lieu thereof:

"Medicaid	3,647,280,000	3,889,130,000"
-----------	---------------	----------------

- 2 In line T386, adjust AGENCY TOTAL accordingly

- 3 In line T663, adjust TOTAL - GENERAL FUND accordingly

- 4 In line T671, adjust NET - GENERAL FUND accordingly

- 5 After the last section, add the following and renumber sections and
6 internal references accordingly:

- 7 "Sec. 501. Section 17b-261 of the general statutes is repealed and the

8 following is substituted in lieu thereof (*Effective July 1, 2025*):

9 (a) Medical assistance shall be provided for any otherwise eligible
10 person (1) whose income, including any available support from legally
11 liable relatives and the income of the person's spouse or dependent
12 child, is not more than one hundred fifty-nine per cent, pending
13 approval of a federal waiver applied for pursuant to subsection (e) of
14 this section, of the benefit amount paid to a person with no income
15 under the temporary family assistance program and (2) if such person
16 is an institutionalized individual as defined in Section 1917 of the Social
17 Security Act, 42 USC 1396p(h)(3), and has not made an assignment or
18 transfer or other disposition of property for less than fair market value
19 for the purpose of establishing eligibility for benefits or assistance under
20 this section. Any such disposition shall be treated in accordance with
21 Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any
22 disposition of property made on behalf of an applicant or recipient or
23 the spouse of an applicant or recipient by a guardian, conservator,
24 person authorized to make such disposition pursuant to a power of
25 attorney or other person so authorized by law shall be attributed to such
26 applicant, recipient or spouse. A disposition of property ordered by a
27 court shall be evaluated in accordance with the standards applied to any
28 other such disposition for the purpose of determining eligibility. The
29 commissioner shall establish the standards for eligibility for medical
30 assistance at one hundred fifty-nine per cent of the benefit amount paid
31 to a household of equal size with no income under the temporary family
32 assistance program. In determining eligibility, the commissioner shall
33 not consider as income Aid and Attendance pension benefits granted to
34 a veteran, as defined in section 27-103, or the surviving spouse of such
35 veteran. Except as provided in section 17b-277 and section 17b-292, the
36 medical assistance program shall provide coverage to persons under the
37 age of nineteen with household income up to one hundred ninety-six
38 per cent of the federal poverty level without an asset limit and to
39 persons under the age of nineteen, who qualify for coverage under
40 Section 1931 of the Social Security Act, with household income not
41 exceeding one hundred ninety-six per cent of the federal poverty level

42 without an asset limit, and their parents and needy caretaker relatives,
43 who qualify for coverage under Section 1931 of the Social Security Act,
44 with household income not exceeding one hundred thirty-three per cent
45 of the federal poverty level without an asset limit. Such levels shall be
46 based on the regional differences in such benefit amount, if applicable,
47 unless such levels based on regional differences are not in conformance
48 with federal law. Any income in excess of the applicable amounts shall
49 be applied as may be required by said federal law, and assistance shall
50 be granted for the balance of the cost of authorized medical assistance.
51 The Commissioner of Social Services shall provide applicants for
52 assistance under this section, at the time of application, with a written
53 statement advising them of (A) the effect of an assignment or transfer or
54 other disposition of property on eligibility for benefits or assistance, (B)
55 the effect that having income that exceeds the limits prescribed in this
56 subsection will have with respect to program eligibility, and (C) the
57 availability of, and eligibility for, services provided by the Connecticut
58 Home Visiting System, established pursuant to section 17b-751b. For
59 coverage dates on or after January 1, 2014, the department shall use the
60 modified adjusted gross income financial eligibility rules set forth in
61 Section 1902(e)(14) of the Social Security Act and the implementing
62 regulations to determine eligibility for HUSKY A, HUSKY B and
63 HUSKY D applicants, as defined in section 17b-290. Persons who are
64 determined ineligible for assistance pursuant to this section shall be
65 provided a written statement notifying such persons of their ineligibility
66 and advising such persons of their potential eligibility for one of the
67 other insurance affordability programs as defined in 42 CFR 435.4.

68 (b) For the purposes of the Medicaid program, the Commissioner of
69 Social Services shall consider parental income and resources as available
70 to a child under eighteen years of age who is living with his or her
71 parents and is blind or disabled for purposes of the Medicaid program,
72 or to any other child under twenty-one years of age who is living with
73 his or her parents.

74 (c) For the purposes of determining eligibility for the Medicaid

75 program, an available asset is one that is actually available to the
76 applicant or one that the applicant has the legal right, authority or
77 power to obtain or to have applied for the applicant's general or medical
78 support. If the terms of a trust provide for the support of an applicant,
79 the refusal of a trustee to make a distribution from the trust does not
80 render the trust an unavailable asset. Notwithstanding the provisions of
81 this subsection, the availability of funds in a trust or similar instrument
82 funded in whole or in part by the applicant or the applicant's spouse
83 shall be determined pursuant to the Omnibus Budget Reconciliation Act
84 of 1993, 42 USC 1396p. The provisions of this subsection shall not apply
85 to a special needs trust, as defined in 42 USC 1396p(d)(4)(A), as
86 amended from time to time. For purposes of determining whether a
87 beneficiary under a special needs trust, who has not received a disability
88 determination from the Social Security Administration, is disabled, as
89 defined in 42 USC 1382c(a)(3), the Commissioner of Social Services, or
90 the commissioner's designee, shall independently make such
91 determination. The commissioner shall not require such beneficiary to
92 apply for Social Security disability benefits or obtain a disability
93 determination from the Social Security Administration for purposes of
94 determining whether the beneficiary is disabled.

95 (d) The transfer of an asset in exchange for other valuable
96 consideration shall be allowable to the extent the value of the other
97 valuable consideration is equal to or greater than the value of the asset
98 transferred.

99 (e) The Commissioner of Social Services shall seek a waiver from
100 federal law to permit federal financial participation for Medicaid
101 expenditures for families with incomes of one hundred forty-three per
102 cent of the temporary family assistance program payment standard.

103 (f) To the extent permitted by federal law, Medicaid eligibility shall
104 be extended for one year to a family that becomes ineligible for medical
105 assistance under Section 1931 of the Social Security Act due to income
106 from employment by one of its members who is a caretaker relative or
107 due to receipt of child support income. A family receiving extended

108 benefits on July 1, 2005, shall receive the balance of such extended
109 benefits, provided no such family shall receive more than twelve
110 additional months of such benefits.

111 (g) An institutionalized spouse applying for Medicaid and having a
112 spouse living in the community shall be required, to the maximum
113 extent permitted by law, to divert income to such community spouse in
114 order to raise the community spouse's income to the level of the
115 minimum monthly needs allowance, as described in Section 1924 of the
116 Social Security Act. Such diversion of income shall occur before the
117 community spouse is allowed to retain assets in excess of the
118 community spouse protected amount described in Section 1924 of the
119 Social Security Act. The Commissioner of Social Services, pursuant to
120 section 17b-10, may implement the provisions of this subsection while
121 in the process of adopting regulations, provided the commissioner
122 prints notice of intent to adopt the regulations in the Connecticut Law
123 Journal within twenty days of adopting such policy. Such policy shall
124 be valid until the time final regulations are effective.

125 (h) To the extent permissible under federal law, an institutionalized
126 individual, as defined in Section 1917 of the Social Security Act, 42 USC
127 1396p(h)(3), shall not be determined ineligible for Medicaid solely on
128 the basis of the cash value of a life insurance policy worth less than ten
129 thousand dollars provided the individual is pursuing the surrender of
130 the policy.

131 (i) Medical assistance shall be provided, in accordance with the
132 provisions of subsection (e) of section 17a-6, to any child under the
133 supervision of the Commissioner of Children and Families who is not
134 receiving Medicaid benefits, has not yet qualified for Medicaid benefits
135 or is otherwise ineligible for such benefits. Medical assistance shall also
136 be provided to any child in the behavioral services program operated
137 by the Department of Developmental Services who is not receiving
138 Medicaid benefits, has not yet qualified for Medicaid benefits or is
139 otherwise ineligible for benefits. To the extent practicable, the
140 Commissioner of Children and Families and the Commissioner of

141 Developmental Services shall apply for, or assist such child in qualifying
142 for, the Medicaid program.

143 (j) The Commissioner of Social Services shall provide Early and
144 Periodic Screening, Diagnostic and Treatment program services, as
145 required and defined as of December 31, 2005, by 42 USC 1396a(a)(43),
146 42 USC 1396d(r) and 42 USC 1396d(a)(4)(B) and applicable federal
147 regulations, to all persons who are under the age of twenty-one and
148 otherwise eligible for medical assistance under this section.

149 (k) A veteran, as defined in section 27-103, and any member of his or
150 her family, who applies for or receives assistance under the Medicaid
151 program, shall apply for all benefits for which he or she may be eligible
152 through the United States Department of Veterans Affairs or the United
153 States Department of Defense.

154 [(l) On and after January 1, 2023, and until June 30, 2024, the
155 Commissioner of Social Services shall, within available appropriations,
156 provide state-funded medical assistance to any child twelve years of age
157 and younger, regardless of immigration status, (1) whose household
158 income does not exceed two hundred one per cent of the federal poverty
159 level without an asset limit, and (2) who does not otherwise qualify for
160 Medicaid, the Children's Health Insurance Program, or an offer of
161 affordable, employer-sponsored insurance, as defined in the Affordable
162 Care Act, as an employee or a dependent of an employee. On and after
163 July 1, 2024, the commissioner shall, within available appropriations,
164 provide state-funded medical assistance to any child fifteen years of age
165 and younger, regardless of immigration status, who qualifies pursuant
166 to subdivisions (1) and (2) of this subsection. A child eligible for such
167 assistance under this subsection shall continue to receive such assistance
168 until such child is nineteen years of age, provided the child continues to
169 meet the eligibility requirements prescribed in subdivisions (1) and (2)
170 of this subsection. The provisions of section 17b-265 shall apply with
171 respect to any medical assistance provided pursuant to this subsection.]

172 Sec. 502. Section 17b-292 of the general statutes is repealed and the

173 following is substituted in lieu thereof (*Effective July 1, 2025*):

174 (a) A child who resides in a household with household income that
175 exceeds one hundred ninety-six per cent of the federal poverty level but
176 does not exceed three hundred eighteen per cent of the federal poverty
177 level may be eligible for benefits under HUSKY B. [Until June 30, 2024,
178 the Commissioner of Social Services shall, within available
179 appropriations, provide state-funded medical assistance to any child
180 twelve years of age and younger, regardless of immigration status, (1)
181 with a household income that exceeds two hundred one per cent of the
182 federal poverty level but does not exceed three hundred twenty-three
183 per cent of the federal poverty level, and (2) who does not otherwise
184 qualify for Medicaid, the Children's Health Insurance Program, or an
185 offer of affordable, employer-sponsored insurance, as defined in the
186 Affordable Care Act, as an employee or a dependent of an employee.
187 On and after July 1, 2024, the commissioner shall, within available
188 appropriations, provide state-funded medical assistance to any child
189 fifteen years of age and younger, regardless of immigration status, who
190 qualifies pursuant to subdivisions (1) and (2) of this subsection. A child
191 eligible for such assistance under this subsection shall continue to
192 receive such assistance until such child is nineteen years of age,
193 provided the child continues to meet the eligibility requirements
194 prescribed in subdivisions (1) and (2) of this subsection.] The provisions
195 of section 17b-265 shall apply with respect to any medical assistance
196 provided pursuant to this subsection.

197 (b) Whenever a court or family support magistrate orders a
198 noncustodial parent to provide health insurance for a child, such parent
199 may provide for coverage under HUSKY B.

200 (c) To the extent allowed under federal law, the commissioner shall
201 not pay for services or durable medical equipment under HUSKY B if
202 the member has other insurance coverage for such services or
203 equipment. If a HUSKY B member has limited benefit insurance
204 coverage for services that are also covered under HUSKY B, the
205 commissioner shall require such other coverage to pay for the goods or

206 services prior to any payment under HUSKY B.

207 (d) On or after [April 1, 2022] July 1, 2025, the commissioner shall
208 provide medical assistance for prenatal care and extend medical
209 assistance for postpartum care for twelve months after birth to a HUSKY
210 B beneficiary with legal immigration status, to the extent permissible
211 under federal law. The commissioner shall amend the state plan for the
212 Children's Health Insurance Program in accordance with the American
213 Rescue Plan Act of 2021 to provide federal reimbursement to the state
214 for such postpartum care extension and shall extend such coverage
215 following federal approval, provided such coverage shall not be
216 extended to HUSKY B beneficiaries without legal immigration status.
217 The commissioner shall take any other action necessary under federal
218 law to maintain federal reimbursement for such postpartum coverage.
219 A newborn child who otherwise meets the eligibility criteria for HUSKY
220 B shall be eligible for benefits retroactive to his or her date of birth,
221 provided an application is filed on behalf of the child not later than
222 thirty days after such date. Any uninsured child born in a hospital in
223 this state or in a border state hospital shall be enrolled on an expedited
224 basis in HUSKY B, provided (1) the parent or caretaker relative of such
225 child resides in this state, and (2) the parent or caretaker relative of such
226 child authorizes enrollment in the program. The commissioner shall pay
227 any premium cost such household would otherwise incur for the first
228 four months of coverage.

229 (e) The commissioner shall implement presumptive eligibility for
230 children applying for Medicaid and may, if cost effective, implement
231 presumptive eligibility for children in households with income not
232 exceeding three hundred eighteen per cent of the federal poverty level
233 applying for HUSKY B. Such presumptive eligibility determinations
234 shall be in accordance with applicable federal law and regulations. The
235 commissioner shall adopt regulations, in accordance with chapter 54, to
236 establish standards and procedures for the designation of an
237 organization as a qualified entity to grant presumptive eligibility. A
238 qualified entity shall, at the time a presumptive eligibility determination

239 is made, provide assistance to applicants with the completion and
240 submission of an application for a full eligibility determination. In
241 establishing such standards and procedures, the commissioner shall
242 ensure the representation of state-wide and local organizations that
243 provide services to children of all ages in each region of the state.

244 (f) In accordance with 42 CFR 435.1110, the commissioner shall
245 provide Medicaid during a presumptive eligibility period to individuals
246 who are determined presumptively eligible by a qualified hospital. A
247 hospital making such a presumptive eligibility determination shall
248 provide assistance to individuals in completing and submitting an
249 application for full Medicaid benefits.

250 (g) The commissioner shall implement HUSKY B while in the process
251 of adopting necessary policies and procedures in regulation form in
252 accordance with the provisions of section 17b-10.

253 Sec. 503. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of
254 Energy and Environmental Protection shall, in consultation with the
255 Public Utilities Regulatory Authority, establish a fund and administer a
256 program for the direct payment of costs associated with the low-income
257 discount rates approved by the authority and collected through the
258 systems benefits charge pursuant to section 16-245l of the general
259 statutes. Proceeds from such fund shall be paid by the commissioner to
260 an electric distribution company, as defined in section 16-1 of the
261 general statutes, in conjunction with each rate adjustment proceeding
262 concerning such company before the authority pursuant to section 16-
263 19b of the general statutes.

264 (b) The Public Utilities Regulatory Authority shall, on or before July
265 1, 2025, initiate a docket to (1) establish a program to report to the
266 Commissioner of Energy and Environmental Protection, in conjunction
267 with each rate adjustment proceeding concerning an electric
268 distribution company before the authority pursuant to section 16-19b of
269 the general statutes, the amount payable to such electric distribution
270 company for costs associated with the low-income discount rates

271 approved by the authority, and (2) require each electric distribution
272 company to reduce the amount each such company collects under the
273 systems benefits charge imposed pursuant to section 16-245l of the
274 general statutes by the amount paid to each such company from the
275 fund established pursuant to subsection (a) of this section.

276 Sec. 504. Sections 17b-292b and 17b-257e of the general statutes are
277 repealed. (*Effective July 1, 2025*)"

This act shall take effect as follows and shall amend the following sections:

Sec. 501	<i>July 1, 2025</i>	17b-261
Sec. 502	<i>July 1, 2025</i>	17b-292
Sec. 503	<i>July 1, 2025</i>	New section
Sec. 504	<i>July 1, 2025</i>	Repealer section