
OLR Bill Analysis

sSB 1474

AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES.

SUMMARY

This bill makes three unrelated changes to laws on Medicaid. First, the bill expands Medicaid coverage for weight loss drugs by requiring the Department of Social Services (DSS) to cover glucagon-like peptide 1 (GLP-1) prescription drugs to treat obesity under certain circumstances.

The bill also expands requirements for legislative approval of Medicaid state plan amendments (SPA). Existing law requires DSS to submit a Medicaid SPA to the Appropriations and Human Services committees for approval only if the change would have required a waiver before the federal Affordable Care Act became law. The bill requires DSS to submit all other SPAs to the Human Services Committee, which must schedule a vote on each SPA within 30 days after receiving it. The bill prohibits the DSS commissioner from submitting a SPA for federal approval unless the Human Services Committee votes to approve it. If the committee approves the SPA with amendments, the bill requires the DSS commissioner to submit the SPA for federal approval as amended by the committee.

Lastly, the bill requires certain Medicaid providers to complete a training in effective pain management as a condition for receiving Medicaid reimbursement for prescribing opioid drugs to Medicaid recipients. This requirement applies to licensed physicians, dentists, podiatrists, optometrists, physician assistants, advanced practice registered nurses, and nurse midwives authorized to prescribe opioid drugs within their scope of practice. The training must cover appropriate, available nonopioid alternatives to treat pain and the advantages and disadvantages of using a nonopioid treatment alternative, considering a patient's substance abuse risk. The bill allows

the DSS commissioner to adopt regulations to implement this training requirement.

EFFECTIVE DATE: July 1, 2025, except provisions on Medicaid coverage for weight loss drugs are effective upon passage.

MEDICAID COVERAGE FOR WEIGHT LOSS DRUGS

Current law requires DSS to provide medical assistance for medical services for Medicaid and HUSKY B beneficiaries with a body mass index (BMI) over 35, so long as the beneficiaries otherwise meet conditions set by the federal Centers for Medicare and Medicaid Services (CMS). By law, medical services include FDA-approved prescription drugs to treat obesity on an outpatient basis and nutritional counseling provided by a registered dietitian.

The bill expands this coverage by (1) removing the requirement that beneficiaries meet CMS conditions and (2) specifying that medical services include GLP-1 prescription drugs approved by the FDA for weight loss or commonly used for weight loss. The bill requires the DSS commissioner to continue providing Medicaid coverage for beneficiaries treated with GLP-1 prescription drugs in cases where their BMI drops below 35 if a physician certifies that their BMI would increase above 35 if GLP-1 drugs were discontinued. Existing law and the bill authorize DSS to amend the Medicaid state plan or the Children's Health Insurance Program state plan if needed to implement this coverage.

BACKGROUND

Related Bills

sSB 1251, favorably reported by the Human Services Committee, requires DSS to submit SPAs to the Appropriations and Human Services committees for approval and to the Medical Assistance Program Oversight Council for review.

sSB 11, favorably reported by the Human Services Committee, also expands Medicaid coverage for weight loss drugs.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 16 Nay 6 (03/13/2025)