



General Assembly

***Amendment***

***January Session, 2025***

**LCO No. 8665**



Offered by:

SEN. SAMPSON, 16<sup>th</sup> Dist.

SEN. PERILLO J., 21<sup>st</sup> Dist.

To: Subst. Senate Bill No. **985**

File No. 165

Cal. No. 129

(As Amended)

***"AN ACT CONCERNING LEGISLATIVE APPROVAL FOR  
CHANGES TO THE HUSKY HEALTH PROGRAM REIMBURSEMENT  
AND CARE DELIVERY MODEL."***

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

3 "Section 1. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of  
4 Social Services shall submit any proposal to change the fee-for-service  
5 Medicaid payment model to a managed care payment model to the joint  
6 standing committees of the General Assembly having cognizance of  
7 matters relating to human services and appropriations and the budgets  
8 of state agencies for approval, denial or modifications of such proposal  
9 and the committees shall submit their recommendations for the  
10 approval, denial or modifications of such proposal for the advice and  
11 consent of the General Assembly. Not later than thirty days after the  
12 date of receipt of such proposal, such joint standing committees shall

13 hold a public hearing on the proposal. At the conclusion of such hearing,  
14 such joint standing committees shall advise the commissioner of their  
15 approval, denial or modifications, if any, of the commissioner's proposal  
16 and transmit such recommendations for the approval, denial or  
17 modifications of such proposal for the advice and consent of the General  
18 Assembly. Unless the General Assembly approves such proposal, the  
19 commissioner shall not implement the proposal or seek any necessary  
20 federal approval to implement the proposal. If the General Assembly  
21 approves such proposal with modifications, the commissioner shall  
22 only submit such proposal as modified by the General Assembly.

23 (b) If such joint standing committees do not concur, the committee  
24 chairpersons shall appoint a committee of conference, which shall be  
25 composed of three members from each joint standing committee. At  
26 least one member appointed from each joint standing committee shall  
27 be a member of the minority party. The report of the committee of  
28 conference shall be made to each joint standing committee, which shall  
29 vote to accept or reject the report. The report of the committee of  
30 conference may not be amended. If one joint standing committee rejects  
31 the report of the committee of conference, the proposal shall be deemed  
32 denied and transmitted for the advice and consent of the General  
33 Assembly of such denial. If such joint standing committees accept the  
34 report, the committee having cognizance of matters relating to  
35 appropriations and the budgets of state agencies shall advise the  
36 commissioner of their approval, with any modifications, of the  
37 commissioner's proposal and transmit such recommendation for the  
38 advice and consent of the General Assembly. If such joint standing  
39 committees do not so advise the commissioner during the thirty-day  
40 period, the proposal shall be transmitted for the advice and consent of  
41 the General Assembly at the conclusion of the thirty-day period.

42 (c) Any application for a federal waiver, waiver renewal or proposed  
43 Medicaid state plan amendment submitted to the federal government  
44 by the commissioner to implement a proposal under subsection (a) of  
45 this section shall be in accordance with the approval or modifications, if

46 any, of the General Assembly in accordance with subsections (a) and (b)  
47 of this section.

48 (d) Thirty days prior to submission of such proposal to such joint  
49 standing committees pursuant to subsection (a) of this section, the  
50 Commissioner of Social Services shall post a notice that the  
51 commissioner intends to seek approval for such proposal on the  
52 Department of Social Services' Internet web site, along with a summary  
53 of the provisions of such proposal and the manner in which individuals  
54 may submit comments. The commissioner shall allow thirty days for  
55 written comments on such proposal and shall include all written  
56 comments with the submission of such proposal to such joint standing  
57 committees.

58 (e) The commissioner shall include with any application for federal  
59 approval of such proposal: (1) Any written comments received pursuant  
60 to subsection (d) of this section; (2) any additional written comments  
61 submitted to such joint standing committees at the hearing held in  
62 accordance with subsection (a) of this section; and (3) any testimony  
63 from any proceedings of the General Assembly on such proposal.

64 Sec. 2. (NEW) (*Effective July 1, 2025*) Not later than December 1, 2025,  
65 and annually thereafter, the Commissioner of Social Services shall file  
66 reports with the Council on Medical Assistance Program Oversight,  
67 established pursuant to section 17b-28 of the general statutes, as  
68 amended by this act, concerning (1) the financial performance of the  
69 Medicaid program, and (2) access to and quality of care for Medicaid  
70 members. The financial performance report shall minimally include  
71 updated data similar to the data in the report on financial trends in the  
72 HUSKY Health program filed with the council by the commissioner in  
73 February 2023, and the report concerning access to and quality of care  
74 shall minimally include updated data similar to the data included in the  
75 reports filed with the council by the commissioner on physical health  
76 measures in January 2023 and behavioral health quality indicators in  
77 April 2023 in the HUSKY Health program.

78       Sec. 3. Subsection (a) of section 17a-460c of the general statutes is  
79       repealed and the following is substituted in lieu thereof (*Effective July 1,*  
80       2025):

81       (a) The center, when authorized by the commissioner, may enter into  
82       provider agreements and other contractual arrangements with the  
83       Medicaid fee-for-service program and Medicare managed care plans,  
84       governmental health plans, health maintenance organizations, health  
85       insurance plans, employer and union health plans, preferred provider  
86       organizations, physician-hospital organizations, managed care plans,  
87       networks and other similar arrangements or plans offered by insurers,  
88       third-party payers or other entities offering health care plans to their  
89       members or employees and their dependents.

90       Sec. 4. Section 17b-28 of the general statutes is repealed and the  
91       following is substituted in lieu thereof (*Effective July 1, 2025*):

92       (a) There is established a Council on Medical Assistance Program  
93       Oversight which shall advise the Commissioner of Social Services on the  
94       planning and implementation of the health care delivery system for the  
95       HUSKY Health program. The council shall monitor planning and  
96       implementation of matters related to Medicaid care management  
97       initiatives including, but not limited to, (1) eligibility standards, (2)  
98       benefits, (3) access, (4) quality assurance, (5) outcome measures, and (6)  
99       the issuance of any request for proposal by the Department of Social  
100       Services for utilization of an administrative services organization in  
101       connection with such initiatives.

102       [(b) On or before June 30, 2011, the council shall be composed of the  
103       chairpersons and ranking members of the joint standing committees of  
104       the General Assembly having cognizance of matters relating to human  
105       services, public health and appropriations and the budgets of state  
106       agencies, or their designees; two members of the General Assembly, one  
107       to be appointed by the president pro tempore of the Senate and one to  
108       be appointed by the speaker of the House of Representatives; the  
109       director of the Commission on Aging, or a designee; the director of the

110 Commission on Children, or a designee; a representative of each  
111 organization that has been selected by the state to provide managed care  
112 and a representative of a primary care case management provider, to be  
113 appointed by the president pro tempore of the Senate; two  
114 representatives of the insurance industry, to be appointed by the  
115 speaker of the House of Representatives; two advocates for persons  
116 receiving Medicaid, one to be appointed by the majority leader of the  
117 Senate and one to be appointed by the minority leader of the Senate; one  
118 advocate for persons with substance use disorders, to be appointed by  
119 the majority leader of the House of Representatives; one advocate for  
120 persons with psychiatric disabilities, to be appointed by the minority  
121 leader of the House of Representatives; two advocates for the  
122 Department of Children and Families foster families, one to be  
123 appointed by the president pro tempore of the Senate and one to be  
124 appointed by the speaker of the House of Representatives; two members  
125 of the public who are currently recipients of Medicaid, one to be  
126 appointed by the majority leader of the House of Representatives and  
127 one to be appointed by the minority leader of the House of  
128 Representatives; two representatives of the Department of Social  
129 Services, to be appointed by the Commissioner of Social Services; two  
130 representatives of the Department of Public Health, to be appointed by  
131 the Commissioner of Public Health; two representatives of the  
132 Department of Mental Health and Addiction Services, to be appointed  
133 by the Commissioner of Mental Health and Addiction Services; two  
134 representatives of the Department of Children and Families, to be  
135 appointed by the Commissioner of Children and Families; two  
136 representatives of the Office of Policy and Management, to be appointed  
137 by the Secretary of the Office of Policy and Management; and one  
138 representative of the office of the State Comptroller, to be appointed by  
139 the State Comptroller.]

140 [(c) On and after October 31, 2017, the] (b) The council shall be  
141 composed of the following members:

142 (1) The chairpersons and ranking members of the joint standing

143 committees of the General Assembly having cognizance of matters  
144 relating to aging, human services, public health and appropriations and  
145 the budgets of state agencies, or their designees;

146 (2) Five appointed by the speaker of the House of Representatives,  
147 one of whom shall be a member of the General Assembly, one of whom  
148 shall be a community provider of adult Medicaid health services, one of  
149 whom shall be a recipient of Medicaid benefits for the aged, blind and  
150 disabled or an advocate for such a recipient, one of whom shall be a  
151 representative of the state's federally qualified health clinics and one of  
152 whom shall be a member of the Connecticut Hospital Association;

153 (3) Five appointed by the president pro tempore of the Senate, one of  
154 whom shall be a member of the General Assembly, one of whom shall  
155 be a representative of the home health care industry, one of whom shall  
156 be a primary care medical home provider, one of whom shall be an  
157 advocate for Department of Children and Families foster families and  
158 one of whom shall be a representative of the business community with  
159 experience in cost efficiency management;

160 (4) Three appointed by the majority leader of the House of  
161 Representatives, one of whom shall be an advocate for persons with  
162 substance abuse disabilities, one of whom shall be a Medicaid dental  
163 provider and one of whom shall be a representative of the for-profit  
164 nursing home industry;

165 (5) Three appointed by the majority leader of the Senate, one of whom  
166 shall be a representative of school-based health centers, one of whom  
167 shall be a recipient of benefits under the HUSKY Health program and  
168 one of whom shall be a physician who serves Medicaid clients;

169 (6) Three appointed by the minority leader of the House of  
170 Representatives, one of whom shall be an advocate for persons with  
171 disabilities, one of whom shall be a dually eligible Medicaid-Medicare  
172 beneficiary or an advocate for such a beneficiary and one of whom shall  
173 be a representative of the not-for-profit nursing home industry;

174 (7) Three appointed by the minority leader of the Senate, one of  
175 whom shall be a low-income adult recipient of Medicaid benefits or an  
176 advocate for such a recipient, one of whom shall be a representative of  
177 hospitals and one of whom shall be a representative of the business  
178 community with experience in cost efficiency management;

179 (8) The executive director of the Commission on Women, Children,  
180 Seniors, Equity and Opportunity, or the executive director's designee;

181 (9) A member of the Commission on Women, Children, Seniors,  
182 Equity and Opportunity, designated by the executive director of said  
183 commission;

184 (10) A representative of the Long-Term Care Advisory Council;

185 (11) The Commissioners of Social Services, Children and Families,  
186 Public Health, Developmental Services, Aging and Disability Services  
187 and Mental Health and Addiction Services, or their designees, who shall  
188 be ex-officio nonvoting members;

189 (12) The Comptroller, or the Comptroller's designee, who shall be an  
190 ex-officio nonvoting member;

191 (13) The Secretary of the Office of Policy and Management, or the  
192 secretary's designee, who shall be an ex-officio nonvoting member; and

193 (14) One representative of an administrative services organization  
194 which contracts with the Department of Social Services in the  
195 administration of the Medicaid program, who shall be a nonvoting  
196 member.

197 [(d)] (c) The council shall choose a chairperson from among its  
198 members. The Joint Committee on Legislative Management shall  
199 provide administrative support to such chairperson.

200 [(e)] (d) The council shall monitor and make recommendations  
201 concerning: (1) An enrollment process that ensures access for the  
202 HUSKY Health program and effective outreach and client education for

203 said program; (2) available services comparable to those already in the  
204 Medicaid state plan, including those guaranteed under the federal Early  
205 and Periodic Screening, Diagnostic and Treatment Services Program  
206 under 42 USC 1396d; (3) the sufficiency of accessible adult and child  
207 primary care providers, specialty providers and hospitals in Medicaid  
208 provider networks; (4) the sufficiency of provider rates to maintain the  
209 Medicaid network of providers and service access; (5) funding and  
210 agency personnel resources to guarantee timely access to services and  
211 effective management of the Medicaid program; (6) participation in care  
212 management programs including, but not limited to, medical home and  
213 health home models by existing community Medicaid providers; (7) the  
214 linguistic and cultural competency of providers and other program  
215 facilitators and data on the provision of Medicaid linguistic translation  
216 services; (8) program quality, including outcome measures and  
217 continuous quality improvement initiatives that may include provider  
218 quality performance incentives and performance targets for  
219 administrative services organizations; (9) timely, accessible and  
220 effective client grievance procedures; (10) coordination of the Medicaid  
221 care management programs with state and federal health care reforms;  
222 (11) eligibility levels for inclusion in the programs; (12) enrollee cost-  
223 sharing provisions; (13) a benefit package for the HUSKY Health  
224 program; (14) coordination of coverage continuity among Medicaid  
225 programs and integration of care, including, but not limited to,  
226 behavioral health, dental and pharmacy care provided through  
227 programs administered by the Department of Social Services; and (15)  
228 the need for program quality studies within the areas identified in this  
229 section and the department's application for available grant funds for  
230 such studies. The chairperson of the council shall ensure that sufficient  
231 members of the council participate in the review of any contract entered  
232 into by the Department of Social Services and an administrative services  
233 organization.

234 [(f)] (e) The Commissioner of Social Services may, in consultation  
235 with an educational institution, apply for any available funding,  
236 including federal funding, to support Medicaid care management



237 programs.

238     ~~[(g)]~~ (f) The Commissioner of Social Services shall provide monthly  
239 reports to the council on the matters described in subsection ~~[(e)]~~ (d) of  
240 this section, including, but not limited to, policy changes and proposed  
241 regulations that affect Medicaid health services. The commissioner shall  
242 also provide the council with quarterly financial reports for each  
243 covered Medicaid population which reports shall include a breakdown  
244 of sums expended for each covered population.

245     ~~[(h)]~~ (g) The council shall biannually report on its activities and  
246 progress to the General Assembly.

247     ~~[(i)]~~ (h) There is established, within the Council on Medical  
248 Assistance Program Oversight, a standing subcommittee to study and  
249 make recommendations to the council on children and adults who have  
250 complex health care needs. The subcommittee shall consist of council  
251 members appointed by the chairpersons of the council and other  
252 individuals who shall serve for terms prescribed by the cochairpersons  
253 to advise the council on specific needs of children and adults with  
254 complex health care needs. For the purposes of completing the reports  
255 required pursuant to subparagraphs (A) and (B) of this subsection, such  
256 individuals shall include, but need not be limited to: (1) The Child  
257 Advocate, or the Child Advocate's designee; (2) a family or child  
258 advocate; (3) the executive director of the Council on Developmental  
259 Disabilities, or the executive director's designee; (4) the executive  
260 director of the Connecticut Association of Public School  
261 Superintendents, or the executive director's designee; (5) an expert in  
262 the diagnosis, evaluation, education and treatment of children and  
263 young adults with developmental disabilities; and (6) the Healthcare  
264 Advocate, or the Healthcare Advocate's designee. The subcommittee  
265 shall submit the following reports, in accordance with section 11-4a to  
266 the council, the Governor and the joint standing committees of the  
267 General Assembly having cognizance of matters relating to children,  
268 human services and public health regarding the efficacy of support  
269 systems for children and young adults, not older than twenty-one years

270 of age, with developmental disabilities and with or without co-  
271 occurring mental health conditions:

272 (A) Not later than July 1, 2017, recommendations including, but not  
273 limited to: (i) Metrics for evaluating the quality of state-funded services  
274 to such children and young adults that can be utilized by state agencies  
275 that fund such services; (ii) statutory changes needed to promote  
276 effective service delivery for such children and young adults and their  
277 families; and (iii) any other changes needed to address gaps in services  
278 identified by the subcommittee or council with respect to such children,  
279 young adults and their families; and

280 (B) Not later than January 1, 2018, an assessment of: (i) Early  
281 intervention services available to such children and young adults in this  
282 state; (ii) the system of community-based services for such children and  
283 young adults; (iii) the treatment provided by congregate care settings  
284 that are operated privately or by the state and provide residential  
285 supports and services to such children and young adults and how the  
286 quality of care is measured; and (iv) how the state Department of  
287 Education, local boards of education, the Department of Children and  
288 Families, the Department of Developmental Services and other  
289 appropriate agencies can work collaboratively to improve educational,  
290 developmental, medical and behavioral health outcomes for such  
291 children and young adults and reduce the number at risk of entering  
292 institutional care. As used in this subsection, "developmental disability"  
293 means a severe, chronic disability of an individual, as defined in 42 USC  
294 15002, as amended from time to time.

295 Sec. 5. Section 17b-28h of the general statutes is repealed and the  
296 following is substituted in lieu thereof (*Effective July 1, 2025*):

297 The Commissioner of Social Services may, to the extent permitted by  
298 federal law, amend the Medicaid state plan to establish a pilot program  
299 that serves not more than five hundred persons served by Oak Hill - The  
300 Connecticut Institute for the Blind, Inc. who are eligible for Medicare  
301 and who voluntarily agree to participate in the program. Such program

302 shall be designed to demonstrate the feasibility and cost effectiveness of  
303 delivering comprehensive health insurance coverage [in a managed care  
304 setting] to such persons. The commissioner may include medical  
305 assistance services in the program not covered on October 5, 2009, in the  
306 state medical assistance program or other modifications to the state  
307 medical assistance program to encourage voluntary participation in the  
308 pilot program.

309 Sec. 6. Subsection (b) of section 17b-90 of the general statutes is  
310 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
311 *2025*):

312 (b) No person shall, except for purposes directly connected with the  
313 administration of programs of the Department of Social Services and in  
314 accordance with the regulations of the commissioner, solicit, disclose,  
315 receive or make use of, or authorize, knowingly permit, participate in or  
316 acquiesce in the use of, any list of the names of, or any information  
317 concerning, persons applying for or receiving assistance from the  
318 Department of Social Services or persons participating in a program  
319 administered by said department, directly or indirectly derived from  
320 the records, papers, files or communications of the state or its  
321 subdivisions or agencies, or acquired in the course of the performance  
322 of official duties. The Commissioner of Social Services shall disclose (1)  
323 to any authorized representative of the Labor Commissioner such  
324 information directly related to unemployment compensation,  
325 administered pursuant to chapter 567 or information necessary for  
326 implementation of sections 17b-112l, 17b-688b, 17b-688c and 17b-688h  
327 and section 122 of public act 97-2 of the June 18 special session, (2) to  
328 any authorized representative of the Commissioner of Mental Health  
329 and Addiction Services any information necessary for the  
330 implementation and operation of the basic needs supplement program,  
331 (3) to any authorized representative of the Commissioner of  
332 Administrative Services or the Commissioner of Emergency Services  
333 and Public Protection such information as the Commissioner of Social  
334 Services determines is directly related to and necessary for the

335 Department of Administrative Services or the Department of  
336 Emergency Services and Public Protection for purposes of performing  
337 their functions of collecting social services recoveries and overpayments  
338 or amounts due as support in social services cases, investigating social  
339 services fraud or locating absent parents of public assistance recipients,  
340 (4) to any authorized representative of the Commissioner of Children  
341 and Families necessary information concerning a child or the immediate  
342 family of a child receiving services from the Department of Social  
343 Services, including safety net services, if (A) the Commissioner of  
344 Children and Families or the Commissioner of Social Services has  
345 determined that imminent danger to such child's health, safety or  
346 welfare exists to target the services of the family services programs  
347 administered by the Department of Children and Families, or (B) the  
348 Commissioner of Children and Families requires access to the federal  
349 Parent Locator Service established pursuant to 42 USC 653 in order to  
350 identify a parent or putative parent of a child, (5) to a town official or  
351 other contractor or authorized representative of the Labor  
352 Commissioner such information concerning an applicant for or a  
353 recipient of assistance under state-administered general assistance  
354 deemed necessary by the Commissioner of Social Services and the Labor  
355 Commissioner to carry out their respective responsibilities to serve such  
356 persons under the programs administered by the Labor Department  
357 that are designed to serve applicants for or recipients of state-  
358 administered general assistance, (6) to any authorized representative of  
359 the Commissioner of Mental Health and Addiction Services for the  
360 purposes of the behavioral health [managed care] program established  
361 by section 17a-453, (7) to any authorized representative of the  
362 Commissioner of Early Childhood to carry out his or her respective  
363 responsibilities under the two-generational academic achievement and  
364 workforce readiness initiative established pursuant to section 17b-112l  
365 and programs that regulate child care services or youth camps, (8) to a  
366 health insurance provider, in IV-D support cases, as defined in  
367 subdivision (13) of subsection (b) of section 46b-231, information  
368 concerning a child and the custodial parent of such child that is  
369 necessary to enroll such child in a health insurance plan available

370 through such provider when the noncustodial parent of such child is  
371 under court order to provide health insurance coverage but is unable to  
372 provide such information, provided the Commissioner of Social  
373 Services determines, after providing prior notice of the disclosure to  
374 such custodial parent and an opportunity for such parent to object, that  
375 such disclosure is in the best interests of the child, (9) to any authorized  
376 representative of the Department of Correction, in IV-D support cases,  
377 as defined in subdivision (13) of subsection (b) of section 46b-231,  
378 information concerning noncustodial parents that is necessary to  
379 identify inmates or parolees with IV-D support cases who may benefit  
380 from Department of Correction educational, training, skill building,  
381 work or rehabilitation programming that will significantly increase an  
382 inmate's or parolee's ability to fulfill such inmate's support obligation,  
383 (10) to any authorized representative of the Judicial Branch, in IV-D  
384 support cases, as defined in subdivision (13) of subsection (b) of section  
385 46b-231, information concerning noncustodial parents that is necessary  
386 to: (A) Identify noncustodial parents with IV-D support cases who may  
387 benefit from educational, training, skill building, work or rehabilitation  
388 programming that will significantly increase such parent's ability to  
389 fulfill such parent's support obligation, (B) assist in the administration  
390 of the Title IV-D child support program, or (C) assist in the identification  
391 of cases involving family violence, (11) to any authorized representative  
392 of the State Treasurer, in IV-D support cases, as defined in subdivision  
393 (13) of subsection (b) of section 46b-231, information that is necessary to  
394 identify child support obligors who owe overdue child support prior to  
395 the Treasurer's payment of such obligors' claim for any property  
396 unclaimed or presumed abandoned under part III of chapter 32, (12) to  
397 any authorized representative of the Secretary of the Office of Policy and  
398 Management any information necessary for the implementation and  
399 operation of the renters rebate program established by section 12-170d,  
400 or (13) to any authorized representative of the Department of Aging and  
401 Disability Services, or to an area agency on aging contracting with said  
402 department to provide services under the elderly nutrition program,  
403 information on persons enrolled in the supplemental nutrition  
404 assistance program who have requested or been recommended to

405 receive elderly nutrition program services. No such representative shall  
406 disclose any information obtained pursuant to this section, except as  
407 specified in this section. Any applicant for assistance provided through  
408 the Department of Social Services shall be notified that, if and when such  
409 applicant receives benefits, the department will be providing law  
410 enforcement officials with the address of such applicant upon the  
411 request of any such official pursuant to section 17b-16a.

412 Sec. 7. Section 17b-265c of the general statutes is repealed and the  
413 following is substituted in lieu thereof (*Effective July 1, 2025*):

414 The Commissioner of Social Services, to the extent permitted by  
415 federal law, shall amend the Medicaid state plan to establish a pilot  
416 program serving not more than five hundred elderly or disabled state  
417 medical assistance recipients who are also eligible for Medicare and who  
418 voluntarily opt to participate in the program. Such program shall  
419 demonstrate the feasibility and cost effectiveness of delivering  
420 comprehensive health insurance coverage [in a managed care setting] to  
421 such recipients. The commissioner may include medical assistance  
422 services in the pilot program not presently covered in the state medical  
423 assistance program or other modifications to the state medical assistance  
424 program to encourage voluntary participation in the pilot program.

425 Sec. 8. Section 17b-10a of the general statutes is repealed and the  
426 following is substituted in lieu thereof (*Effective July 1, 2025*):

427 The Commissioner of Social Services, pursuant to section 17b-10, may  
428 implement policies and procedures necessary to administer [section  
429 17b-197, subsection (d) of section 17b-266, section] sections 17b-197, 17b-  
430 280a and subsection (a) of section 17b-295, while in the process of  
431 adopting such policies and procedures as regulation, provided the  
432 commissioner prints notice of intent to adopt regulations on the  
433 department's Internet web site and the eRegulations System not later  
434 than twenty days after the date of implementation. Policies and  
435 procedures implemented pursuant to this section shall be valid until the  
436 time final regulations are adopted.

437 Sec. 9. (NEW) (*Effective July 1, 2025*) Not later than January 15, 2026,  
 438 and annually thereafter, the Commissioner of Social Services shall  
 439 submit a report, in accordance with the provisions of section 11-4a of the  
 440 general statutes, to the speaker of the House of Representatives and the  
 441 president of the Senate on all cases of fraud concerning the state  
 442 Medicaid program for the previous calendar year. The report shall  
 443 include (1) the number of such cases, (2) a description of such cases, (3)  
 444 the disposition of such cases, and (4) the amount of Medicaid funds  
 445 alleged to have been fraudulently received and recovered per case and  
 446 in the aggregate.

447 Sec. 10. Sections 17b-28b and 17b-266 of the general statutes are  
 448 repealed. (*Effective July 1, 2025*)"

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> | 17a-460c(a)      |
| Sec. 4    | <i>July 1, 2025</i> | 17b-28           |
| Sec. 5    | <i>July 1, 2025</i> | 17b-28h          |
| Sec. 6    | <i>July 1, 2025</i> | 17b-90(b)        |
| Sec. 7    | <i>July 1, 2025</i> | 17b-265c         |
| Sec. 8    | <i>July 1, 2025</i> | 17b-10a          |
| Sec. 9    | <i>July 1, 2025</i> | New section      |
| Sec. 10   | <i>July 1, 2025</i> | Repealer section |