



General Assembly

Amendment

January Session, 2025

LCO No. 10370



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". The chairpersons of said joint standing committee shall
52 serve as chairpersons of the subcommittee, which shall conduct an
53 ongoing systemic review of Medicaid provider rates and service
54 reimbursement rates to ensure such rates are adequate to sustain a
55 sufficient provider pool to provide Medicaid beneficiaries sufficient
56 access to high-quality care.

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

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

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

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86 repealed and the following is substituted in lieu thereof (*Effective July 1,*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

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