

**Human Services Committee  
JOINT FAVORABLE REPORT**

**Bill No:** HB-5481 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT CONCERNING MEDICAL ASSISTANCE FOR PATIENTS RECEIVING HOSPICE CARE AT A SHORT-TERM HOSPICE SPECIALTY HOSPITAL OR A

**Title:** HOSPICE FACILITY.

**Vote Date:** 3/19/2026

**Vote Action:** Joint Favorable

**PH Date:** 3/10/2026

**File No.:**

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

**SPONSORS OF BILL:**

Human Services Committee

**REASONS FOR BILL:**

The bill seeks to provide funds for room and board at hospice facilities and short-term hospice specialty hospitals. Groups like The Connecticut Hospice have come out in strong support, expecting an opening of 30 beds within their facility and striking what's seen as overly strict eligibility criteria for patients. This measure is estimated to save the state upwards of \$10-13.4 million by reducing unnecessary hospitalizations, decrease emergency department visits, lower the likelihood of readmission, and mitigate late transfer disruptions. It would charge the Commissioner of DSS with the responsibility of reimbursing costs for Medicaid beneficiaries.

**RESPONSE FROM ADMINISTRATION/AGENCY:**

**Connecticut Department of Social Services, Andrea Barton Reeves, Commissioner:** notes that Medicaid strictly prohibits paying room and board in most circumstances. For these reasons, the Department would appreciate a study on Medicaid and the extent to which it pays for facilities.

**NATURE AND SOURCES OF SUPPORT:**

**The Connecticut Hospice, Sylvia Allais, President & CEO:** Has seen a noticeable drop in Connecticut's hospice care quality, mentioning a growing number of for-profit operators and

increasingly complex diseases. Ms. Allais notes that hospice utilization and enrollment rates remain low in CT, which is saving Medicare and Medicaid spending. She believes that an additional sum of beds will support her site, backing all patient types who face disposition challenges.

**House Republican Caucus, Representative Vincent Candelora, House Minority Leader:** Understands that the decision to move to hospice-level care is often difficult, meaning this type of care should be accessible and match patient needs, he says. Mr. Candelora adds that federal law is restrictive and limits where beneficiaries can get care. He believes in the bill and its potential to deliver long-term Medicaid savings and alleviate bed overcrowding.

**Connecticut General Assembly, Christine Cohen, State Senator:** Through conversations with hospice groups in her district, Ms. Cohen recognizes just how strict the general inpatient qualifications are for patients. She calls this a “compassionate solution” that would grant Medicaid and dually eligible patients short-term hospice care in the interim before the criteria are met.

**The Connecticut Hospice, Dr. Joseph Sacco, Chief Medical Officer:** Strongly supports the bill, stating that Connecticut would lead the nation in innovative health care upon passing this bill. Mr. Sacco is deeply concerned about how patients in desperate need are failing to meet Medicare’s qualification requirements. He shares that Connecticut Hospice has an adequate inventory of beds, adding it’s only a matter of getting patients through the obstacles and into them.

**The Connecticut Hospice, Karen Enders, Director:**

**The Connecticut Hospice, Mary Fitzgerald, Development & Marketing:**

**The Connecticut Hospice, Erin Holder, Director of Quality:**

**The Connecticut Hospice, Kayla Buypal-Ottman, Inpatient Unit Social Worker:**

**The Connecticut Hospice, Hannah Righter, Director of Arts:**

**The Connecticut Hospice, Doug Shaw, Chief Development Officer:**

**The Connecticut Hospice, Ransford Waite, Social Work Supervisor:**

**The Connecticut Hospice, Lorraine Castronova, Director of Admissions:**

**The Connecticut Hospice, Joan Cullen, Director of Volunteers:**

**The Connecticut Hospice, Elizabeth Grice, Director of Human Resources:**

**The Connecticut Hospice, Eileen Mino, Director of Facilities:**

Support the bill, encouraging increased access to quality hospice care. They believe individuals with Medicaid insurance deserve supportive end-of-life settings, pairing testimony with examples of families who undergo high stress and unpredictability during this “sacred time.” Many highlight the additional benefits of ensuring continuity of care, creating cost savings, and reducing overcrowding.

**The Connecticut Hospice, Rachel Green, Assistant Director of Inpatient Nursing:**

**Yale School of Medicine, Alan Kliger, Clinical Professor of Medicine:**

**The Connecticut Hospice, James Prota, Director of Pharmacy:**

**The Connecticut Hospice, Amy Etzel, Manager of Ancillary Services:**

**The Connecticut Hospice, Mary Gilhuly , CFO:**

**The Connecticut Hospice, William Kosturko, Chairman of the Board of Directors:**

**The Connecticut Hospice, Fiona Palmieri, Palliative Care Coordinator:**

**The Connecticut Hospice, Iris Reyes, Director of Inpatient Nursing:**

**The Connecticut Hospice, Edwin Selden, Secretary of the Board of Directors:** Highlight a gap in care between skilled nursing facilities and general inpatient hospice, where happy-middle patients do not qualify for one but are too ill for the other. They underscore how this group would benefit from the bill, as it would reduce acute care hospital days, decrease emergency department visits, lower the likelihood of readmission, and mitigate late transfer disruptions. Testimony covers the idea of placing patients in the “correct level of care earlier.”

**The Connecticut Hospice, Kate Sims, COO:** Passionately stands out against Medicaid statuses determining patients’ end of life transitions. Argues that, during this time, families should be “focused on love, presence, and comfort, not overwhelmed with placement and funding decisions.”

**Connecticut Association for Healthcare at Home, Tracy Wodatch, President & CEO:** Notes that hospice providers receive a per diem rate of \$220 when Medicaid hospice patients choose to receive care and the rate currently covers the full hospice benefit except for room and board. Argues that, by reimbursing room and board under the routine level of care, we satisfy patient choice and would allow more individuals to receive compassionate, specialized end-of-life care in a setting designed specifically for hospice patients. This bill would allow reimbursement for room and board like the reimbursement for hospice care in a nursing home.

**Connecticut Hospice, Patricia Baker, Board Member:** Shares that as a daughter they have seen firsthand family members grappling with and challenged by end of life. She holds that this type of care is extremely costly, and that HB 5481 would be incredibly beneficial in granting access to care and mitigating its costs.

**Fairfield University, Diana Mager, DNP, RN-BC, Professor:** reports their 2025 study of a needs assessment regarding more hospice facilities in Litchfield County, showing an “undeniable and critical need for accessible hospice and palliative care” in this underserved region with an aging population.

#### **NATURE AND SOURCES OF OPPOSITION:**

**Anonymous 6 and Anonymous 7:** Oppose the bill, believing it will increase state government spending and further regulate through mandates.

**Reported by: Zachary Robinson**

**Date: March 31, 2026**