

Human Services Committee JOINT FAVORABLE REPORT

Bill No: HB-5561 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT CONCERNING MEDICAID RATE INCREASES FOR CERTAIN
Title: PROVIDERS.

Vote Date: 3/19/2026

Vote Action: Joint Favorable Substitute

PH Date: 3/17/2026

File No.:

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Human Services Committee

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REASONS FOR BILL:

The bill aggregates several unrelated proposals affecting Medicaid services and provider reimbursement, although the substitute language removed some of the references to specific providers. Although some of these measures were included in other bills, few of the measures were included in the Governor's proposed budget. As proposed, the bill would require DSS to conduct a five-year Medicaid provider rate review, and as part of the process they must consolidate existing provider and service fee schedules so that each provider is reimbursed for the same service at the same rate. Further, they will be guided by the following principles: 1) strengthen access to care, 2) improve care quality and outcomes, and 3) reduce spending on acute care services. Any prescriber of an opioid drug to treat a Medicaid beneficiary's pain is required to consider the feasibility of non-opioid treatment options prior to prescribing an opioid. DSS is asked to create a Personal Care Assistance (PCA) working group on compensating spouses providing the care.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

Removes code adoption requirement in Section 6; inserts prior authorization reporting requirements; adds opioid prescriber requirement in Section 13 and deletes agency report to OPM in Section 16(c) on providers approved to keep contract surpluses.

RESPONSE FROM ADMINISTRATION/AGENCY:

Connecticut Department of Social Services (DSS), Andrea Barton Reeves,

Commissioner: expressed opposition for most provisions of this bill and has included recommended substitutions in some sections. **Section 1** references Medicare billing codes for which legislation is not needed and are considered problematic as future changes cannot be anticipated. **Section 2** excludes dental services that are preventive from the annual benefit maximum. Medically necessary preventive services beyond the cap allows the member to receive those services. Proposed changes are not in the Governor's recommended budget. **Section 3** adds periodontal coverage to the list of nonemergency services under Medicaid. Extending this service to all adults would increase costs substantially. Proposed changes are not in the Governor's recommended budget. **Section 4** adds two representatives of the CTDHP to the MAPOC, but as a vendor CTDHP would not be able to serve in this capacity, as it would be monitoring its own services. A suggested amendment would be to designate a representative from the DSS-CTDHP Dental Policy Advisory Council to serve on MAPOC. **Section 5** requires DSS to increase rates for a "safety net pediatric dental clinic" to the rates paid to FQHCs, but DSS projects the costs to be unsustainable. **Section 6** cautions about adding such level of detail related to billing and coding for services covered under the Medicaid program in legislation. Proposed changes are not in the Governor's recommended budget. Substitute language removes the code adoption. **Sections 7, 8, 14 & 18** direct an increase in rates for optometrists, doulas, psychologists, acupuncturists, family planning, durable medical equipment, orthotics, prosthetics and supplies, and complex rehabilitation technology, however DSS worked with the legislature to create a five-year process and each of these provider types will be reviewed according to the approved schedule. Proposed changes are not in the Governor's recommended budget. **Section 9** directs a specific annual increase for home health services FY 2027 through FY 2031 and removes the differential in rates for nurse visits under special circumstances. First, rate increases should align with the rate study and proposed changes are not in the Governor's recommended budget. **Section 10** directs a certain percentage annual increase for homemaker-companion services and Meals on Wheels for the next 5 years. Rate increases should align with the rate study and proposed changes are not in the Governor's recommended budget. **Section 11** specifies specific rate increases to the daily rate for Gaylord Specialty Network. Proposed changes are not in the Governor's recommended budget. **Section 12** requires DSS specific requirements for non-opioid drugs. The language significantly curtails the ability to administer an evidence-based, clinically appropriate, cost-conscious pharmacy program and would also increase program costs without necessarily improving quality. This does not align with standard best practices used across the country to maintain fiscal stewardship and clinical integrity and the Department cannot support this section. **Section 13** DSS does not believe withholding of Medicaid payments is an appropriate regulatory tool. Substitute language inserts prior authorization reporting requirements and adds prescriber requirement. **Section 15** requires an annual increase in

rates for housing facilities beginning in FY2027 using consumer price index. For consistency across agency programs, any inflationary increases should be based on the gross domestic product deflator. Proposed changes are not in the Governor's recommended budget. **Section 16** Substitution language deletes agency reporting to OPM in 16(c) on providers approved to keep contract surpluses. **Section 17** requires DSS and sister agencies to study programs, reimbursement rates, etc., which the department believes will require contracting with a third-party vendor to complete; and suggests the alternative of identifying specific information that is being sought and a narrower focus that could accomplish the goal with available staff.

Commission on Women, Children, Seniors, Equity & Opportunity, Melvette Hill, Executive Director: supports the bill, with recommendations.

Office of Policy & Management, Joshua Wojcik, Acting Secretary: makes specific recommendations regarding Section 16.

NATURE AND SOURCES OF SUPPORT:

Connecticut General Assembly, Senate Democratic Office, Martin Looney, Senator and President Pro Tempore: supports this bill and other initiatives to assure adequate payment for state services.

Hospital Systems & Medical Providers:

Middlesex Health, Vincent G. Capece Jr., President & CEO: expressed appreciation for targeted Medicaid reimbursement to help address access challenges and longstanding underpayment.

Connecticut Children's Medical Center, Christian Peterson, Government Relations Manager: provides analysis of payment systems for children's services. Supports proposed improvements in Medicaid reimbursement.

Banever, Thomas C. MD, Physician & Surgeon: supports increased Medicaid rates.

Connecticut College of Emergency Physicians, Dr. Daniel Freess, Emergency Physician: Unfortunately, the ED is the safety net of the American healthcare system, as our EDs are bound to treating anyone regardless of their ability to pay. This obligation does not extend to the outpatient settings, and daily we see patient presenting with the sequela of delayed and deferred care, limited resources and lack of basic primary care. Although they support improved reimbursement models, it will not change the economics of caring for Medicaid patients, but the rate adjustments are an important step toward greater access.

Reproductive Equity Now, Liz Gustafson, Connecticut State Director: supports rate increases. Without an increase in Medicaid reimbursement rates, patients are at risk of losing access to essential, lifesaving primary and reproductive health care, including routine gynecological care, birth control appointments, STI testing and treatment, and cancer screenings.

Gaylord Specialty Healthcare-Long-Term Acute Care Hospital, Kevin Johnson, Sales Manager, Senior Marketing Specialist and Legislative Liaison:

Hartford Healthcare, Melissa Riley: supports the proposed rate enhancements. Discusses Medicaid shortfall and predictability vs. stability.

Stamford Health, Kathleen Silard, President and CEO: We urge the Committee to increase rates to reverse the lack of access to behavioral health services and increase rates for psychologists. We also support increasing Medicaid rates for emergency room physicians. Medicaid underpayment for emergency department physician services directly impacts hospitals like Stamford Health because when Medicaid reimbursement falls short of the cost of care.

UCONN Health, Dr. Kristina Zdanys, Physician: Strongly supports Section 1(b), which requires the Commissioner of Social Services to amend the Medicaid state plan to incorporate Medicare billing code reimbursement criteria for cognitive assessment and care planning for patients 64 and younger who show signs of cognitive impairment. Reports having observed an increase in cognitive symptoms related to traumatic brain injury, post-COVID conditions, mental health comorbidities, and early-onset neurodegenerative disorders, having cared for patients as young as 41 years old with a dementia diagnosis. Yet Medicaid patients under 65 face major barriers to receiving standardized cognitive assessment and care planning — services that Medicare already reimburses for older adults using well-defined CPT codes.

Connecticut State Medical Society (Past President), and Connecticut College of Emergency Physicians (Past President), Gregory L. Shangold, MD, FACEP, Managing Partner, Northeast Emergency Medicine Specialists: provides substantial data analysis regarding access to care and financing. Recommends CT needs to develop a method, so rates are not solely linked to Medicare. Medicare does not keep up with inflation, in fact the rate determining process built into Medicare is designed to do the exact opposite! Any small increases over the years have been ad hoc corrections voted on by Congress. From 2001 to 2025, there has been a 33% reduction in Medicare relative to the COL.

Oral Care Providers & Individuals

Efron, Sharon, RDH, MS, FADHA, Dental Hygienist: supports increases for preventive care.

Brooker Memorial, Christina Emery, Executive Director: supports rate adjustments.

F, Latasha, Self-advocate: believes that dental services are essential health care and that current caps are denying much needed care.

Connecticut Oral Health Initiative (COHI), Kirsten Ferguson, Oral Health Champion: This bill ensures that essential preventive services like exams and cleanings, as well as medically necessary treatments such as dentures and periodontal therapy, are not treated as optional extras under HUSKY.

Connecticut Oral Health Initiative (COHI), Nochelle Foppiano, Dental Professional & Oral Health Champion: ensuring that essential preventive services and medically necessary treatments are not restricted by the current cap.

Frias, Rosaura, RDH, MSDH, Dental Hygienist: supports the bill as it mandates coverage for periodontal therapy for healthy adults.

Connecticut State Dental Association (CSDA), Kathleen Gerrity, Executive Director: supports rate increases and structural changes to reimburse for preventive periodontal therapy.

Center for Medicare Advocacy (CMA), Wey-Wey Kwok, Senior Attorney: supports increased rates and changes in definitions for dental services.

Connecticut Oral Health Initiative (COHI), Dr. Allen Hindin, Retired Dentist: supports dental preventive services and clinical interventions that are specific to the person's situation rather than one-size-fits-all.

Connecticut Oral Health Initiative (COHI), Sandra Ferreira-Molina, Policy and Advocacy Director: details the rationale for changes to oral preventive care.

Connecticut Oral Health Initiative (COHI), Lori Savage: supports rate increases and structural changes to dental preventive care payment.

Connecticut Oral Health Initiative (COHI), Shai Turner: states dental care is not optional - it is essential healthcare. Community members try to do everything right. They show up for cleanings, they follow treatment plans, they ask for help early. But the cap cuts them off mid-treatment, mid-healing, mid-hope. Preventable problems become emergencies. Increased rates and structural changes will help to mitigate this problem.

Connecticut Oral Health Initiative (COHI), Maldonado Mendez, Doris, Parent Ambassador for Connecticut, Guardian ad Litem, and lived experience of congenital heart disease: Supports coverage for preventive periodontal treatments, as care costs a fraction of what emergency dental surgery, hospitalization, or cardiac complications cost Medicaid. Families across the country reported long waitlists, limited Medicaid-accepting providers, transportation challenges, and lack of coordinated medical-dental guidance.

MBraces, Dr. Pradipta Masumder, Orthodontist: supports rate increases.

Community Health Center, Inc., Dr. Thomas McManus, Chief Dental Officer: supports increased rates and coverage for periodontal prevention.

Primus, Linda Isis, Registered Dental Hygienist & Member, American Dental Hygienists Association – Connecticut: support rate increases and structural changes to payment for preventive care.

Salters, Susan, Parent: shares poignant story of her child's story of inadequately personalized dental services resulting in significant health issues, a testament to the critical importance of dental care and prevention.

Sandberg, Michael, Patient: reports the challenges of receiving adequate and personalized dental care for a person >65 with disabilities.

Connecticut Voices for Children, Ruchi Sheth, MA, Research & Policy Associate, and Emily Byrn, MPA, Executive Director: supports rate increases and restructuring. Ultimately, this bill seeks to expand access to comprehensive oral health services for adult patients, offering a real baseline of care. Oral health, for too long, has been treated as a separate component of health care. This bill offers important and necessary changes to ensure oral health is not a luxury but a right.

Eyecare Providers

Connecticut Association of Optometrists (CAO), Dr. Barbara Dune, Optometrist and Medicaid Provider: supports enhanced reimbursement for eyecare.

Connecticut Association of Optometrists (CAO), Dr. Brian T. Lynch, Legislative Chairman, Optometrist and Medicaid provider. Supports rate adjustments and parity with Ophthalmology for the same procedures and services. Reports that 70 percent of eyecare given to the Medicaid population is delivered by optometrists.

Connecticut Association of Optometrists (CAO), Dr. Erin McCleary, Advanced Practice Optometrist, Past President and Medicaid provider for nearly 20 years: Supports rate increases and parity with other eyecare providers providing identical services.

Behavioral Health Providers

Berry, Michael, Clinical Psychologist: supports increased rates for psychologists.

J. Arthur Trudeau Memorial Center, Andre Bessette, VP Children's Services: supports.

National Alliance on Mental Illness of Connecticut (NAMI-CT), Thomas Burr, Public Policy Manager: supports rate increases for psychologists and home care providers.

Connecticut Psychological Association (CPA), Dr. Kate Patterson, President, and Dr. Meghan Butler, Executive Director:

Connecticut Psychological Association (CPA), Maria Victoria Ramos, Licenses Psychologist and Director of Professional Affairs: supports improved reimbursement for psychologists.

Connecticut Psychological Association (CPA), Dr. Marcy Russo, Psychologist and Co-Chair, Legislative Committee of CPA: supports improved reimbursement for psychologists.

Connecticut Psychological Association (CPA), Dr. Mark Spellman, Psychologist and Member, Legislative Committee: I am not asking for a raise, just a restoration (relates history of the erosion of HUSKY reimbursement relative to the Medicare rate). Generally,

Medicare patients rarely present with the level of psychosocial problems by those covered by Medicaid.

Crawford, Dr. Sarah, Clinical Psychologist, East Windsor: supports improved reimbursement for psychologists.

Bridges Healthcare, Jennifer Fiorillo, CEO: Behavioral health reimbursement rates are among the lowest in the five-state study and have impacted organizations like mine to provide the vital services needed to our most vulnerable populations.

Voices for Non-Opioid Choices, Chris Fox, Executive Director: current reimbursement policy may be penny wise, but it is clearly pound foolish and fails to make appropriate investments in opioid addiction prevention. This language fixes that.

The Village for Families & Children, Tammy Freeberg, MSW, FACHE, Senior VP for Strategy and Planning:

Community Health Resources, (CHR), Heather Gates, President & CEO: We are anticipating loss of revenue due to the implementation of H.R. 1 as individuals lose their health insurance due to the redetermination process and changes to the subsidies. This on top of inadequate rates, which contribute to significant financial losses, will be problematic. Our outpatient clinics cannot sustain losses of this magnitude. We already lose over \$1.0 million per year on our clinics.

Kapadia Psychological Services, Chandni Kapadia, Licensed Psychologist: supports improved rates. They work with some Medicaid patients out of network because low reimbursement rates and has multiple referrals weekly from Medicaid clients looking for a psychologist with my trauma training or cultural understanding of Asian Americans.

Specialty Clinic in hospital in New Britain, Sarah Hardy, Licensed Clinical Psychologist: I don't wish to abandon my current population served by electing to move into the private sector, but without legislative reform driving change, I'm not sure how much longer I and my colleagues can sustain ourselves.

Clifford Beers, Carly Trask-Kuchta, Psychologist and Director of Training: supports rate increases.

BEAN Behavioral Health, Mary Mercado, Psy.D, Psychologist: psychological and neuropsychological testing. Reimbursement from Medicaid often does not cover the cost of the tools used, let alone the time spent with patients and writing up the evaluations. With extensive waitlists, it would be highly advantageous to increase the reimbursement rates for providers and increase access for these services.

McCall Behavioral Health Network, Marisa Mittelstaedt, Director of Development and Marketing: recommends the bill be amended to include behavioral health providers, ensuring that these critical services are not excluded from needed rate adjustments.

Child & Family Agency of Southeastern Connecticut (CFA), Lisa Otto, Chief Executive Officer: supports rate increases for mental health services and medical care. Discusses the

impact of inadequate Medicaid rates, workforce challenges, and growing fiscal uncertainty. Discusses the improvements resulting from adequate compensation.

Elara Caring, Bree Sanca, Vice President of Behavioral Health and Pediatrics: expresses strong support for updates to the home health fee schedule and recognizes the unique costs associated with delivering care in patients' homes. The provision prohibiting reductions in reimbursement for subsequent behavioral health visits by the same nurse to the same address is particularly important for the population we serve, and the inclusion of home health medication administration rate (not included in the rate study).

Connecticut Nurses Association, Kimberly Sandor, MSN, RN, FNP and Executive Director: strongly advocates for funding for escort for home care nurses as a core safety intervention, especially after the death of CT nurse while making a home visit. Elucidates the risks to nurses and OSHA guidelines employer responsibility.

Licensed Psychologist, Dr. Allison Sidel, New Milford: supports rate increases for psychologists. Maintains a waitlist for Medicaid covered adults and children with a average wait time of 1-12 months, far too long for a person in mental distress. Enacting rate increases would ensure that psychologists can continue to serve Medicaid patients, expanding access to care, and reducing delays in treatment.

Home & Community Care Providers

B&M Homemaking and Companion Services, LLP, Marlene Chickerella, Managing Partner: supports rate increases.

B&M Homemaking and Companion Services, LLP, Blanca Gonzalez, Managing Partner: supports rate increases.

B&M Homemaking and Companion Services, LLP, Evelyn Medina, Payroll Administrator: supports rate increases.

Home Care Association of America-Connecticut, Marlene Chickerella, Chairperson: supports rate increases.

Assisted Living Services, Inc., Mario D'Aquila, Co-Owner & COO and Chair of the DSS Medicaid Committee for HCAOA and Member Board of Directors for CT Association for Healthcare at Home: supports rate increases.

Connecticut Home Care Solutions, Michaela Dwyer, Owner & Operator: supports rate increases.

Home Medical Equipment and Services Association of New England (HOMES), Lauryn Estrella, Executive Director: opposes methodology and benchmarks underlying the study.

Pansy Homecare, Jonah C. Francis, CEO: Individuals who rely on Medicaid home care services are among the most vulnerable residents in our state, and many caregivers working in this industry are women, immigrants, and people of color. Ensuring that agencies can offer

sustainable wages and professional support structures strengthens both sides of this relationship.

Aveanna Healthcare, Kristen Hayworth, Director of Government Affairs: supports rate increases.

Yale New Haven Health-Health at Home, Ann Olsen, Executive Director: supports rate increases.

Viventium Software, Paul Perrelli: supports rate increases.

Project Genesis-Registered Homemaker Companion Agency, Rachel Kuhn, Acquired Brain Injury (ABI) Program Director: The ABI Waiver was designed specifically to avoid this by helping people live full lives in the least restrictive environment possible. Investing in community-based ABI services is not only the compassionate choice but is also the fiscally responsible one.

Project Genesis-Registered Homemaker Companion Agency, Kathy Rathan, CEO: outlines the crisis in HCBS, and makes the case for why this legislation matters. Recommends inclusion of ABI waiver services.

Day Kimball Health At Home (DKH), Jennifer LeDuc, RN, MSN, Executive Director Homecare and Hospice: Older adults are aging in place and rely heavily on home health services to recover after hospitalization, manage chronic illness, and remain safely in their homes. NE Connecticut faces persistent shortages of primary care providers and extremely limited transportation options. Many no longer drive, public transportation is scarce, and private transportation services are often unaffordable. For many, home health care becomes the only practical way to access medically necessary services after leaving the hospital or while managing chronic health conditions – it is an essential part of the healthcare infrastructure.

Home Care Association of America (HCAOA), Jason Lee, President: shares a schema of comparative rates for HCBS in CT, the lowest rate among the New England states.

Home Care Association of America (HCAOA), Eric Reinerman, Vice President of Governmental Relations: stresses the critical nature of HCBS and the urgent need for adequate reimbursement.

A & B Homecare Solutions, Cecelia Livingston, Senior Director of Operations: supports rate adjustment. Discusses comparative rates among HCBS and those receiving care in an LTAC or IRF.

Companions & Homemakers (Farmington) and Companions Forever (Newington), Michael Lung, Vice President of Operations: supports rate adjustments. Reports they are forced to consider cutting back on Medicaid funded services due to increased operating costs and the ever-increasing difficulties in recruiting quality caregivers. The alternative is companies such as mine closing their doors and thousands of clients going without the care they depend on.

Serenity Care at Home, Bryce Mitchell, Owner: supports rate increases:

Alliance: The Voice of Community Nonprofits (The Alliance), Monika Nugent, Manager of Public Policy and Advocacy: supports rate increases as vital to continuing services. Recommends inclusion of vital codes for Acquired Brain Injury Waiver (ABI).

Masters in Home Care, Chris Pankratz, Co-Owner & CEO and Chair, Government Relations Committee for Connecticut Association for Healthcare at Home: support Sections 9 & 10 which begin to correct the long-standing underfunding of Medicaid HCBS, including correction of the structural flaw by eliminating the subsequent visit penalty.

Assured Quality Homecare, Caleb Roseme, Chair of the Home Care Committee, Board Member Connecticut Association for Healthcare at Home, and COO, Assured Quality Homecare: defines the structural problems relative to funding and proposed a solution of restructured payments and rate increases.

Pulla, Katie, Caregiver: tells of the experience of professional caregiving.

Charter Oak Home Care, Conant Schoenly, President and CEO: supports increases in rates and relates the alarming trend of the difficulty to providing care to the state's Medicaid population, placing caregiver in the difficult position of having to choose between continuing to serve a Medicaid client or working with a private or VA client where they can make up to \$5/hour more.

Connecticut Association for Nutrition and Aging Service Providers, Joel Sekorski, Director Service for the Elderly: supports Section 10 that increases reimbursement rates for Meals on Wheels providers serving participants in the Connecticut Home Care Program for Elders (CHCPE). While the state recently implemented a 4.9 percent rate increase for many HCBS, Meals on Wheels providers were not included in that adjustment, leaving out the same level of support afforded to other services within the continuum of care.

Community Companion & Homemaking Services, Nancy Trawick-Smith, Director: In the last 10 years the minimum wage has increased by 79% while the PCA reimbursement rate has increased by only 29%; margins for this program are underwater. Out of the \$22-\$25 per hour that we are reimbursed we must pay the employee's wage which at the minimum is \$17 per hour, payroll taxes (Social Security, Medicare, Unemployment), Travel Time, Mileage for those trips to the store and for transporting clients to medical appointments, the cost of the Schedulers and Care Coordinators, the Bookkeeping Staff who religiously run our payroll, do our billing and keep our books, etc.

Help Unlimited, Inc., Brittany Strong, Administrator: strong support for rate increases on behalf of small, locally owned businesses committed to excellent care.

Aspire Living & Learning, Tod Van Kirk, Senior Director of Operations: in particular, supports Section 16(c) which would assist the state in viewing multi-department providers, like Aspire, that provided CLAs (through DDS) and ICFs (through DSS), allowing viewing of total cost reports giving the ability to utilize surplus funds shown on a cost report to invest in either program with approval for the respective agencies.

Connecticut Association for Healthcare at Home, Tracy Wodatch, President & CEO:

supports especially Sections 9 & 10 because of the dire situation for HCBS, as these rates have failed to keep pace with inflation, rising wages, increased regulatory demands, and the growing complexity of patients being served in the home. The disparity has become even more pronounced with the recent wage increases for PCAs in the self-directed care sector, which recently raised wages to \$23 per hour, yet homemaker companion agency-based care remains bound to reimbursement rates that do not cover the cost of employing caregivers, supervising staff, maintaining compliance, and sustaining operations.

Individuals & Other Providers

Alzheimer's Association, Connecticut Chapter, Mark Carmody, Advocate: advocates for Annual Wellness Exam for Medicaid similar to Medicare benefit.

Alzheimer's Association, Connecticut Chapter, David Coleman, Advocate:

Connecticut Citizen Action Group, Liz Dupont-Diehl: Reproductive rights and healthcare are threatened by federal actions including HR1. We must ensure that reproductive health providers have the resources they need to continue providing essential care across the state. Medicaid reimbursement rates have stagnated while the costs of delivering care continue to rise. For safety-net providers, this means absorbing unsustainable financial losses in service of their mission of serving everyone, regardless of who they are, how much they make, or their insurance coverage.

Connecticut Society of Acupuncturists, Dr. Joseph Downer, D,Ac, Lac, Chair: supports rate increases.

Connecticut Society of Acupuncturists, Dr. Jill Kleiber, DACM, L.A.c. Treasurer & Founder of Access Acupuncture (give access to uninsured): supports rate increases.

Alzheimer's Association, Connecticut Chapter, Dr. Kristina Zdanys, Physician and Associate Professor, Depart. Of Psychiatry, Chief, Division of Geriatric Psychiatry and Behavioral Health: supports Annual Wellness Examination for Medicaid similar to current Medicare practices. Right now, a 66-year-old on Medicare can receive a full cognitive assessment and care planning visit, while a 45-year-old Medicaid patient with concerning symptoms often cannot. That is an unacceptable inequity based solely on payer rules, not medical need.

Alzheimer's Association – Connecticut Chapter, Christy Kovel, State Government Relations Director: supports Medicaid coverage for the Annual Wellness Examination similar to Medicare for those >65 years old.

Alzheimer's Association – Connecticut Chapter, Andy Shields, Board Member and Spouse Caregiver: advocates for access to an Annual Wellness Examination similar to Medicare coverage for those >65.

Planned Parenthood of Southern New England. Michelle Jonelis, Volunteer and Patient Advocate:

Planned Parenthood of Southern New England, Azeen Keihani, Medical student and Health Advocacy Volunteer: Without an increase in Medicaid reimbursement rates, patients are at risk of losing access to the care they depend on from the providers they trust. Low reimbursement rates for family planning providers disproportionately harm patients who are low-income, people of color, underinsured or uninsured, those living in medically underserved communities, young people, LGBTQ+ people, and exacerbate systemic inequalities in health care access.

Planned Parenthood of Southern New England (PPSNE), Gretchen Raffa, MSW and Chief Policy and Advocacy Officer: supports a rate increase for family planning providers. States PP health centers are indispensable and irreplaceable role as a safety net provider in our health care system, with 52,000 visits at 14 health centers; focused on health equity.

Connecticut Chiropractic Physicians Association (CTChiro), Dr. Nick Karapasas, Chiropractic Physician: supports rate increases with rationale.

Connecticut Chiropractic Physicians Association (CTChiro), Dr. James Lehman, DC Chiropractic orthopedist and Associate Professor of Clinical Sciences, and Director of Health Sciences Postgraduate Education at the University of Bridgeport School Chiropractic: urges support for Section 13. Chiropractic specialists have been offering non-pharmacological treatments for both acute and chronic pain, and primary care providers have been referring patients with acute pain and chronic pain syndromes to chiropractic specialists rather than prescribing opioid and other pain medications.

Connecticut Chiropractic Council, Dr. Doug Stranko, DC, Legislative Chairperson and practicing Chiropractor in Glastonbury: The current rate paid for chiropractic care for a 3-4 region manipulative treatment (our most common procedure) is \$35 under Medicare; Medicaid reimburses at \$22. Medicaid does not reimburse chiropractors for an initial examination, making it difficult to serve lower income families and individuals.

Dialysis Clinic, Inc., James Reid, Area Operations Director: dialysis services are at risk without rate increases.

Natera Genetics, Alec Lewis, Regional Manager of Government Affairs: supports establishment of Proprietary Laboratory Analysis (PLA) to provide unique identifiers for specific diagnostic tests that give insurers/payors the clarity to process claims and maintain oversight of pricing. Biomarkers are becoming more important to determine targeted therapies, immunotherapy, or other personalized treatments.

LeadingAge Connecticut & Rhode Island, Mag Morelli, President: emphasized the importance of safety escort services for staff making home visits and urges support for Section 9 and 10.

NATURE AND SOURCES OF OPPOSITION:

American Association for Homecare (AAHomecare), Cadie McGonagill, Senior Director of Payer Relations: opposes reductions in reimbursement for DME/HME. Connecticut is one

closure away from a healthcare desert in some counties. This access to care crisis is particularly devastating in rural areas where distances are vast and alternative providers are few.

Reported by: Rebecca McClanahan

Date: April 7, 2026