



General Assembly

February Session, 2026

***Raised Bill No. 5559***

LCO No. 3106



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

***AN ACT CONCERNING A BASIC HEALTH PROGRAM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2026*) (a) As used in this section and  
2 sections 2 to 4, inclusive, of this act:

3 (1) "Affordable Care Act" has the same meaning as provided in  
4 section 38a-1080 of the general statutes;

5 (2) "Eligible individual" means a state resident who (A) is under sixty-  
6 five years of age, (B) has household income exceeding one hundred  
7 thirty-three per cent of the federal poverty level but not exceeding two  
8 hundred per cent of the federal poverty level, (C) is otherwise ineligible  
9 for medical assistance programs established pursuant to chapter 319v of  
10 the general statutes, and (D) is otherwise eligible to enroll in a qualified  
11 health plan, as defined in section 38a-1080 of the general statutes, on  
12 Access Health Connecticut; and

13 (3) "Basic health program" means a health care program authorized  
14 under Section 1331 of the Affordable Care Act for eligible individuals  
15 that is funded by federal payments to the state amounting to ninety-five

16 per cent of the health insurance premium tax credits and cost-sharing  
17 reductions that would have otherwise been provided to, or on behalf of,  
18 eligible individuals under the Affordable Care Act.

19 (b) On and after October 1, 2026, the Commissioner of Social Services,  
20 in consultation with the Office of Policy and Management and based  
21 upon the recommendations of the working group established pursuant  
22 to section 3 of this act, shall seek any necessary approvals from the  
23 federal government to establish a basic health program and take all  
24 necessary actions to maximize federal funding.

25 (c) The commissioner shall, in accordance with the Affordable Care  
26 Act, coordinate the administration of, and provision of benefits under,  
27 the basic health program with the state medical assistance programs. To  
28 the extent permissible under the Affordable Care Act, medical  
29 assistance provided through the basic health program shall include the  
30 benefits, limits on cost-sharing and other consumer safeguards that  
31 apply to the state medical assistance programs.

32 (d) If the commissioner determines that the cost of medical assistance  
33 provided to eligible individuals in the basic health program will exceed  
34 federal subsidies, or if changes in federal law, regulations or the  
35 administration of federal law or regulations affects funding, eligibility  
36 for or administration of the program, the commissioner, in consultation  
37 with the Office of Policy and Management, may develop a plan to  
38 respond to said changes. To the extent that federal funds received under  
39 the Affordable Care Act for the basic health program exceed the cost of  
40 medical assistance that would otherwise be provided to eligible  
41 individuals, the commissioner shall use such funds to reduce the  
42 premiums and cost-sharing of, or provide additional benefits for,  
43 eligible individuals in accordance with 42 USC 18051, as amended from  
44 time to time.

45 (e) The Commissioner of Social Services shall forward any  
46 application for federal approval of or changes to the basic health

47 program to the joint standing committees of the General Assembly  
48 having cognizance of matters relating to appropriations and the budgets  
49 of state agencies and human services and to the working group  
50 established pursuant to section 3 of this act not later than thirty days  
51 before seeking federal approval for the program.

52 (f) Not later than January 1, 2027, every six months thereafter through  
53 January 1, 2030, and annually thereafter, the commissioner shall submit  
54 a report, in accordance with the provisions of section 11-4a of the general  
55 statutes, to the joint standing committees of the General Assembly  
56 having cognizance of matters relating to appropriations and the budgets  
57 of state agencies, human services and insurance and real estate. The  
58 report shall contain a narrative description and any supporting  
59 documentation or data of the operations, activities, finances of and  
60 progress made on the basic health program for the immediately  
61 preceding reporting period.

62 Sec. 2. (NEW) (*Effective July 1, 2026*) There is established an account  
63 to be known as the "basic health program account", which shall be a  
64 separate, nonlapsing account. The account shall contain any moneys  
65 required by law to be deposited in the account. Moneys in the account  
66 shall be expended by the Department of Social Services solely for the  
67 purposes of operating a basic health program in accordance with the  
68 Affordable Care Act and section 1 of this act.

69 Sec. 3. (NEW) (*Effective from passage*) (a) The Commissioner of Social  
70 Services shall establish a working group to oversee the design of the  
71 basic health program established pursuant to sections 1 and 2 of this act.

72 (b) The working group shall consist of:

73 (1) The Connecticut Healthcare Advocate, or the advocate's designee;

74 (2) The Insurance Commissioner, or the commissioner's designee;

75 (3) The Commissioner of Social Services, or the commissioner's

76 designee;

77 (4) The executive director of the Commission on Racial Equity in  
78 Public Health, or the executive director's designee;

79 (5) The State Comptroller, or the comptroller's designee;

80 (6) The Secretary of the Office of Policy and Management, or the  
81 secretary's designee, who shall also serve as a cochairperson;

82 (7) The speaker of the House of Representatives, the president pro  
83 tempore of the Senate, the majority leader of the House of  
84 Representatives, the majority leader of the Senate, the minority leader  
85 of the House of Representatives, and the minority leader of the Senate,  
86 or their designees;

87 (8) The House and Senate chairpersons of the joint standing  
88 committee of the General Assembly having cognizance of matters  
89 relating to human services, who shall also serve as cochairpersons;

90 (9) The House and Senate chairpersons of the joint standing  
91 committee of the General Assembly having cognizance of matters  
92 relating to insurance and real estate, or their designees;

93 (10) The chief executive officer of Access Health Connecticut;

94 (11) Three health insurance experts from the nonprofit and academic  
95 communities with demonstrated knowledge about health plan design  
96 and actuarial practices, appointed by the cochairpersons of the working  
97 group; and

98 (12) Any other members the cochairpersons deem necessary.

99 (c) Any member of the working group appointed under subdivisions  
100 (11) and (12) of subsection (b) of this section may be a member of the  
101 General Assembly. All initial appointments to the working group shall  
102 be made not later than thirty days after the effective date of this section.

103 If such appointments are not made not later than thirty days after the  
104 effective date of this section, the Commissioner of Social Services may  
105 designate individuals with the required qualifications for the applicable  
106 appointment to serve on the working group until such appointments are  
107 made.

108 (d) The working group may consult with stakeholders, including, but  
109 not limited to, current enrollees in Access Health Connecticut, enrollees  
110 in the state's medical assistance programs, health care providers, health  
111 insurance issuers, health care advocates, researchers, actuaries and  
112 nonprofit health care service providers.

113 (e) Members appointed pursuant to subdivisions (11) and (12) of  
114 subsection (b) of this section shall serve at the pleasure of the appointing  
115 authority and shall continue to serve until their successors are  
116 appointed. Any vacancy shall be filled by the appointing authority.

117 (f) A majority of the membership of the working group shall  
118 constitute a quorum for the transaction of any business and any decision  
119 shall be by a majority vote of those present at a meeting, except the  
120 cochairpersons may establish such committees, subcommittees or other  
121 entities as they deem necessary to further the purposes of the working  
122 group. The working group may adopt rules of procedure.

123 (g) The members of the working group shall serve without  
124 compensation, but shall, within the limits of available funds and subject  
125 to the approval of the working group's chairpersons, be reimbursed for  
126 expenses necessarily incurred in the performance of their duties.

127 (h) Not later than December 1, 2026, the working group shall submit  
128 a report to the joint standing committees of the General Assembly  
129 having cognizance of matters relating to appropriations and the budgets  
130 of state agencies, human services and insurance and real estate  
131 concerning the groups' recommendations for the design and  
132 implementation of the basic health program. Such report shall contain a  
133 description of the program, including, but not limited to, operations and

134 funding for the program.

135 Sec. 4. (*Effective July 1, 2026*) Prior to implementation of the basic  
136 health program, the Commissioner of Social Services shall hold at least  
137 one public hearing for the program and a series of stakeholder  
138 engagement meetings with potential stakeholders, including, but not  
139 limited to: (1) Representatives of hospitals, health centers, other health  
140 care providers, HUSKY Health plan enrollees and Access Health  
141 Connecticut enrollees, (2) members of the joint standing committees of  
142 the General Assembly having cognizance of matters relating to  
143 appropriations and the budgets of state agencies, human services,  
144 public health and insurance and real estate, and (3) other persons with  
145 health equity and health coverage policy expertise.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2026</i>	New section
Sec. 2	<i>July 1, 2026</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>July 1, 2026</i>	New section

**Statement of Purpose:**

To expand affordable care options by establishing a basic health program under the Affordable Care Act.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*