



General Assembly

Amendment

February Session, 2026

LCO No. 5818



Offered by:
REP. GILCHREST, 18th Dist.

To: Subst. House Bill No. 5561

File No. 445

Cal. No. 328

"AN ACT CONCERNING MEDICAID RATE INCREASES FOR CERTAIN PROVIDERS."

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

3 "Section 1. (NEW) (*Effective July 1, 2026*) (a) As used in this section,
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 (b) The Commissioner of Social Services shall create a five-year
7 process for the regular and predictable review of Medicaid rates of
8 reimbursement, which shall (1) examine the rates of reimbursement
9 paid to Medicaid providers, and (2) benchmark such rates to rates for
10 the same services paid by Medicare when possible under available
11 appropriations. Not later than January 1, 2027, the commissioner shall
12 review Medicaid rates of reimbursement in accordance with such
13 process.

14 (c) The Medicaid rate review process may include the evaluation of
15 rates paid in individual components of the Medicaid program, provided

16 an evaluation of all rates paid shall be completed not later than January
17 1, 2032. As part of this process, the commissioner may, in consultation
18 with the Secretary of the Office of Policy and Management, review and,
19 to the extent funds are appropriated for this purpose, increase and
20 rebase rates at the conclusion of each calendar year using an applicable,
21 more current Medicare base year to (1) strengthen access to care, (2)
22 improve quality and outcomes of care, and (3) reduce spending on acute
23 care services.

24 (d) At the conclusion of the five-year review process prescribed by
25 this section, the commissioner shall commence a new review following
26 the same schedule of evaluation and thereafter shall continue to
27 commence such reviews every five years. As part of the review process,
28 the commissioner shall streamline and consolidate existing fee
29 schedules used for provider or service reimbursement so that every
30 provider is reimbursed for the same service using the same fee schedule.
31 In streamlining and consolidating existing fee schedules, the
32 commissioner shall take into consideration, among other factors and to
33 the extent applicable, the most recent Medicare fee schedule for services
34 covered by Medicare as well as Medicaid.

35 (e) The commissioner shall develop a process to accept public
36 comment as part of the Medicaid rate evaluation process. Such public-
37 comment process shall, at a minimum, allow for the submission of
38 written comments by a means prescribed by the commissioner and oral
39 comments (1) at one or more public meetings held at a time and place
40 selected by the commissioner, and (2) at one or more meetings of the
41 Council on Medical Assistance Program Oversight, established
42 pursuant to section 17b-28 of the general statutes, as amended by this
43 act.

44 (f) Not later than January 15, 2028, and annually thereafter, the
45 commissioner shall file a report, in accordance with the provisions of
46 section 11-4a of the general statutes, with the joint standing committees
47 of the General Assembly having cognizance of matters relating to
48 appropriations and the budgets of state agencies and human services on

49 the rate evaluation process. The report shall include the commissioner's
50 recommendations on the level of appropriations required to increase
51 compensation for Medicaid providers for health care services in
52 accordance with this section and a description of the data and
53 methodology used to reach such recommendations.

54 Sec. 2. Subsection (c) of section 17b-28 of the 2026 supplement to the
55 general statutes is repealed and the following is substituted in lieu
56 thereof (*Effective July 1, 2026*):

57 (c) On and after October 31, 2017, the council shall be composed of
58 the following members:

59 (1) The chairpersons and ranking members of the joint standing
60 committees of the General Assembly having cognizance of matters
61 relating to aging, human services, public health and appropriations and
62 the budgets of state agencies, or their designees;

63 (2) Five appointed by the speaker of the House of Representatives,
64 one of whom shall be a member of the General Assembly, one of whom
65 shall be a community provider of adult Medicaid health services, one of
66 whom shall be a recipient of Medicaid benefits for the aged, blind and
67 disabled or an advocate for such a recipient, one of whom shall be a
68 representative of the state's federally qualified health clinics and one of
69 whom shall be a member of the Connecticut Hospital Association;

70 (3) Five appointed by the president pro tempore of the Senate, one of
71 whom shall be a member of the General Assembly, one of whom shall
72 be a representative of the home health care industry, one of whom shall
73 be a primary care medical home provider, one of whom shall be an
74 advocate for Department of Children and Families foster families and
75 one of whom shall be a representative of the business community with
76 experience in cost efficiency management;

77 (4) Three appointed by the majority leader of the House of
78 Representatives, one of whom shall be an advocate for persons with
79 substance abuse disabilities, one of whom shall be a Medicaid dental

80 provider and one of whom shall be a representative of the for-profit
81 nursing home industry;

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

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

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

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

98 (9) A member of the Commission on Women, Children, Seniors,
99 Equity and Opportunity, designated by the executive director of said
100 commission;

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

102 (11) The Commissioners of Social Services, Children and Families,
103 Public Health, Developmental Services, Aging and Disability Services
104 and Mental Health and Addiction Services, or their designees, who shall
105 be ex-officio nonvoting members;

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

108 (13) The Secretary of the Office of Policy and Management, or the

109 secretary's designee, who shall be an ex-officio nonvoting member;
110 [and]

111 (14) One representative of an administrative services organization
112 which contracts with the Department of Social Services in the
113 administration of the Medicaid program, who shall be a nonvoting
114 member; and

115 (15) A representative of the Department of Social Services'
116 Connecticut Dental Health Partnership's Dental Policy Advisory
117 Council.

118 Sec. 3. (*Effective from passage*) As used in this section, "biomarker
119 testing" has the same meaning as provided in section 17b-278m of the
120 general statutes. Not later than October 1, 2026, the Commissioner of
121 Social Services shall file a report, in accordance with the provisions of
122 section 11-4a of the general statutes, with the joint standing committee
123 of the General Assembly having cognizance of matters relating to
124 human services on (1) prior authorization requirements for Medicaid
125 coverage of biomarker testing, including, but not limited to, any impact
126 such requirements have on access to biomarker testing by Medicaid
127 beneficiaries, and (2) the number of Medicaid beneficiaries who have
128 had biomarker testing approved for Medicaid coverage in the fiscal year
129 ending June 30, 2026.

130 Sec. 4. (NEW) (*Effective July 1, 2026*) (a) As used in this section, (1)
131 "prescribing practitioner" means a physician, dentist, podiatrist,
132 optometrist, physician assistant, advanced practice registered nurse or
133 nurse-midwife enrolled as a Medicaid provider who is licensed by the
134 state and authorized to prescribe opioid drugs within the scope of such
135 person's practice, and (2) "opioid drug" has the same meaning as
136 provided in section 20-14o of the general statutes.

137 (b) A prescribing practitioner who prescribes an opioid drug for the
138 treatment of a Medicaid beneficiary's pain shall consider the feasibility
139 of nonopioid treatment options, including, but not limited to,

140 chiropractic treatment, spinal cord stimulation, acupuncture and
141 physical therapy.

142 (c) The Commissioner of Social Services may adopt regulations in
143 accordance with the provisions of chapter 54 of the general statutes to
144 implement the provisions of this section.

145 Sec. 5. (*Effective from passage*) (a) There is established a working group
146 to study the feasibility of allowing spouses to be compensated for
147 providing personal care assistance for spouses enrolled in home care
148 programs funded under the state medical assistance program.

149 (b) The working group shall consist of:

150 (1) The Commissioner of Social Services, or the commissioner's
151 designee;

152 (2) The Secretary of the Office of Policy and Management, or the
153 secretary's designee;

154 (3) The House and Senate chairpersons of the joint standing
155 committee of the General Assembly having cognizance of matters
156 relating to human services, or their designees; and

157 (4) A consumer of personal care services and a representative of an
158 organization providing such services, appointed by the chairpersons of
159 the joint standing committee of the General Assembly having
160 cognizance of matters relating to human services.

161 (c) The chairperson of the working group shall be selected by the
162 House and Senate chairpersons of the joint standing committee of the
163 General Assembly having cognizance of matters relating to human
164 services. All appointments to the working group shall be made not later
165 than thirty days after the effective date of this section. The chairperson
166 shall schedule a meeting of the working group not later than sixty days
167 after the effective date of this section.

168 (d) The administrative staff of the joint standing committee of the

169 General Assembly having cognizance of matters relating to human
170 services shall serve as administrative staff of the working group.

171 (e) Not later than January 1, 2027, the working group shall submit a
172 report on its findings and recommendations to the joint standing
173 committee of the General Assembly having cognizance of matters
174 relating to human services in accordance with the provisions of section
175 11-4a of the general statutes. The working group shall terminate on the
176 date that it submits such report or January 1, 2027, whichever is later."

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>	17b-28(c)
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>July 1, 2026</i>	New section
Sec. 5	<i>from passage</i>	New section