



**PA 26-146—sHB 5561**

*Human Services Committee*

**AN ACT CONCERNING A FIVE-YEAR MEDICAID RATE REVIEW, DENTAL REPRESENTATION ON A MEDICAL ASSISTANCE OVERSIGHT COUNCIL, BIOMARKER TESTING AND OPIOID PRESCRIPTION COVERAGE REQUIREMENTS AND A STUDY CONCERNING PAYMENT OF SPOUSES FOR STATE-SUBSIDIZED HOME CARE**

**SUMMARY:** This act makes various unrelated changes affecting Medicaid services and provider reimbursement, including the following:

1. requiring the Department of Social Services (DSS) commissioner to create a five-year process for reviewing Medicaid reimbursement rates that examines provider reimbursements and generally benchmarks rates to those for the same services paid by Medicare (§ 1),
2. adding a representative of the Connecticut Dental Health Partnership's Dental Policy Advisory Council to the membership of the Council on Medical Assistance Program Oversight (MAPOC) (§ 2),
3. requiring the DSS commissioner to report to the Human Services Committee on prior authorization requirements for Medicaid coverage of biomarker testing and how many beneficiaries were approved for this testing in FY 26 (§ 3),
4. requiring opioid prescribers to consider the feasibility of non-opioid pain treatment options for Medicaid beneficiaries and allowing DSS to adopt implementing regulations (§ 4), and
5. establishing a working group to study the feasibility of allowing spouses to be paid for providing personal care assistance (PCA) for spouses enrolled in Medicaid home care programs (§ 5).

**EFFECTIVE DATE:** July 1, 2026, except provisions on (1) biomarker testing (§ 3) and (2) the PCA working group (§ 5) take effect upon passage.

**§ 1 — FIVE-YEAR MEDICAID PROVIDER RATE REVIEW**

The act requires the DSS commissioner to create a five-year process for regularly and predictably reviewing Medicaid reimbursement rates. The process must (1) examine Medicaid provider reimbursements and (2) benchmark the rates to those for the same services paid by Medicare, when possible under available appropriations.

It requires the commissioner to review Medicaid provider rates using this new process starting by January 1, 2027.

Under the act, the new rate review process may include evaluating rates paid in individual parts of the Medicaid program if all rates are reviewed by January 1,

## OLR PUBLIC ACT SUMMARY

2032. As part of this process, the commissioner may increase and rebase rates at the end of each calendar year using an applicable, more current Medicare base year to (1) strengthen access to care, (2) improve care quality and outcomes, and (3) reduce spending on acute care services. The commissioner must do this in consultation with the Office of Policy and Management (OPM) secretary and only if funds are appropriated for this purpose.

At the end of the five-year review process, the act requires the commissioner to start a new review using the same evaluation schedule and repeat the process every five years. As part of the process, the commissioner must consolidate existing provider and service fee schedules so that each provider is reimbursed for the same service using the same schedule. When doing so, she must consider, among other things and if applicable, the most recent Medicare fee schedule for services covered by Medicare and Medicaid.

Additionally, as part of the new rate review process, the act requires the commissioner to develop a way to accept public comment that at least allows people to submit written and oral comments. The commissioner must allow public members to submit oral comments at (1) public meetings held at a time and place she chooses and (2) MAPOC meetings.

Under the act, the commissioner must annually report, starting by January 15, 2028, to the Appropriations and Human Services committees on the rate review process. The report must include (1) recommendations on appropriations needed to increase Medicaid provider rates according to the review and (2) a description of the data and methods used in making the recommendations.

### § 2 — MAPOC MEMBERSHIP

The act increases, from 50 to 51, MAPOC's membership by adding a representative of the Connecticut Dental Health Partnership's Dental Policy Advisory Council. (PA 26-68, § 449, requires the Human Services Committee chairpersons to appoint a health care worker labor organization representative to MAPOC.)

By law, this council must advise DSS on various aspects of the Medicaid program. MAPOC includes legislators, consumers, advocates, health care providers, administrative service organization representatives, and state agency personnel.

### § 3 — BIOMARKER TESTING

The act requires the DSS commissioner, by October 1, 2026, to report to the Human Services Committee on (1) prior authorization requirements for Medicaid coverage of biomarker testing, including their impact on beneficiary access, and (2) how many beneficiaries received approval for Medicaid coverage for this testing in FY 26.

Existing law requires DSS, to the extent federal law allows, to cover medically necessary biomarker testing to diagnose, treat, manage, or monitor a beneficiary's medical condition. Biomarker testing is the analysis of a patient's tissue, blood, or

## OLR PUBLIC ACT SUMMARY

other biospecimen for biomarkers, which are characteristics, like a gene mutation or protein expression, that can be objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a specific therapeutic intervention for a disease or condition (CGS § 17b-278m).

### § 4 — PAIN MANAGEMENT FOR MEDICAID BENEFICIARIES

The act requires a prescribing practitioner who prescribes an opioid drug to treat a Medicaid beneficiary's pain to consider the feasibility of non-opioid treatment options, such as chiropractic treatment, spinal cord stimulation, acupuncture, and physical therapy.

The act allows the commissioner to adopt regulations to implement these requirements.

Under the act, a prescribing practitioner is a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse, or nurse midwife authorized to prescribe opioid drugs within their scope of practice.

### § 5 — WORKING GROUP ON COMPENSATING SPOUSES PROVIDING PERSONAL CARE ASSISTANCE

The act establishes a six-member working group to study the feasibility of allowing spouses to be paid for providing PCA for spouses enrolled in Medicaid home care programs.

Under the act, the working group members include (1) the DSS commissioner, OPM secretary, and Human Services Committee chairpersons or their designees and (2) a consumer of PCA services and representative of an organization providing these services, each appointed by the Human Services Committee chairpersons.

The act requires the Human Services Committee chairpersons to (1) select the working group chairperson and (2) make their appointments within 30 days after the act's passage. The chairperson must schedule the working group's first meeting within 60 days after the act's passage.

Under the act, the Human Services Committee administrative staff serve in that capacity for the working group.

The act requires the working group to report its findings and recommendations to the Human Services Committee by January 1, 2027. It terminates on the date it submits the report or January 1, 2027, whichever is later.