



House of Representatives

General Assembly

File No. 144

February Session, 2026

Substitute House Bill No. 5370

House of Representatives, March 24, 2026

The Committee on Housing reported through REP. FELIPE of the 130th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT ESTABLISHING A MEDICAL RESPITE PILOT PROGRAM.

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

1 Section 1. (*Effective from passage*) (a) Not later than October 1, 2026, the
2 Commissioner of Social Services, in consultation with the Commissioner
3 of Public Health, shall establish a five-year medical respite pilot
4 program for homeless persons in the state. The commissioner shall
5 select four cities in which to implement the pilot program based on
6 community need, existing infrastructure and community interest in
7 participation.

8 (b) The Commissioner of Social Services shall convene a pilot
9 program planning group that includes, but is not limited to, a
10 representative from a local hospital providing services to homeless
11 individuals in each of the four selected cities and a nonprofit
12 organization dedicated to serving individuals experiencing
13 homelessness in each of the four selected cities.

14 (c) The planning group shall design a medical respite pilot program

15 that serves not less than one hundred fifty persons who require
16 recuperative medical care but whose medical needs do not require
17 hospitalization. The planning group shall pursue public and private
18 funding sources for the medical respite pilot program.

19 (d) The medical respite pilot program shall operate until July 1, 2031,
20 and shall include, but need not be limited to: (1) At least two, but up to
21 four, units equipped to provide care to persons with a projected average
22 length of stay of four weeks, (2) twenty-four-hour supervision of
23 persons in the pilot program, (3) referrals to health care providers, and
24 (4) case management services, including the provision of housing and
25 support opportunities to help such persons avert homelessness.

26 (e) Not later than October 1, 2027, the planning group established
27 pursuant to subsection (b) of this section shall submit a report, in
28 accordance with section 11-4a of the general statutes, to the joint
29 standing committees of the General Assembly having cognizance of
30 matters relating to housing, human services, public health and
31 appropriations and the budgets of state agencies. The report shall
32 include, but need not be limited to: (1) The number of persons served
33 since the start of the medical respite pilot program, (2) a fiscal analysis
34 of projected Medicaid cost savings related to a decrease in hospital
35 admissions and other health care costs for persons served by the pilot
36 program, (3) recommendations on whether the pilot program should be
37 expanded, and (4) potential funding sources to expand the pilot
38 program.

39 (f) Not later than October 1, 2031, the Commissioner of Social Services
40 shall submit a report, in accordance with section 11-4a of the general
41 statutes, to the joint standing committees of the General Assembly
42 having cognizance of matters relating to housing, human services,
43 public health and appropriations and the budgets of state agencies. The
44 report shall include, but need not be limited to: (1) The number of
45 persons served over the course of the program, (2) a fiscal analysis of
46 overall Medicaid cost savings related to a decrease in hospital
47 admissions and other health care costs for persons served by the pilot

48 program, and (3) any recommendations concerning whether the
49 program should be extended or made permanent.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In Subsec. (f), "Department" was changed to "Commissioner" and Subsec. (f)(3) was reworded for consistency with standard drafting conventions.

HSG *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Social Services, Dept.	GF - Cost	at least \$215,500	at least \$215,500
State Comptroller - Fringe Benefits ¹	GF - Cost	90,200	90,200

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the state of at least \$305,700 beginning in FY 27 (through FY 31) associated with Department of Social Services (DSS) staff to establish a five-year medical respite pilot for homeless individuals by 10/1/26. DSS must implement such program in four cities and will incur additional programmatic costs to serve individuals requiring recuperative medical care (but not hospitalization).

The bill requires a planning group to design the medical respite pilot that includes two to four units to provide care for four weeks, 24/7 supervision, referrals, and case management services for at least 150 individuals. The cost to the state depends on how the program is implemented. If DSS chooses to pursue an 1115 Medicaid waiver, DSS will incur additional costs of approximately \$1 million in FY 27 for associated contractual support.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 41.82% of payroll in FY 27.

To the extent the program diverts Medicaid clients from higher costs of care, DSS will experience related savings. The bill requires the planning group to report on the number of individuals served, projected Medicaid savings related to reduced hospital admissions and other health care costs, and recommendations on potential expansion and funding sources.

The Out Years

The bill requires the pilot program to operate until July 1, 2031.

OLR Bill Analysis

HB 5370

AN ACT ESTABLISHING A MEDICAL RESPITE PILOT PROGRAM.

SUMMARY

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Housing Committee

Joint Favorable

Yea 18 Nay 0 (03/10/2026)