



House of Representatives

General Assembly

File No. 426

February Session, 2026

Substitute House Bill No. 5481

House of Representatives, April 7, 2026

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MEDICAL ASSISTANCE FOR PATIENTS RECEIVING HOSPICE CARE AT A SHORT-TERM HOSPITAL SPECIAL HOSPICE OR A HOSPICE FACILITY.

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

1 Section 1. (NEW) (*Effective July 1, 2026*) The Commissioner of Social
2 Services, within available appropriations, shall provide reimbursement
3 under the state medical assistance program for room and board costs for
4 Medicaid beneficiaries receiving care from a short-term hospital special
5 hospice, licensed pursuant to section 19a-491 of the general statutes, or
6 a hospice facility licensed pursuant to section 19a-122b of the general
7 statutes. Not later than January 15, 2027, the commissioner shall file a
8 report, in accordance with the provisions of section 11-4a of the general
9 statutes, with the joint standing committees of the General Assembly
10 having cognizance of matters relating to appropriations and the budgets
11 of state agencies, human services and public health on any savings
12 realized by treatment of such beneficiaries at a short-term hospital
13 special hospice or a hospice facility rather than an acute care hospital or
14 skilled nursing facility that is not a short-term hospital special hospice.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2026	New section

Statement of Legislative Commissioners:

The title was changed, references to "short-term hospice specialty hospital" were changed to "short-term hospital special hospice", and "facility" was changed to "hospice facility" for statutory consistency and clarity.

HS *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 - Potential Cost/ Savings	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Social Services (DSS) to provide Medicaid coverage for room and board costs for members receiving care at certain hospice facilities. The fiscal impact to the state is dependent on Medicaid costs for such coverage and the extent to which members would otherwise receive care paid at a higher rate, and the associated length of stay.¹

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to Medicaid costs for hospice room and board costs and associated utilization.

¹ For context, approximately 3,000 members utilized services by hospice billing providers in FY 25.

OLR Bill Analysis

HB 5481

AN ACT CONCERNING MEDICAL ASSISTANCE FOR PATIENTS RECEIVING HOSPICE CARE AT A SHORT-TERM HOSPITAL SPECIAL HOSPICE OR A HOSPICE FACILITY.

SUMMARY

This bill requires the Department of Social Services (DSS), within available appropriations, to provide Medicaid coverage for room and board costs for beneficiaries receiving care at a licensed short-term hospital special hospice or licensed hospice facility.

Under the bill, DSS must report, by January 15, 2027, to the Appropriations, Human Services, and Public Health committees on any cost savings resulting from treating Medicaid beneficiaries in these hospice facilities instead of acute care hospitals or nursing homes.

EFFECTIVE DATE: July 1, 2026

BACKGROUND

Inpatient Hospice Facility Regulation

Connecticut has two sets of inpatient hospice regulations: one for facilities licensed prior to July 31, 2012, that provide a hospital level of care (“short-term hospital special hospice”) and a second category, with less stringent requirements, for inpatient facilities licensed after that date (“hospice facility”) (Conn. Agencies Regs., § 19a-495-5a et seq.). For the latter, these facilities operate based on Medicare’s minimum regulatory requirements for inpatient hospital facilities (42 C.F.R. § 418.110).

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 23 Nay 0 (03/19/2026)