



Senate

General Assembly

File No. 460

February Session, 2026

Senate Bill No. 327

Senate, April 7, 2026

The Committee on Human Services reported through SEN. LESSER of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT EXPANDING EMERGENCY MEDICAID COVERAGE.

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, (1)
2 "emergency medical condition" means a medical condition, including
3 emergency labor and delivery, manifesting itself by acute symptoms of
4 sufficient severity, including severe pain, such that the absence of
5 immediate medical attention could reasonably be expected to result in
6 (A) placing the patient's health in serious jeopardy, (B) serious
7 impairment to bodily functions, or (C) serious dysfunction of any bodily
8 organ or part; and (2) "emergency Medicaid coverage" means Medicaid
9 coverage for treatment of an emergency medical condition.

10 (b) The Commissioner of Social Services shall expand emergency
11 Medicaid coverage consistent with federal law for treatment of
12 emergency medical conditions, including, but not limited to, emergency
13 medical conditions related to (1) a high-risk pregnancy, (2) diabetes type
14 1 in persons under the age of twenty-one, (3) diabetic emergencies,
15 including, but not limited to, diabetic ketoacidosis, (4) renal failure

16 requiring ongoing dialysis, (5) fracture of a bone in the skull, arm, neck,
 17 leg, spine or pelvis occurring in the two-month period prior to a request
 18 for emergency Medicaid coverage, (6) hypertensive emergencies
 19 involving persons presenting with signs or symptoms of end organ
 20 damage and systolic blood pressure equaling or exceeding one hundred
 21 eighty or diastolic blood pressure equaling or exceeding one hundred
 22 twenty, (7) unstable seizure disorder characterized by at least five
 23 minutes of uncontrollable seizures or at least two discrete seizures
 24 between which the person does not regain consciousness, (8) active
 25 treatment for cancer related to a current diagnosis, (9) ventilator
 26 dependency, (10) labor and delivery, and (11) acute inpatient or
 27 outpatient psychiatric treatment.

28 (c) Not later than July 1, 2027, the commissioner shall establish an
 29 administrative system for persons to apply in advance for emergency
 30 Medicaid coverage for emergency medical conditions that can be
 31 treated in outpatient settings rather than in hospital emergency
 32 departments. The commissioner shall include a prominent link to the
 33 application and a list of covered emergency medical conditions on the
 34 Internet web site of the Department of Social Services. The
 35 commissioner shall also include information about advance
 36 applications for emergency Medicaid coverage and a list of covered
 37 emergency medical conditions in department forms and policy
 38 manuals.

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

HS *Joint Favorable*

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 \$250,000	See Below
Resources of the General Fund	GF - Revenue Gain	at least \$125,000	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the Department of Social Services (DSS) associated with expanding coverage of emergency Medicaid services and requiring DSS to establish an administrative system for individuals to apply in advance for emergency Medicaid coverage by 7/1/27.

DSS will incur administrative costs of at least \$250,000 in FY 27 to establish a registration system for individuals with qualifying emergency medical conditions that can be treated in outpatient settings rather than in hospital emergency departments. These costs are anticipated to be eligible for federal reimbursement, resulting in a federal grants revenue gain of at least \$125,000.

The fiscal impact of expanding the definition of emergency medical condition cannot be determined at this time. For context, the state currently spends approximately \$30 million on emergency Medicaid services (representing a 50% share of total expenditures), which are generally emergent in nature and include outpatient dialysis for individuals with end-stage renal disease. Emergency Medicaid

coverage is available to all individuals, regardless of immigration status, who meet Medicaid income and asset limits.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the utilization and coverage of services under emergency Medicaid.

OLR Bill Analysis**SB 327*****AN ACT EXPANDING EMERGENCY MEDICAID COVERAGE.*****SUMMARY**

This bill requires the Department of Social Services (DSS) commissioner to expand, in a way consistent with federal law, Medicaid coverage for treating emergency medical conditions (emergency Medicaid, see BACKGROUND). Under the bill, an “emergency medical condition” is a medical condition, including emergency labor and delivery, with acute symptoms severe enough that it can be expected to result in the following without treatment:

1. placing the patient’s health in serious jeopardy,
2. serious impairment to bodily functions, or
3. serious dysfunction of an organ or body part.

The bill lists several conditions that must qualify for emergency Medicaid coverage under the expansion.

The bill also requires the DSS commissioner, by July 1, 2027, to create an administrative system for people to apply in advance for emergency Medicaid coverage for outpatient treatment for emergency medical conditions. The commissioner must include (1) a link to the application and list of covered emergency medical conditions on the DSS website and (2) information about advance applications for emergency Medicaid and a list of covered conditions in DSS forms and policy manuals.

EFFECTIVE DATE: July 1, 2026

EMERGENCY MEDICAL CONDITIONS

Under the bill, DSS's emergency Medicaid expansion must include coverage for the following conditions to the extent allowed by federal law:

1. high-risk pregnancy;
2. type 1 diabetes in people under age 21;
3. diabetic emergencies, including diabetic ketoacidosis;
4. renal failure requiring ongoing dialysis;
5. a skull, arm, neck, leg, spine, or pelvis fracture that occurred in the two-month period before an emergency Medicaid request;
6. hypertensive emergencies in people with symptoms of end organ damage and systolic blood pressure of at least 180 or diastolic blood pressure of at least 120;
7. unstable seizure disorder with at least five minutes of uncontrollable seizures or at least two discrete seizures where the person does not regain consciousness between them;
8. active cancer treatment;
9. ventilator dependency;
10. labor and delivery; and
11. acute inpatient or outpatient psychiatric treatment.

BACKGROUND

Emergency Medicaid Coverage

Under current state policy, emergency Medicaid coverage is generally limited to treatment after the sudden onset of a medical emergency. It does not cover treatment for chronic conditions, even if the condition may be life threatening. Emergency Medicaid cannot be preapproved, and instead a bill for emergency treatment is submitted to DSS for review.

However, federal law gives states flexibility to define what treatments or conditions qualify for emergency Medicaid coverage within the parameters of the “emergency medical condition” definition above. For example, in 2021 DSS determined that ongoing dialysis for end stage renal disease qualifies for emergency Medicaid coverage because without dialysis, the condition will likely become a medical emergency.

Emergency Medicaid allows hospitals to receive federal Medicaid reimbursement for care that may otherwise be uncompensated. Any person, regardless of immigration status, can qualify for emergency Medicaid coverage if he or she meets Medicaid income and asset limits.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 16 Nay 7 (03/19/2026)