

Housing Committee

JOINT FAVORABLE REPORT

Bill No: HB-5370 / [Bill Status](#) / [Public Hearing Testimony](#)

Title: AN ACT ESTABLISHING A MEDICAL RESPITE PILOT PROGRAM.

Vote Date: 3/10/2026

Vote Action: Joint Favorable

PH Date: 3/3/2026

File No.:

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SPONSORS OF BILL:

Housing Committee

REASONS FOR BILL:

This bill seeks to establish a medical respite pilot program that would provide supportive care to homeless individuals undergoing medical treatment. Representatives from local hospitals serve local homeless populations, and the bill establishes a planning group that would publish a report on persons served and the Medicaid savings generated from the program. Additionally, the planning group is tasked with pursuing public and private funding for the program.

Through this bill, the committee attempts to provide protection and stability for vulnerable populations to assist in their health recovery process. It would work to ameliorate the difficulties that homeless individuals face during physical and mental health crises due to their lack of resources.

RESPONSE FROM ADMINISTRATION/AGENCY:

Department of Social Services, Andrea Barton Reeves, Commissioner submitted written testimony on the bill. While the Department appreciate the intent of the bill, they oppose it due to fiscal and resource constraints. She emphasizes that medical respite programs are designed to be short-term care support services and not a way to address homelessness itself. This program would require significant investment, which includes research, stakeholder engagement, and expert insight into housing issues. Federal budget cuts significantly hinder the access to increased funding and staff members that this bill requires. The Commissioner welcomes a working session to discuss this matter further.

NATURE AND SOURCES OF SUPPORT:

The Connecticut Hospital Association supports this bill and highlights the 38 other states that have similar programs. They argue that housing and healthcare are intrinsically connected and emphasize the positive impacts on preventative care for these individuals and the reductions in emergency room visits and lengthy hospital stays. The Association volunteers to be members of the bill's proposed planning committee.

National Alliance on Mental Illness, Thomas Burr, Public Policy Manager and NAMI offer their support and note that 30% of homeless individuals experience mental health conditions and/or substance abuse. The resources in this bill provide community-based mental health crisis support that serves as an alternative to in-patient hospitalization. He states that the peer support networks that are in these respites are recognized by the U.S. Center for Medicaid and Medicare Services as an evidence-based model of care. Moreover, as homelessness rates continue to increase, he argues that these respites are both urgently needed and work to save money by providing an alternative to expensive systems such as in-patient hospitals and prisons.

Keep the Promise Coalition, Christopher James Dubey submitted testimony in support of this legislation. He testifies on his experience with navigating mental health and medical systems in the state. He emphasizes that a lack of access to humane, community-based care can exacerbate mental health crises. The supervision and support included in this legislation would break the costly cycle of repeated hospitalizations, which is crucial as Connecticut's homelessness population increases. Mr. Dubey suggests expanding the peer-run respite network from one to eight.

Universal Health Care Foundation of Connecticut, Quinn Meehan, Community Organizing and Policy MSW Intern supports this bill and highlights how homeless individuals have disproportionate rates of mental health and substance abuse disorders, chronic health conditions, and mobility impairments. The current medical system often discharges medically vulnerable patients, which can hinder their recovery process. She stresses that medical respite programs address this issue and provide stable environments that prevent patients from regressing back into crisis care. Moreover, she argues that this legislation would strengthen the collaboration between hospitals and community-based organizations in a way that works towards housing stability and health equity.

Community Health Center, Inc., Sara Wilcox, Community Outreach Coordinator testifies in support of the bill and offers her experiences regarding medically fragile individuals who are discharged and lack the proper support. She states that, "...I've worked with individuals healing from surgeries, infections, unmanaged chronic illnesses, and serious mental health conditions who had nowhere safe to rest, store medications, or follow through with aftercare instructions. I've seen people's health rapidly deteriorate simply because they lacked a stable place to recover. I have also seen how quickly someone can stabilize when they are given the dignity of a safe, supportive environment."

Several individuals testified that this program would provide essential peer support, help to manage those experiencing physical or mental health crises, and facilitate the recovery process. Moreover, it would produce cost benefits to the state by investing in preventative

care to ensure the health of the individual and avoid recurring hospital visits. They state that the program both prevents avoidable deaths while efficiently utilizing public resources.

Jennifer Erbland Foss, Recovery Support Specialist

Brian Mulroy

Advocacy Unlimited, Michaela Fissel, Executive Director

Advocacy Unlimited, Carl Mancini, Business Manager

Jessica Wolf

RIPPLE, Jeffrey Santo, Executive Director

NAMI Connecticut, Dr. Hena Yakoob

NATURE AND SOURCES OF OPPOSITION:

None Expressed.

Reported by: Mia Giglietti

Date: 03/20/2026