

# Human Services Committee JOINT FAVORABLE REPORT

**Bill No:** HB-5481 / [Bill Status](#) / [Public Hearing Testimony](#)

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

**Title:** HOSPICE FACILITY.

**Vote Date:** 3/19/2026

**Vote Action:** Joint Favorable

**PH Date:** 3/10/2026

**File No.:**

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## **SPONSORS OF BILL:**

Human Services Committee

## **REASONS FOR BILL:**

The bill seeks to provide funds for room and board at hospice facilities and short-term hospice specialty hospitals. Groups like The Connecticut Hospice have come out in strong support, expecting an opening of 30 beds within their facility and striking what's seen as strict eligibility criteria for patients. This measure is estimated to save the state upwards of \$10-13.4 million in savings and would charge the Commissioner of Social Services with the responsibility of reimbursing costs for Medicaid beneficiaries.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

**Connecticut Department of Social Services, Commissioner, Andrea Barton Reeves:**

DSS notes that Medicaid strictly prohibits paying room and board in most circumstances. For these reasons, the Department would appreciate a study on Medicaid and the extent to which it pays for facilities.

## **NATURE AND SOURCES OF SUPPORT:**

**The Connecticut Hospice, President & CEO, Sylvia Allais:**

Has seen a noticeable drop in Connecticut's hospice care quality, mentioning a growing number of for-profit operators and increasingly complex diseases. Ms. Allais notes that hospice utilization and enrollment rates remain low in CT, which is saving Medicare and Medicaid spending. She believes that an additional sum of beds will support her site, backing all patient types who face disposition challenges.

**House Republican Caucus, House Minority Leader, Vincent Candelora:**

Understands that the decision to move to hospice-level care is often difficult, meaning this type of care should be accessible and match patient needs, he says. Mr. Candelora adds that federal law is restrictive and limits where beneficiaries can get care. He believes in the bill and its potential to deliver long-term Medicaid savings and alleviate bed overcrowding.

**Connecticut General Assembly, State Senator, Christine Cohen:**

Through conversations with hospice groups in her district, Ms. Cohen recognizes just how strict the general inpatient qualifications are for patients. She calls this a “compassionate solution” that would grant Medicaid and dually eligible patients short-term hospice care in the interim before the criteria are met.

**The Connecticut Hospice, Chief Medical Officer, Joseph Sacco:**

Strongly supports the bill, stating that Connecticut would lead the nation in innovative health care upon passing HB 5481. Mr. Sacco is deeply concerned about how patients in desperate need are failing to meet Medicare’s qualification requirements. He shares that Connecticut Hospice has an adequate inventory of beds, adding it’s only a matter of getting patients through the obstacles and into them.

**The Connecticut Hospice, Director, Karen Enders:**

**The Connecticut Hospice, Development & Marketing, Mary Fitzgerald:**

**The Connecticut Hospice, Director of Quality, Erin Holder:**

**The Connecticut Hospice, Inpatient Unit Social Worker, Kayla Buypal-Ottman:**

**The Connecticut Hospice, Director of Arts, Hannah Righter:**

**The Connecticut Hospice, Chief Development Officer, Doug Shaw:**

**The Connecticut Hospice, Social Work Supervisor, Ransford Waite:**

**The Connecticut Hospice, Director of Admissions, Lorraine Castronova:**

**The Connecticut Hospice, Director of Volunteers, Joan Cullen:**

**The Connecticut Hospice, Director of Human Resources, Elizabeth Grice:**

**The Connecticut Hospice, Director of Facilities, Eileen Mino:**

Support the bill, encouraging increased access to quality hospice care. They believe individuals with Medicaid insurance deserve supportive end-of-life settings, pairing testimony with examples of families who undergo high stress and unpredictability during this “sacred time.” Many highlight the additional benefits of ensuring continuity of care, creating cost savings, and reducing overcrowding.

**The Connecticut Hospice, Assistant Director of Inpatient Nursing, Rachel Green:**

**Yale School of Medicine, Clinical Professor of Medicine, Alan Kliger:**

**The Connecticut Hospice, Director of Pharmacy, James Prota:**

**The Connecticut Hospice, Manager of Ancillary Services, Amy Etzel:**

**The Connecticut Hospice, CFO, Mary Gilhuly:**

**The Connecticut Hospice, Chairman of the Board of Directors, William Kosturko:**

**The Connecticut Hospice, Palliative Care Coordinator, Fiona Palmieri:**

**The Connecticut Hospice, Director of Inpatient Nursing, Iris Reyes:**

**The Connecticut Hospice, Secretary of the Board of Directors, Edwin Selden:**

Highlight a gap in care between skilled nursing facilities and general inpatient hospice, where happy-middle patients do not qualify for one, but are too ill for the other. They underscore how this group would benefit from the bill, as it would reduce acute care hospital days, decrease emergency department visits, lower the likelihood of readmission, and mitigate late transfer disruptions. Testimony covers the idea of placing patients in the “correct level of care earlier.”

**The Connecticut Hospice, COO, Kate Sims:**

Passionately stands out against Medicaid statuses determining patients' end of life transitions. Ms. Sims argues that, during this time, families should be "focused on love, presence, and comfort, not overwhelmed with placement and funding decisions."

**Connecticut Association for Healthcare at Home, President & CEO, Tracy Wodatch:**

Notes that hospice providers receive a per diem rate of \$220 when Medicaid hospice patients choose to receive care. Ms. Wodatch adds that the rate currently covers the full hospice benefit except for room and board. She argues that, by reimbursing room and board under the routine level of care, we satisfy patient choice.

**Connecticut Hospice, Board Member, Patricia Baker:**

Shares that as a daughter, Ms. Baker has seen firsthand family members grappling with and challenged by end of life. She holds that this type of care is extremely costly, and that HB 5481 would be incredibly beneficial in granting access to care and mitigating its costs.

**Fairfield University, Professor, Diana Mager:**

Seconds requests for DSS studies, more specifically, ones that examine the need of more hospice facilities in Litchfield County. Ms. Mager promotes a study conducted in 2025 that showed an "undeniable and critical need for accessible and palliative care."

**NATURE AND SOURCES OF OPPOSITION:**

**Anonymous 6:**

**Anonymous 7:**

Oppose the bill, believing it will increase state government spending and further regulate through mandates.

**Reported by: Zachary Robinson**

**Date: March 31, 2026**