

# Human Services Committee JOINT FAVORABLE REPORT

**Bill No:** SB-327 / [Bill Status](#) / [Public Hearing Testimony](#)

**Title:** AN ACT EXPANDING EMERGENCY MEDICAID COVERAGE.

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

**Vote Action:** Joint Favorable

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

**File No.:**

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## SPONSORS OF BILL:

Human Services Committee

## REASONS FOR BILL:

The purpose of the bill is to establish a new definition for "emergency medical condition" that would require DSS to expand emergency Medicaid coverage and establish an administrative system for a person to apply in advance for emergency Medicaid coverage. The goal is to expand emergency Medicaid Coverage for vulnerable populations.

## RESPONSE FROM ADMINISTRATION/AGENCY:

**Connecticut Department of Social Services, Andrea Barton Reeves, Commissioner:** DSS appreciates the effort to extend healthcare coverage but has concerns about aspects that do not align with federal laws. Federal regulations at 42 C.F.R 440.255 provide individuals who meet Medicaid requirements will be eligible for limited emergency medical services if those services could be expected to result in:

Placing the patient's health in jeopardy

Serious impairment to bodily functions

Serious dysfunction of any body organ or part.

There are already many emergency Medicaid conditions or diagnoses covered as provided through inpatient emergency admissions. Any services that do not comply with federal definition will not qualify for federal Medicaid reimbursement. The state would then be required to cover all such costs. The bill requires us to establish an administrative system with the intent to streamline the applications process, but this would require funding to support both personnel and changes across multiple eligibility and claims payment systems for implementation. These are not included in the Governor's budget. Federal administrative policies related to sharing and using Medicaid data and information have changed that individuals receiving such services

are being shared with immigration enforcement officials. This change may discourage state residents from pursuing medical coverage and this proposed financial investment may not result in increased access.

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

**Connecticut General Assembly, Connecticut Senate, Martin Looney, Senator & President Pro Tempore:** this bill under the Medicaid program allows undocumented persons to receive Medicaid coverage in the case of a medical emergency with limited coverage. The coverage meets the federal definition of EMC, but states allowed to include specific conditions to be covered. The change in policy is compassionate and a good fiscal policy.

**Connecticut Children's, Jessica Budri, Director of Patient Access:** From a patient access and financial operations this addresses an important gap in the current Emergency Medicaid framework. While it will benefit pediatric patients it is important for the older pediatric population. Expanding Emergency Medicaid could improve the care of this venerable adolescent group. The expansion allows eligible patients to obtain coverage beyond the emergency encounter. We do recommend attention to how this expanded coverage is operationalized and communicated. Clear identification and benefit definitions and state guidance and an efficient eligibility process are essential to ensure the program functions as intended.

**Connecticut Hospital Association:** Hospitals improve access, affordability, and health equity to all patients regardless of ability to pay. This clarifies and expands emergency Medicaid coverage consistent with federal law. It ensures that serious medical and behavioral health conditions qualify for reimbursement when a patient's health is in serious jeopardy. It recognizes conditions such as high-risk pregnancy, dialysis-dependent renal failure, diabetic emergencies, cancer treatment and acute inpatient or our patient psychiatric treatment by providing need clarity and ensuring that medically necessary care delivered in emergency and outpatient settings are covered. This reflects a thoughtful and targeted effort to align state policy with federal flexibility.

**Connecticut Voices for Children, Ruchi Sheth, Research & Policy Associate:** The bill identifies medical conditions that are emergency conditions that are normally broad in scope. Establishing an administrative system by DSS could help those losing access to their health insurance because of the new federal cuts mitigating some part of the damage to state residents.

**Disability Rights CT, Sheldon Toubman, Litigation Attorney:** This bill expands what DSS was persuaded to cover several years ago and establishes an administrative system for persons to apply in advance for emergency Medicaid coverage rather than the hospital emergency departments. The medical conditions are already recognized by other states as emergency medical conditions. This is good economic sense proactive treatment will avoid higher cost hospital-based care.

**New Haven Federation of Teachers, Local 933, Leslie Blatteau, President:** What we ask of our student teachers and the importance of the period should lead us to agree that we should

be removing economic barriers to certification. It is a hard job that requires preparation, and we should eliminate the work for free before they are certified as professional.

**She Leads Justice, Tonishia Signore, Policy Director:** This is a life changing upgrade and will ensure better health outcomes for CT's uninsured residents. This allows individuals with high-risk pregnancies, diabetes, certain serious bone fractures, hypertensive emergencies and more the ability to access Emergency Medicaid in advance. We work with immigrant women across the state who live in fear of our federal government. People are retreating from daily activities, work, school, and sports because of these fears. As single mother can then access the care she needs proactively and schedules care when her child is at school. This will avoid expensive emergency room visits and prioritize preventive care.

**CT Citizens Action Group, Liz Dupont-Diehl, Associate Director:** This bill is a step forward to improving health outcomes for all residents and a needed upgrade to Connecticut's Emergency Medicaid policies. These upgrades ensure that Connecticut's uninsured residents have better health outcomes when facing life-threatening conditions.

**Health Equity Solutions, Karen Siegel, Policy & Advocacy, and Kally Moquete, Senior Manager of Policy and Advocacy:** Each year we engage in community conversations with Connecticut residents to inform our policy agenda. We have engaged over 1,000 participants across 47 towns and cities and since 2020 the ability to afford and excess quality health care has ranked among the top three priorities identified by residents. This bill responds to this concern by serving uninsured, low-income people who are ineligible for Medicaid due to their immigration status. As estimated 60% of undocumented immigrants are uninsured and a majority are people of color. That rate is guaranteed to grow in response to recent federal changes. This creates a pathway to apply for Emergency Medicaid in advance offering people ineligible for insurance coverage some peace of mind and clarity about which services are included under Emergency Medicaid.

**Ledyard High School Students:**

**Hailey Bliven:** As a 15-year-old sophomore in high school I know that Emergency Medicaid provides life-saving care or people who do not qualify for regular Medicaid. Hospitals already provide emergency care to people but for patients who are often insured these costs fall on hospitals, taxpayers, and local communities. Expanding Emergency Medicaid can help hospitals recover the cost of care while ensuring patients are treated earlier and more effectively. Connecticut has long been a leader in healthcare access, and this would continue that tradition and ensure that no one in our state is without care in a medical crisis.

**William:**

Throughout the school year I have been working on a Civic Action Project concerning Medicaid and other health related topics. On a personal story I recently was hospitalized for 4 days because of a brain tumor and need surgery. The final bill was 50K, but we had health insurance, and it came to 5-10K. Imaging someone who makes 50-60K and doesn't have insurance. This bill could help so many people and families.

**Johana Lin:**

There are people who are only able to get medical help in the most extreme situations. Emergency Medicaid already helps but expanding it would ensure more people would be able to get urgent care. Hospitals are required to treat in emergencies, and this would assist in managing those cost in a more organized and responsible way.

**Tim Gabriele, North Haven:** I am generally in favor of expanded Medicaid coverage. No one should have to change whether to seek medical care based on cost or coverage limits. A reasonable request to expand emergency medical care to include follow-ups and continuation of care are necessary for the completion of emergency treatment. Any medical professional would agree that temporary life-saving treatment does not constitute due diligence.

**Penelope Day, New Haven:** Healthcare is a human right not just during sudden medical emergencies. As a child of two adults with disabling chronic neurological conditions I understand. Most patients care occurs in outpatient settings with medical professional who know them and their conditions. Individuals rely on HUSKY limited benefit emergency Medicaid services that only provide care during sudden-onset medical emergencies. Expanding Medicaid coverage to cover all who need it should not be in question and though this bill would not fully overhaul the current system it would mark a step in the right direction by expanding the reach of emergency Medicaid coverage.

#### **NATURE AND SOURCES OF OPPOSITION:**

**Linda Dalessio**

**Reported by: Pamela Bianca**

**Date: April 2, 2026**