



General Assembly
February Session, 2026

Substitute Bill No. 5559



AN ACT CONCERNING A BASIC HEALTH PROGRAM.

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 and
2 sections 2 to 4, inclusive, of this act:

3 (1) "Affordable Care Act" has the same meaning as provided in
4 section 38a-1080 of the general statutes;

5 (2) "Eligible individual" means a state resident who (A) is under sixty-
6 five years of age, (B) has household income exceeding one hundred
7 thirty-three per cent of the federal poverty level but not exceeding two
8 hundred per cent of the federal poverty level, (C) is otherwise ineligible
9 for medical assistance programs established pursuant to chapter 319v of
10 the general statutes, and (D) is otherwise eligible to enroll in a qualified
11 health plan, as defined in section 38a-1080 of the general statutes, on
12 Access Health Connecticut; and

13 (3) "Basic health program" means a health care program authorized
14 under Section 1331 of the Affordable Care Act for eligible individuals
15 that is funded by federal payments to the state amounting to ninety-five
16 per cent of the health insurance premium tax credits and cost-sharing
17 reductions that would have otherwise been provided to, or on behalf of,
18 eligible individuals under the Affordable Care Act.

19 (b) On and after October 1, 2026, the Commissioner of Social Services,
20 in consultation with the Office of Policy and Management and based
21 upon the recommendations of the working group established pursuant
22 to section 3 of this act, shall seek any necessary approvals from the
23 federal government to establish a basic health program and take all
24 necessary actions to maximize federal funding.

25 (c) The commissioner shall, in accordance with the Affordable Care
26 Act, coordinate the administration of, and provision of benefits under,
27 the basic health program with the state medical assistance programs. To
28 the extent permissible under the Affordable Care Act, medical
29 assistance provided through the basic health program shall include the
30 benefits, limits on cost-sharing and other consumer safeguards that
31 apply to the state medical assistance programs.

32 (d) If the commissioner determines that the cost of medical assistance
33 provided to eligible individuals in the basic health program will exceed
34 federal subsidies, or if changes in federal law, regulations or the
35 administration of federal law or regulations affects funding, eligibility
36 for or administration of the program, the commissioner, in consultation
37 with the Office of Policy and Management, may develop a plan to
38 respond to such changes. To the extent that federal funds received under
39 the Affordable Care Act for the basic health program exceed the cost of
40 medical assistance that would otherwise be provided to eligible
41 individuals, the commissioner shall use such funds to reduce the
42 premiums and cost-sharing of, or provide additional benefits for,
43 eligible individuals in accordance with 42 USC 18051, as amended from
44 time to time.

45 (e) The Commissioner of Social Services shall forward any
46 application for federal approval of or changes to the basic health
47 program to the joint standing committees of the General Assembly
48 having cognizance of matters relating to appropriations and the budgets
49 of state agencies and human services and to the working group
50 established pursuant to section 3 of this act not later than thirty days
51 before seeking federal approval for the program.

52 (f) Not later than January 1, 2027, every six months thereafter through
53 January 1, 2030, and annually thereafter, the commissioner shall submit
54 a report, in accordance with the provisions of section 11-4a of the general
55 statutes, to the joint standing committees of the General Assembly
56 having cognizance of matters relating to appropriations and the budgets
57 of state agencies, human services and insurance and real estate. The
58 report shall contain a narrative description of the operations, activities
59 and finances of the basic health program and any supporting
60 documentation or data for the immediately preceding reporting period.

61 Sec. 2. (NEW) (*Effective July 1, 2026*) There is established an account
62 to be known as the "basic health program account", which shall be a
63 separate, nonlapsing account. The account shall contain any moneys
64 required by law to be deposited in the account. Moneys in the account
65 shall be expended by the Department of Social Services solely for the
66 purposes of operating a basic health program in accordance with the
67 Affordable Care Act and section 1 of this act.

68 Sec. 3. (NEW) (*Effective from passage*) (a) The Commissioner of Social
69 Services shall establish a working group to oversee the design of the
70 basic health program established pursuant to sections 1 and 2 of this act.

71 (b) The working group shall consist of:

72 (1) The Connecticut Healthcare Advocate, or the advocate's designee;

73 (2) The Insurance Commissioner, or the commissioner's designee;

74 (3) The Commissioner of Social Services, or the commissioner's
75 designee;

76 (4) The executive director of the Commission on Racial Equity in
77 Public Health, or the executive director's designee;

78 (5) The State Comptroller, or the comptroller's designee;

79 (6) The Secretary of the Office of Policy and Management, or the
80 secretary's designee, who shall serve as a chairperson;

81 (7) The speaker of the House of Representatives, the president pro
82 tempore of the Senate, the majority leader of the House of
83 Representatives, the majority leader of the Senate, the minority leader
84 of the House of Representatives, and the minority leader of the Senate,
85 or their designees;

86 (8) The House and Senate chairpersons of the joint standing
87 committee of the General Assembly having cognizance of matters
88 relating to human services, who, along with the Secretary of the Office
89 of Policy and Management, or the secretary's designee, shall serve as
90 chairpersons;

91 (9) The House and Senate chairpersons of the joint standing
92 committee of the General Assembly having cognizance of matters
93 relating to insurance and real estate, or their designees;

94 (10) The chief executive officer of Access Health Connecticut;

95 (11) Three health insurance experts from the nonprofit and academic
96 communities with demonstrated knowledge about health plan design
97 and actuarial practices, appointed by the chairpersons of the working
98 group; and

99 (12) Any other members the chairpersons of the working group deem
100 necessary.

101 (c) Any member of the working group appointed under subdivisions
102 (11) and (12) of subsection (b) of this section may be a member of the
103 General Assembly. All initial appointments to the working group shall
104 be made not later than thirty days after the effective date of this section.
105 If such appointments are not made not later than thirty days after the
106 effective date of this section, the Commissioner of Social Services may
107 designate individuals with the required qualifications for the applicable
108 appointment to serve on the working group until such appointments are
109 made.

110 (d) The working group may consult with stakeholders, including, but

111 not limited to, current enrollees in Access Health Connecticut, enrollees
112 in the state's medical assistance programs, health care providers, health
113 insurance issuers, health care advocates, researchers, actuaries and
114 nonprofit health care service providers.

115 (e) Members appointed pursuant to subdivisions (11) and (12) of
116 subsection (b) of this section shall serve at the pleasure of the appointing
117 authority and shall continue to serve until their successors are
118 appointed. Any vacancy shall be filled by the appointing authority.

119 (f) A majority of the membership of the working group shall
120 constitute a quorum for the transaction of any business and any decision
121 shall be by a majority vote of those present at a meeting. The
122 chairpersons may establish such committees, subcommittees or other
123 entities as they deem necessary to further the purposes of the working
124 group. The working group may adopt rules of procedure.

125 (g) The members of the working group shall serve without
126 compensation, but shall, within the limits of available funds and subject
127 to the approval of the working group's chairpersons, be reimbursed for
128 expenses necessarily incurred in the performance of their duties.

129 (h) Not later than December 1, 2026, the working group shall submit
130 a report to the joint standing committees of the General Assembly
131 having cognizance of matters relating to appropriations and the budgets
132 of state agencies, human services and insurance and real estate
133 concerning the group's recommendations for the design and
134 implementation of the basic health program. Such report shall contain a
135 description of the program, including, but not limited to, operations and
136 funding for the program. For purposes of this section, "Access Health
137 Connecticut" means the Internet web site maintained by the Connecticut
138 Health Insurance Exchange, established pursuant to section 38a-1081 of
139 the general statutes, through which enrollees and prospective enrollees
140 may obtain standardized comparative information on and enroll in
141 qualified health plans under the Affordable Care Act.

142 Sec. 4. (*Effective July 1, 2026*) Prior to implementation of the basic

143 health program, the Commissioner of Social Services shall hold at least
144 one public hearing for the program and a series of stakeholder
145 engagement meetings with potential stakeholders, including, but not
146 limited to: (1) Representatives of hospitals, health centers, other health
147 care providers, HUSKY Health plan enrollees and Access Health
148 Connecticut enrollees, (2) members of the joint standing committees of
149 the General Assembly having cognizance of matters relating to
150 appropriations and the budgets of state agencies, human services,
151 public health and insurance and real estate, and (3) other persons with
152 health equity and health coverage policy expertise.

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | July 1, 2026 | New section |
| Sec. 2 | July 1, 2026 | New section |
| Sec. 3 | from passage | New section |
| Sec. 4 | July 1, 2026 | New section |

Statement of Legislative Commissioners:

In Section 1(f), the last sentence was redrafted for clarity; in Section 3, "cochairperson" and "cochairpersons" were changed to "chairperson" and "chairpersons" for clarity and consistency; in Section 3(b)(8), "along with the Secretary of the Office of Policy and Management, or the secretary's designee," was added for clarity, and in Section 3(h), the definition of "Access Health Connecticut" was added for clarity.

HS *Joint Favorable Subst. -LCO*