



Substitute House Bill No. 5561

Public Act No. 26-146

AN ACT CONCERNING A FIVE-YEAR MEDICAID RATE REVIEW, DENTAL REPRESENTATION ON A MEDICAL ASSISTANCE OVERSIGHT COUNCIL, BIOMARKER TESTING AND OPIOID PRESCRIPTION COVERAGE REQUIREMENTS AND A STUDY CONCERNING PAYMENT OF SPOUSES FOR STATE-SUBSIDIZED HOME CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2026*) (a) As used in this section, "Medicaid rate study" means the study commissioned by the Department of Social Services pursuant to section 1 of public act 23-186.

(b) The Commissioner of Social Services shall create a five-year process for the regular and predictable review of Medicaid rates of reimbursement, which shall (1) examine the rates of reimbursement paid to Medicaid providers, and (2) benchmark such rates to rates for the same services paid by Medicare when possible under available appropriations. Not later than January 1, 2027, the commissioner shall review Medicaid rates of reimbursement in accordance with such process.

(c) The Medicaid rate review process may include the evaluation of rates paid in individual components of the Medicaid program, provided an evaluation of all rates paid shall be completed not later than January

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1, 2032. As part of this process, the commissioner may, in consultation with the Secretary of the Office of Policy and Management, review and, to the extent funds are appropriated for this purpose, increase and rebase rates at the conclusion of each calendar year using an applicable, more current Medicare base year to (1) strengthen access to care, (2) improve quality and outcomes of care, and (3) reduce spending on acute care services.

(d) At the conclusion of the five-year review process prescribed by this section, the commissioner shall commence a new review following the same schedule of evaluation and thereafter shall continue to commence such reviews every five years. As part of the review process, the commissioner shall streamline and consolidate existing fee schedules used for provider or service reimbursement so that every provider is reimbursed for the same service using the same fee schedule. In streamlining and consolidating existing fee schedules, the commissioner shall take into consideration, among other factors and to the extent applicable, the most recent Medicare fee schedule for services covered by Medicare as well as Medicaid.

(e) The commissioner shall develop a process to accept public comment as part of the Medicaid rate evaluation process. Such public-comment process shall, at a minimum, allow for the submission of written comments by a means prescribed by the commissioner and oral comments (1) at one or more public meetings held at a time and place selected by the commissioner, and (2) at one or more meetings of the Council on Medical Assistance Program Oversight, established pursuant to section 17b-28 of the general statutes, as amended by this act.

(f) Not later than January 15, 2028, and annually thereafter, the commissioner shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to

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appropriations and the budgets of state agencies and human services on the rate evaluation process. The report shall include the commissioner's recommendations on the level of appropriations required to increase compensation for Medicaid providers for health care services in accordance with this section and a description of the data and methodology used to reach such recommendations.

Sec. 2. Subsection (c) of section 17b-28 of the 2026 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2026*):

(c) On and after October 31, 2017, the council shall be composed of the following members:

(1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services, public health and appropriations and the budgets of state agencies, or their designees;

(2) Five appointed by the speaker of the House of Representatives, one of whom shall be a member of the General Assembly, one of whom shall be a community provider of adult Medicaid health services, one of whom shall be a recipient of Medicaid benefits for the aged, blind and disabled or an advocate for such a recipient, one of whom shall be a representative of the state's federally qualified health clinics and one of whom shall be a member of the Connecticut Hospital Association;

(3) Five appointed by the president pro tempore of the Senate, one of whom shall be a member of the General Assembly, one of whom shall be a representative of the home health care industry, one of whom shall be a primary care medical home provider, one of whom shall be an advocate for Department of Children and Families foster families and one of whom shall be a representative of the business community with experience in cost efficiency management;

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(4) Three appointed by the majority leader of the House of Representatives, one of whom shall be an advocate for persons with substance abuse disabilities, one of whom shall be a Medicaid dental provider and one of whom shall be a representative of the for-profit nursing home industry;

(5) Three appointed by the majority leader of the Senate, one of whom shall be a representative of school-based health centers, one of whom shall be a recipient of benefits under the HUSKY Health program and one of whom shall be a physician who serves Medicaid clients;

(6) Three appointed by the minority leader of the House of Representatives, one of whom shall be an advocate for persons with disabilities, one of whom shall be a dually eligible Medicaid-Medicare beneficiary or an advocate for such a beneficiary and one of whom shall be a representative of the not-for-profit nursing home industry;

(7) Three appointed by the minority leader of the Senate, one of whom shall be a low-income adult recipient of Medicaid benefits or an advocate for such a recipient, one of whom shall be a representative of hospitals and one of whom shall be a representative of the business community with experience in cost efficiency management;

(8) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee;

(9) A member of the Commission on Women, Children, Seniors, Equity and Opportunity, designated by the executive director of said commission;

(10) A representative of the Long-Term Care Advisory Council;

(11) The Commissioners of Social Services, Children and Families, Public Health, Developmental Services, Aging and Disability Services and Mental Health and Addiction Services, or their designees, who shall

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be ex-officio nonvoting members;

(12) The Comptroller, or the Comptroller's designee, who shall be an ex-officio nonvoting member;

(13) The Secretary of the Office of Policy and Management, or the secretary's designee, who shall be an ex-officio nonvoting member; [and]

(14) One representative of an administrative services organization which contracts with the Department of Social Services in the administration of the Medicaid program, who shall be a nonvoting member; and

(15) A representative of the Department of Social Services' Connecticut Dental Health Partnership's Dental Policy Advisory Council.

Sec. 3. (*Effective from passage*) As used in this section, "biomarker testing" has the same meaning as provided in section 17b-278m of the general statutes. Not later than October 1, 2026, the Commissioner of Social Services shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committee of the General Assembly having cognizance of matters relating to human services on (1) prior authorization requirements for Medicaid coverage of biomarker testing, including, but not limited to, any impact such requirements have on access to biomarker testing by Medicaid beneficiaries, and (2) the number of Medicaid beneficiaries who have had biomarker testing approved for Medicaid coverage in the fiscal year ending June 30, 2026.

Sec. 4. (NEW) (*Effective July 1, 2026*) (a) As used in this section, (1) "prescribing practitioner" means a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse or nurse-midwife enrolled as a Medicaid provider who is licensed by the

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state and authorized to prescribe opioid drugs within the scope of such person's practice, and (2) "opioid drug" has the same meaning as provided in section 20-14o of the general statutes.

(b) A prescribing practitioner who prescribes an opioid drug for the treatment of a Medicaid beneficiary's pain shall consider the feasibility of nonopioid treatment options, including, but not limited to, chiropractic treatment, spinal cord stimulation, acupuncture and physical therapy.

(c) The Commissioner of Social Services may adopt regulations in accordance with the provisions of chapter 54 of the general statutes to implement the provisions of this section.

Sec. 5. (*Effective from passage*) (a) There is established a working group to study the feasibility of allowing spouses to be compensated for providing personal care assistance for spouses enrolled in home care programs funded under the state medical assistance program.

(b) The working group shall consist of:

(1) The Commissioner of Social Services, or the commissioner's designee;

(2) The Secretary of the Office of Policy and Management, or the secretary's designee;

(3) The House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to human services, or their designees; and

(4) A consumer of personal care services and a representative of an organization providing such services, appointed by the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to human services.

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(c) The chairperson of the working group shall be selected by the House and Senate chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to human services. All appointments to the working group shall be made not later than thirty days after the effective date of this section. The chairperson shall schedule a meeting of the working group not later than sixty days after the effective date of this section.

(d) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to human services shall serve as administrative staff of the working group.

(e) Not later than January 1, 2027, the working group shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to human services in accordance with the provisions of section 11-4a of the general statutes. The working group shall terminate on the date that it submits such report or January 1, 2027, whichever is later.

Governor's Action:

Approved June 2, 2026