
OLR Bill Analysis

SB 482

AN ACT CONCERNING LEGISLATIVE OVERSIGHT OF MEDICAID WAIVERS, MEDICAID STATE PLAN AMENDMENTS AND OTHER FEDERALLY FUNDED PROGRAMS.

SUMMARY

This bill requires the Department of Social Services (DSS) to submit any federal funding applications for DSS-administered programs to the Appropriations and Human Services committees at least 30 days before submitting them to the federal government. The bill allows the committees to hold a hearing and schedule a vote using the same processes in existing law for Medicaid waivers and certain Medicaid state plan amendments (SPAs) (see BACKGROUND).

The bill excludes from this requirement federal block grant applications that are already subject to a legislative review process under existing law (for example, for the Low Income Home Energy Assistance Program (LIHEAP) or the Community Services Block Grant (CSBG)).

EFFECTIVE DATE: July 1, 2026

BACKGROUND

Legislative Approval Process for Waivers and SPAs

State law requires the DSS commissioner to submit federal waiver applications, renewals, and amendments and certain SPAs to the Appropriations and Human Services committees before submitting them to the federal government for approval. The committees must review waivers through this process, and they may decide whether to review SPAs.

Within 30 days after receiving DSS' application, the committees must (1) hold a public hearing for waivers or (2) notify DSS about whether they intend to hold a public hearing for SPAs. If the committees decide

to hold a public hearing on a SPA, they must do so within 60 days after receiving the application.

After any hearing, the committees must approve, deny, or modify a waiver or SPA application in this timeframe or it is deemed approved. The law sets a process to appoint a conference committee if the committees do not agree on the decision.

By law, the committees' decision is binding. Any application DSS submits to the federal government must be in accordance with the committee's modifications, if any, or approval. If the committees deny an application, the law prohibits DSS from submitting it to the federal government.

Related Bill

SB 3, § 17, favorably reported by the Human Services Committee, establishes a legislative approval process for DSS proposals to change the Medicaid payment model from fee-for-service to managed care.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 16 Nay 7 (03/19/2026)