
OLR Bill Analysis

sSB 314

AN ACT CONCERNING EMERGENCY MEDICAID COVERAGE FOR TREATMENT OF EMERGENCY MEDICAL CONDITIONS.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner to expand, in a way consistent with federal law, Medicaid coverage for treating emergency medical conditions (i.e., emergency Medicaid, see “BACKGROUND”). Under the bill, an “emergency medical condition” is a medical condition, including emergency labor and delivery, with acute symptoms severe enough that it can be expected to result in the following without treatment:

1. placing the patient’s health in serious jeopardy,
2. serious impairment to bodily functions, or
3. serious dysfunction of an organ or body part.

The bill lists several conditions that must qualify for emergency Medicaid coverage under the expansion.

The bill also requires the DSS commissioner, by July 1, 2025, to create an administrative system for people to apply in advance for emergency Medicaid coverage for outpatient treatment for emergency medical conditions. The commissioner must include (1) a link to the application and list of covered emergency medical conditions on the DSS website and (2) information about advance applications for emergency Medicaid and a list of covered conditions in DSS forms and policy manuals.

EFFECTIVE DATE: Upon passage

EMERGENCY MEDICAL CONDITIONS

Under the bill, DSS's emergency Medicaid expansion must include coverage for the following conditions to the extent allowed by federal law:

1. high-risk pregnancy;
2. type 1 diabetes in people under age 21;
3. diabetic emergencies, including diabetic ketoacidosis;
4. renal failure requiring ongoing dialysis;
5. a skull, arm, neck, leg, spine, or pelvis fracture that occurred in the two-month period before an emergency Medicaid request;
6. hypertensive emergencies in people with symptoms of end organ damage and systolic blood pressure of at least 180 or diastolic blood pressure of at least 120;
7. unstable seizure disorder with at least five minutes of uncontrollable seizures or at least two discrete seizures where the person does not regain consciousness;
8. active cancer treatment;
9. ventilator dependency;
10. labor and delivery; and
11. acute inpatient psychiatric hospitalization.

BACKGROUND

Emergency Medicaid Coverage

Under current state policy, emergency Medicaid coverage is generally limited to treatment after the sudden onset of a medical emergency. It does not cover treatment for chronic conditions, even if the condition may be life threatening. Emergency Medicaid cannot be preapproved, and instead a bill for emergency treatment is submitted to DSS for review.

However, federal law gives states flexibility to define what treatments or conditions qualify for emergency Medicaid coverage within the parameters of the “emergency medical condition” definition above. For example, in 2021, DSS determined that ongoing dialysis for end stage renal disease qualifies for emergency Medicaid coverage because without dialysis, the condition will likely become a medical emergency.

Emergency Medicaid allows hospitals to receive federal Medicaid reimbursement for care that may otherwise be uncompensated. Any person, regardless of immigration status, can qualify for emergency Medicaid coverage if he or she meets Medicaid income and asset limits.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 15 Nay 7 (03/19/2024)