

Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

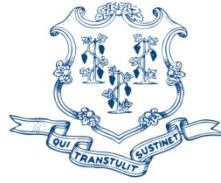
Healthcare Cabinet Meeting Minutes October 10, 2017

Meeting Date	Meeting Time	Location
October 10, 2017	9:00am-11:00am	Legislative Office Building, Hearing Room 1D 300 Capitol Avenue, Hartford

Participant Name and Attendance

Healthcare Cabinet Members					
Lt .Governor Nancy Wyman	x	James Wadleigh (AHCT)	x	Hussam Saada	
Pat Baker	x	Dr. Raul Pino (DPH)	x	Lena Bachar for Katharine Wade (CID)	x
Kurt Barwis	x	Jordan Scheff (DDS)	x	David Whitehead	
Susan Adams	x	Shelly Sweatt		Kate McEvoy (DSS)	x
Ellen Andrews		Joshua Wojcik (OSC)			
Miriam Delphin-Rittmon (DMHAS)		Nichelle Mullins	x		
Theodore Doolittle (OHA)	x	Anne Foley (OPM)	x		
Margherita Giuliano	x	Dr. William Handelman			
Bonita Grubbs		Robert Tessier	x		
Frances Padilla		Michael Michaud	x		
Members Via Phone					
Hussam Saada	x				
Dr. Ricka Wolman (DCF)	x				
Others Present					
Victoria Veltri					
Lena Bachar					

Meeting Information is located at: <http://portal.ct.gov/Office-of-the-Lt-Governor/Healthcare-Cabinet/Healthcare-Cabinet>

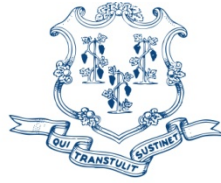


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	Agenda	Responsible Person
1.	Welcome and Introductions	Lt. Governor Nancy Wyman
	<p>Call to Order The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, October 10th at the Legislative Office Building Room 1D in Hartford, CT. The meeting convened at 9:00 a.m. Lt. Governor Nancy Wyman presiding.</p>	
2.	Public Comment	Lt. Governor Nancy Wyman
	<p>There was no public comment.</p>	
3.	Review and Approval of the September 12th, 2017 Minutes	Lt. Governor Nancy Wyman
	<p>The motion was made by Pat Baker and seconded by Susan Adams to approve the minutes of the September 12th, 2017 meeting @ 9:05 a.m. Motion carried.</p>	
4.	Access Health CT Open Enrollment Update	Lt. Governor Nancy Wyman
	<p>Lt. Governor Wyman introduced Jim Wadleigh to provide an update of Access Health CT.</p> <p>Mr. Wadleigh announced that there will be an upcoming board meeting to give a more comprehensive overview of new the marketing/advertising campaign updates and events that will unfold. He shared that AHCT is ready for the 2018 open enrollment on November 1st. He stated that three days this week AHCT will be joining 12 states to discuss policy changes in D.C.</p> <p>Anne Foley asked about cutbacks by the Federal government on marketing and media activity during open enrollment.</p> <p>Mr. Wadleigh stated that beginning on October 10th, AHCT will have messaging on social media to prepare people locally and educate them on where to go for assistance.</p> <p>He noted that this year, AHCT has hired a full-time outreach team that will go out into the community and assist with enrollment and any associated challenges. He also added that AHCT has reallocated resources for marketing and advertising to reach out to many people in a shortened timeframe.</p> <p>Kate McEvoy commented in regards to the Graham/Cassidy Repeal and Replace bill, stating that she's grateful it did not take place because of the risks with tax credits and subsidies.</p>	



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She also reported that Congress allowed Husky B (CHIP) funding, currently serving Medicaid to 15k children in CT, to lapse and that we receive \$50 million per year for Husky B and corresponding amount for subsidies for children's families that are at 130% of the federal poverty level for Medicaid. Ms. McEvoy shared with the Cabinet that CT has funding through the end of January 2018 with carryover. She urges the Cabinet to remain vigilant because of the risk areas on healthcare.

Nichelle Mullins took the opportunity to remind the Cabinet that the federal cutbacks scheduled for December 31st, 2017 to Medicaid will affect a huge population that uses Charter Oak Health Center for medical needs. She stated that Charter Oak Health Center is presently operating under the assumption that their grant term expires December 31st and that they have not received any word yet from Bureau of Primary Healthcare. She added that Charter Oak Health Center serves over 18k patients per year.

5. **Work Groups Updates and Discussion**

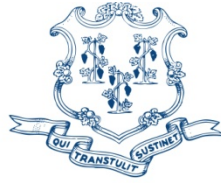
The Legislative and Administrative Initiatives Review Work Group- Theodore Doolittle reported that his work group decided to seek advice from groups such as National Conference on State Legislatures and NASHBY and will have report providing broad outlines to what's going on in the state similar and reliant to the Yale report.

The Cost Determination and Cost Containment Work Group-Mr. Doolittle reported on behalf of Frances Padilla. He stated that the work group decided to be strategic and form three subgroups to discuss recommendations from health policy leaders, Yale, NASHBY, HHPI. These subgroups will report to the work group with 3-4 strategies after surveying the landscape that were recommended, which will then report its recommendations to the Cabinet.

Three Subgroups as the following:

1. Manufacturer Costs-Ted Doolittle and Joshua Wojcik
2. Consumer Costs-Robert Blundo, Mark Zatyryka and Jill Zorn
3. PBM'S and the Supply Chain-Margherita Giuliano, Kristin Campanelli and Lena Bachar

The Consumer Healthcare Education Work Group-Susan Adams reported that her group has developed eight questions, which can be found on the Healthcare Cabinet website, to meet its charter. She also reiterated to the Cabinet that her group welcomes any comments to their questions. She added that the work group will focus on: How it's being used? Who should be included? Who it should be sent to? What are



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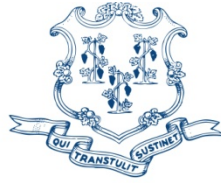
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the parameters and types of education needed? How people are learning best with clear, concise and useable information. She closed her update with adding that the utilization of medication should be as safe as possible.

The Healthcare Pricing Work Group-Ann Foley reported on behalf of the work group and stated that the work group has refined recommendations to changes and are fairly on track to present in late November.

Ms. McEvoy addressed the Cabinet emphasizing that DSS is interested in the discussions of the Pricing Work Group and examining other state's efforts for CMS streamlining opportunities. She presented a letter to the members and can be found on the Healthcare Cabinet website. She added that CMS is interested in the aspect of value pricing in the pharmacy component. She noted that some of the constraints on value based pricing and Medicaid are statutory and that Medicaid programs are required to cover FDA drugs. She stated that DSS spends less on branded drugs than on generic drugs and this is why we see a higher incidence of branded drugs. Ms. McEvoy states that rebates for this year are at \$15 million greater than last year, emphasizing that DSS has taken an assertive posture with rebates and will continue to do so. She also discussed open formulary commercial plans that are required to cover FDA drugs and ensure accessibility with fewer constraints, and that they were determined to be more cost effective. Ms. McEvoy mentioned that many commercial plans have moved to a tier structure for copayment and cost sharing and added that CT has no tier structure or cost sharing to Medicaid. She explained that CT has not done well historically collecting member copays due to poverty. Consumers could not bear the \$1.00 copay and were not filling if they had multiple medications to fill, essentially creating an unfunded liability for pharmacists.

Ms. Veltri mentioned to the Cabinet 2016 Cost Containment study recommendation to get authority to examine statewide spending and trends and recommend strategies. She explained Senate Bill 444, Public Act 17-151, which requires the Cabinet to advise Governor on total statewide health care spending, including methods to collect, analyze and report healthcare spending data.

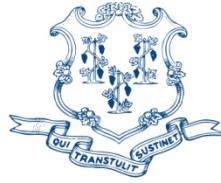


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	<p>Ms. Veltri thanked Ms. Baker and the Connecticut Health Foundation for supporting their work, and acknowledged the grant awarded by the Foundation to aid with the organization and development of the creation of the Office of the Health Strategy.</p>
6.	Setting the Stage for Exploring Statewide Health Care Spending and Trends
	<p>Alan Hackney spoke about the second grant from the Health Information Technology on pricing and spending. Mr. Hackney reported that the APCD now had pricing and claims from the major carriers through June 2017, and would soon have it ready through September 2017. Mr. Hackney also informed the Cabinet that the request for the Medicare data had been approved, that data had been received and the vendor was working to integrate it into the APCD. He also noted that they have spent time with DSS and are settling the statutory language to give access to the Medicaid data in an appropriate manner.</p> <p>Mr. Hackney stated that the first data release was made a few weeks ago to Professor Aseltine. He also announced that the UCONN Medical School has made about 4-5 requests which is good news for the APCD. Mr. Hackney stated that he is working with Professor Cooper from Yale regarding national research on pricing for analysis and that we will work together to look at the state of health care pricing.</p> <p>Robert Tessier thanked Mr. Hackney for the update. He also asked how many years of data was available. Mr. Hackney stated the data runs from 2012- June 2017 which is 5 years of data.</p> <p>Lt. Governor Wyman announced the Anthem in contract dispute matter and asked Mr. Tessier to share his thoughts on the subject. He stated that he's been successfully involved with 3 Anthem contracts. He shared that members are frustrated because of little progress made in the last month and are 10 days past the contract agreement. He recommends that the Cabinet work to promote mandates for network contracts with carriers with no disruption of services.</p>



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7.	Wrap Up and Next Steps Lt. Governor Nancy Wyman
	The next meeting will take place on Tuesday, November 14 th , 2017 at 9:00 a.m. at the LOB room 1D. The motion was made by Pat Baker and seconded by Robert Tessier to adjourn the meeting.
8.	Adjourn Meeting adjourned at 10:00 a.m.