



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes December 12, 2017

Members in Attendance: Lt. Governor Nancy Wyman, Susan Adams, Ellen Andrews, Pat Baker, Kurt Barwis, Theodore Doolittle (OHA), Anne Foley (OPM), Margherita Giuliano, Dr. William Handelman, Paul Lombardo (CID), Kate McEvoy (DSS), Michael Michaud (DMHAS), Nichelle Mullins, Frances Padilla, Dr. Raul Pino (DPH), Jordan Scheff (DDS), Robert Tessier, James Wadleigh (Access Health CT), Joshua Wojcik (OSC), Dr. Ricka Wolman

Members via Phone: Hussam Saada

Members Absent: Bonita Grubbs, Shelly Sweatt,

Others present: Victoria Veltri (OTLG)

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
	Call to Order The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, December 12 th at the Legislative Office Building Room 1D in Hartford, CT. The meeting convened at 9:00 a.m. Lt. Governor Nancy Wyman presiding.	
2.	Public Comment	Lt. Governor Nancy Wyman
	<p>Deb Polun from the Community Health Center Association of Connecticut thanked Jim Wadleigh for the partnership with Access Health CT during open enrollment. Ms. Polun reported that enrollment is going well with the setup and assistance of the Certified Application Counselors working in the Community Health Centers. On behalf of the community she thanked AHCT for the great communication.</p> <p>Lesley Bennett from the National Organizations on Rare Disorders reported that she was on the Pricing Work Group and commented on the Work Group summaries. Ms. Bennett stated she is a patient advocate and voiced her concern that all patients with disabilities could be face discrimination. She stated many patients are burdened with the current system being currently used. Ms. Bennett stressed that patients are being double penalized. She states that co-insurance is based on list price. She stated that when rebate coupons are used it's not passed down to the patients. Ms. Bennett stated that she does not see people abusing brand name drugs and emphasized that patients who have rare diseases have no alternative to a brand name specialty drug. This is especially true in neurologic patients because of variations such as the additives and added ingredients that can affect patients severely. She suggested that pre-authorizations should be a little more consumer friendly.</p> <p>Ms. Bennett also requested for the Cabinet to please add to the Charges: Those with a disability and or complex medical conditions</p>	



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	<p>because these groups are at higher risk to be underserved and may experience challenges accessing care.</p> <p>Arlene Murphy Co-Chair of the SIM Consumer Advisory Board is speaking as an individual. Ms. Murphy thanked the Lt. Governor and the Healthcare Cabinet for the work they do. Ms. Murphy urged the Healthcare Cabinet to invite 3 to 4 consumers to its future working groups.</p>	
3.	Review and Approval of the November 14th, 2017 Minutes	Lt. Governor Nancy Wyman
	<p>The motion was made by Pat Baker and seconded by Robert Tessier to approve the minutes of the November 14th, 2017 meeting @ 9:05 a.m. Motion carried.</p>	
4.	Access Health CT Open Enrollment Update	James Wadleigh (Access Health CT)
	<p>Lt. Governor Wyman introduced Jim Wadleigh to provide an update on Access Health CT.</p> <p>Jim Wadleigh provided an update on Access Health's enrollment. Mr. Wadleigh stated that there are nine days left for consumers to enroll for the 2018 year which ends on December 22nd. Mr. Wadleigh states things are moving forward but AHCT has seen a slowdown in the number of individuals enrolling during the last week. He announced that Saturday, December 16th from 10am-2pm an enrollment fair will take place at Eastern Connecticut State University in Willimantic, Connecticut. He also shared that AHCT has 10 enrollment locations throughout the state and announced that Danbury has the highest foot traffic. Mr. Wadleigh reports that so far total enrollment is 105k individuals enrolled as of Friday. He stated that he will communicate new information with the Friday media on what types of plans consumers are choosing. He also mentioned that consumers in California are buying up to Gold plans because the APTCs are higher. He noted that this trend is not</p>	



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happening in CT, but that CT consumers are moving off of Silver or down to Bronze paying significantly less. Mr. Wadleigh stated that AHCT's goals were to enroll at least 8-9K new individuals to AHCT, and reports that the organization has surpassed this goal, with 17-18K individuals new to AHCT. He added that a key focus is to have 15% of consumers make their first premium payment, and that they are working with the carriers to ensure accurate and current information. Mr. Wadleigh was proud to report that 2017 year has been the best year for auto renewals. Mr. Wadleigh stated that it has been difficult for brokers to reach out to 2016 customers to renew because of issues such as return mail or new addresses or phone numbers. He reminded the Cabinet that customers need to re-enroll if they haven't. He also added that AHCT is getting the message to elected officials to reach out to the public.

Kate McEvoy provided the Healthcare Cabinet with an update on the Children's Health Insurance Program (CHIP) program and reported that Congress hasn't taken action yet for the authorization of the appropriation for CHIP. Ms. McEvoy stated that DSS is in active dialogue with CMS on potential eligibility for redistribution of funds. Ms. McEvoy also stated that the Governor has sent a letter to legislative leadership expressing the intent and necessity regarding the possible termination of Husky B which will affect 17,000 children. Ms. McEvoy shared that Connecticut receives approximately \$35-40 million for funding of HUSKY B. She also added that it would be the 20th year of CHIP program. Ms. McEvoy also noted that DSS is partnering with Access Health CT, OHA, OPM and other stakeholders to develop and implement an outreach plan for consumers impacted by the changes to HUSKY. Approximately 13,300 HUSKY A individuals have the right to a one-year transitional medical assistance coverage, while 330 will lose coverage immediately, and are being screened for alternate eligibility.



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5.	Work Groups Updates and Discussion	Vicki Veltri (OTLG)
	<p>LT. Governor Wyman thanked all the Working Groups for their hard work.</p> <p>Vicki Veltri introduced the chairs of the four work groups and reported that the four groups were charged with developing recommendations of strategies. The groups made multiple presentations, and engaged experts in development of the recommendations of the working groups. The work groups then prioritized recommendations and provided rationale for the recommendations. Ms. Veltri stated that all of the Work Groups' materials, are on the Healthcare Cabinet website. Ms. Veltri also noted that the Work group recommendations were posted on the Cabinet website and that public comment will be collected until January 15th.</p> <p>The Legislative and Administrative Initiatives Review Work Group- Ms. Veltri reported that Mr. Doolittle's work group previously presented at the last Healthcare Cabinet meeting, their presentation was very thorough and no additional information was generated.</p> <p>The Healthcare Pricing Work Group- Joshua Wojcik was introduced and he reported no change to the charge. Mr. Wojcik stated that his group met one additional time and discussed priority setting and adding rationale. He provided a summary of recommendations, starting with a recommendation for Medicaid to evaluate the potential benefits of various types of value-based contracts for supplemental rebates, including the experience of other states pursuing, and reporting its findings back to the Cabinet. Mr. Wojcik also highlighted that the group rank ordered its recommendations based on key determinants such as feasibility and direct impact on cost to state programs. He pointed out to the Cabinet that the bolded terms such as "Administrative" means that the recommendation is Administrative and "Legislative" means the recommendation requires legislation.</p>	



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Pat Baker asked what the priorities should be and would there be a ranked order.

Mr. Wojcik stated that the recommendations are in ranked order. Please follow the provided link for the Value Based Pricing Workgroup Presentation:

<http://portal.ct.gov/Office-of-the-Lt-Governor/Healthcare-Cabinet/Healthcare-Cabinet-Meetings/Healthcare-Cabinet-Regular-Meetings-2017>

Ellen Andrews stated that the state budget is on everyone's mind, with an emphasis on the role of Medicaid and State employee plan. However, she doesn't think they should be prioritized because most people in the state do not get Medicaid. Ms. Andrews suggested that the work groups should be talking to everyone in the state in order to gain a more comprehensive perspective of the challenges and opportunities. Ms. Andrews added that patients need their medications and they should be affordable. Ms. Andrews concluded to the Cabinet suggesting to not let the exception make the rules and that coupons should not be eliminated.

Dr. William Handelman stated that Medicaid and Medicare do not allow the use of coupons and that doctors prescribe medications that can use coupons. He describes coupons as disruptive because it justifies the high price. Mr. Wojcik stated that recommendations on coupons for the Legislative side is to limit manufacturer coupons for drugs to situations in which a lower cost brand name or generic drug is not available in the same therapeutic class. Ms. Veltri recommends that the Cabinet consider both factors Administrative and Legislative factors.

Robert Tessier commented on Mr. Wojcik's recommendation broadening access to the state employee health plan's pharmacy contracts to other entities such as a much smaller group of ERISA plans. Mr. Tessier added they would love to get the benefit that comes with



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ERISA plans, and asked how the work group anticipates accomplishing this proposal.

Mr. Wojcik stated it's a potential opportunity and that plans choosing to participate could retain their ERISA exemption.

Mr. Tessier suggested that the Cabinet organize all of its legislative proposals in a way that clearly expresses how they work together and how to accomplish the goals. This would give a better sense of what the Cabinet's overall vision is. Ms. Veltri noted that the work groups met last week to talk about how to cross reference similar ideas.

Ms. McEvoy thanked the workgroups for their work. Regarding the Work Group's recommendations for Medicaid, she noted that DSS is in process of collaborating with the Oregon Health and Science University to discuss the Value Base Prescription Compact. She also reported on Jason Halgerson's efforts about New York's initiative regarding rebates, as well as updates from Daniel Tsai from Massachusetts regarding its pending 1115 Waiver.

The Cost Determination and Cost Containment Work Group

Frances Padilla thanked everyone for their commitment to the group's charge. Ms. Padilla stated that the group focused on transparency, lowering costs and identifying means of passing those cost savings to consumers. Ms. Padilla recommended that as a state we need to identify how much premium rate increases is driven by drug prices or claims. Ms. Padilla informed the Cabinet that the recommendation was to require the Connecticut Insurance Department to require the carriers to report the data it collects. Ms. Padilla also reviewed the work group's recommendation creating a Drug Review Board (DRB) made up of clinicians, health economists and consumers to review proposed drug price increases and determine whether they are justified, with an emphasis on the impact on the health of Connecticut residents. Ms. Padilla also stated that Connecticut's price gouging law could be



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amended to include unjustified pharmaceutical prices or price increases as determined by the DRB. Her group also recommended information for patient advocacy to be publicly available on a website (related to the Value Based Pricing Work Group Recommendation-4b on handout).

Ms. Baker wanted to know if the recommendations were in order and Ms. Padilla stated that they were.

Paul Lombardo commented on the recommendation about collecting RX data, noting that the Connecticut Insurance Department doesn't have the authority to access the data. He suggested the Cabinet should use the data from California. Mr. Lombardo added that May 1st, 2018 is the carrier rate filing deadline however, there is a delay now with the California deadline rate filings to 2019 and we would have to work diligently to get the data by May 1st, 2018 but may have to develop it for the 2019 year.

The Consumer Healthcare Education Work Group-Susan Adams presented on this Work Group, noting that the group's charge was to describe the role and importance of the educational component, what can be accomplished and to make recommendations to achieve this end. She also added that the recommendation for total transparency should include cost, value based pricing, prescription cost determination and cost containment, what are the different treatments, what are the different medications, implications of coupons, what direct advertising can do to a consumer's thought process, legislative policy and administrative initiatives as well. Ms. Adams stated that transparency must benefit all stakeholders, including: Consumers, Prescribing Providers, Payers, Patients/Caregivers, Regulators, Pharmacists, Manufacturers, Non-Prescribing Providers, Employers, Insurance Plans and Community Health Workers and all the departments that would have impact on the group. Ms. Adams also noted that the Work Group felt it was important to emphasize the role



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	of the prescriber in the education component, because of the barriers and confusion patients face when it comes to understanding costs and the impact of coupons.	
6.	Wrap Up and Next Steps	Lt. Governor Nancy Wyman
	The next meeting will take place on Tuesday, January 16 th , 2018 at the State Capitol Room 310.	
7.	Adjourn	Lt. Governor wished everyone Happy Holidays and adjourned at 11:30 a.m. Motion was not made.