



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes February 13, 2018

Members in Attendance: Lt. Governor Nancy Wyman, Susan Adams, Ellen Andrews, Pat Baker, Kurt Barwis, Theodore Doolittle (OHA), Anne Foley (OPM), Bonita Grubbs, Paul Lombardo (CID), Kate McEvoy (DSS), Nichelle Mullins, Frances Padilla, Dr. Raul Pino (DPH), Nydia Rios-Benitez (DMHAS), Shelly Sweatt, James Wadleigh (Access Health CT), David Whitehead, Joshua Wojcik (OSC)

Members via Phone: Hussam Saada

Members Absent: Margherita Giuliano, Dr. William Handelman, Jordan Scheff (DDS), Robert Tessier, Dr. Ricka Wolman (DCF)

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, February 13 th at the State Capitol Room 310 in Hartford, CT. The meeting convened at 9:00 a.m. Lt. Governor Nancy Wyman presiding.	
2.	Public Comment	Lt. Governor Nancy Wyman
	<p>Leslie Bennett from the National Organizations on Rare Disorders</p> <p>Commented that the focus of the Cabinet's recommendations is on providers, the state's healthcare system at large, but should be sure to remember that the patient is the reason for this discussion. The experience of the patient and the quality of the care they receive should be at the forefront of the Cabinet's discussions and recommendations.</p> <p>She discussed some options for improving access to treatment, suggesting that patients should be able to receive test doses of new medications prior to committing to a full prescription, with the associated costs to the patient and system, until it's clear it will work.</p> <p>Vicki Veltri noted that the SIM Quality recommendations could be modified to incorporate some of these ideas that weren't already considered.</p> <p>Lt. Gov. Wyman stated that one issue she thinks about is how patients can have their generic medications changed to another generic at the pharmacy without notice, and thinks that there should be notice. She asked Leslie if she had any information about that.</p>	
3.	Review and Approval of the January 16th, 2018 Minutes	Lt. Governor Nancy Wyman
	<p>Lt. Gov. Wyman asked if there was any discussion of the January 16, 2018 minutes – there were none. Asked for a motion to approve. Ellen Andrews motioned, and Susan Adams seconded. Minutes were approved unanimously.</p>	



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4.	Discussion of Draft Report: Specific Recommendations on Pharmaceutical Costs	
	<p>Lt. Gov. Wyman asked Vicki Veltri to lead the discussion reviewing the Cabinet's draft recommendations.</p> <p>Vicki reminded the Cabinet that there were four legislative recommendations, as well as several administrative recommendations for the Cabinet to review, noting that there had been a robust discussion about these at the last meeting, and that there was general consensus on the majority, but that a couple outstanding items merited review.</p> <p>She first discussed the recommendation to create a Drug Review Board (DRB) and that no one had voiced opposition to the concept.</p> <p>The Lt. Gov. asked if anyone had comments about the DRB.</p> <p>Anne Foley noted that at the last meeting she had raised the issue of funding and resources for the DRB, and that this was still a concern, asking if there had been any additional revenue identified.</p> <p>Vicki noted that the Cabinet hadn't explored additional options, but that the General Assembly would likely consider options for any of the recommendations they take up.</p> <p>Pat Baker addressed whether the Cabinet was still releasing Recommendation #2, which requires disclosure of certain funding to non-profit patient advocacy groups, as she thought that had been tabled. Given the ambiguity over the impact of this recommendation, she felt it should be deferred until there is more clarity.</p> <p>Ellen Andrews reminded the Cabinet that the recommendations have to go to the General Assembly, which will be able to make adjustments as needed, worrying that if it is removed, it may not be acted on in the future.</p>	



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Pat agreed, but sought clarification on the scope of impact.

Ellen noted that her organization is also a non-profit, and is ok with this requirement, offering that if the General Assembly takes up the recommendation, there would be public hearings.

Vicki observed that broadening the focus to include all non-profits would include community health centers, etc.

Ellen responded that, as providers, they already have to report these funds.

Ted Doolittle suggested the removal of "patient" from the definition of non-profit, which would broaden the impact.

The Lt. Gov. asked the Cabinet if the language should be revised to remove "patient" from the recommendation

Nichelle Mullins asked if there would be a threshold on the required reporting.

Vicki stated that, as written, no, and Ellen reiterated that the General Assembly could address that.

Rev. Grubbs stated that, as a non-profit, she was not opposed to the change.

Nichelle wondered if the Office of State Ethics, which is understaffed, would be able to handle the increased workload.

Vicki noted that they would likely comment during any legislative process.

Frances Padilla observed that the General Assembly could also address thresholds if they chose.



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Ted reminded the Cabinet that CMS guidelines have very low reporting thresholds, somewhere around \$10.

Vicki explained that the rationale for this recommendation is explained in detail in the report, so the General Assembly would be able to follow the logic of the recommendation.

Vicki then reported that, despite the extension of the public comment period for the recommendations, they only received one additional comment, for a total of 37.

Vicki moved onto Rec. #3, and believes there was consensus on this item. No one had any further comment. Discussed the impact of Rec #4 on premiums, explaining that it could increase premiums for year one, and asked how it could affect out years.

Pat Baker offered that she thought the Cabinet supported this concept.

Paul Lombardo explained the impact of this recommendation on premiums, noting that one carrier estimated the actual impact on premium would be higher than the 3-4% he speculated for year one, because they negotiate their own discounts.

Josh Wojick asked Paul for clarification about what is passed on in these estimates – if it's only the co-insurance and deductibles, the savings would be less than if all costs passed through to the consumer.

Paul noted that it is very difficult to distinguish between co-pay and co-insurance for these purposes, so everything would have to pass through.

Josh asked how rebates are treated and how would they be accounted for?

Paul noted that it is difficult to get this degree of information at the counter, and extremely difficult to ask carriers what stays in premiums and what doesn't.



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Josh summarized that in year one, all these costs would be passed on, but in out years, the increases should be stable.

Paul agreed.

Ellen was torn on this, because 3-4% is a big increase for many people, but cheaper meds is also good.

Vicki asked Paul if there was any data on what might drive costs down, like medication adherence.

Paul explained that this is hard to know, but that carriers already promote this concept, like applying lower co-pays for maintenance drugs.

Vicki asked how the carrier with a higher estimate arrived at the impact of this recommendation.

Paul stated only that the estimate was higher than 4%

Vicki asked the Cabinet if there is consensus on this item, and that the details concerning it were in the report. Asked Paul to draft a paragraph explaining the increase and pass through to consumers to include in the report narrative.

Paul agreed.

Vicki moved onto the Administrative recommendations, explaining that there are really two primary concepts split into four. She noted that the first would task the Insurance Dept with collecting data on drug prices.

There were no comments.

She explained that recommendations 2 – 4 were really one item previously, and that the SIM Quality Council and Practice Transformation Task Force (PTTF)



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provided input. The CAHPS survey will be examined to see if it could be modified. Explained and that the Practice Transformation Task Force would also examine promoting the integration tools for providers into electronic health records.

Ellen noted that this is great to have here, but that quality needs to be linked to payment. Also the PTF has explored discussions that need to happen between patients and their providers.

Vicki felt that was reasonable, and suggested that admin recommendation #3 could be modified to include that the work should be done with the Cabinet's Education Work Group. She further explained that SIM was working on how to integrate CAHPS into value-based payment models.

Pat agreed that this is helpful

Vicki summarized the thoughts on the administrative recommendations expressed at the meeting, and asked if there were additional questions or comments.

Paul asked for clarification about which year the CID would be expected to collect drug price data, noting that they would be able to collect this soonest for plan year 2020, and that CID would issue a Bulletin to that effect.

Pat asked the chairs of the work groups about one question raised in public comments, specifically if there was discussion about what, if any, notice patients should receive if their medications were changed by the plan.

Frances stated that they hadn't talked about that in her group.

Pat asked if there was interest in adding that.

Vicki noted that this is proposed legislation in past years, and would likely be this year.



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Josh also explained that they didn't look at that, but found it interesting with the balance between plan costs and member impact.

Vicki explained that in the state plan this happens, and that there are exception processes, but she didn't know about notice.

Shelley Sweat stated that there are notices, but asked what happens after that.

Paul explained that they had previously polled carriers and that they only change the formulary once a year.

Vicki suggested that the Cabinet should look at the relevant statute Frances Padilla offered an edit to the first administrative recommendation that would add an expectation of reporting to the Cabinet as well.

Paul explained that when carriers file this information with the CID, it would come in a separate attachment that would then be posted and publically available on their website, but offered that CID would be happy to present on this to the Cabinet.

Josh thanked CID for its initiative in this area.

Paul also clarified that the CID only receives about 35% of the plan data, with the rest being self-funded.

Ellen stated she liked this idea because it gives good information and transparency.

Paul cautioned that the carriers may have system issues implementing this change, but noted that some already do this.

Vicki asked how different this data will be from what the APCD collects.



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Paul noted that there could be challenges with coding/naming differences across system that don't match.

Shelley asked for clarification about the premium increase expected from one of the recommendations. Would it be 4% of the overall premium, as that is a big increase for some.

Paul confirmed that the expected increase is 3-4% of overall premium cost.

Ted noted that 3-4% would also be saved by the individuals at the pharmacy, suggesting that if we look at the total cost of care in the state, including costs and premiums, they should be level.

Paul agreed, but cautioned that only those using the medication benefit and receiving the pass through savings would benefit.

Vicki asked Paul how he arrived at the 3-4% estimate.

Paul reviewed his process, and added that this could amount to \$20-25 per member per month.

Josh added that any savings realized from these changes would likely take more than a year to flow through the system

Lt. Gov. commented on something Leslie Bennett said earlier in the meeting about generics, asking what would happen if no one told a consumer that there was a cheaper generic available, but wondered if a pharmacist would switch a patient to that cheaper medication without telling the consumer. She felt the Cabinet could explore this in more detail in the future.

Paul informed the Cabinet that anytime there is a change to a carrier's formulary, the member must receive 60 day notice. Positive changes can occur monthly, negative only once a year.



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Vicki appreciated this, but added that this was different than the issue of changing which generic a consumer received at the pharmacy counter without notice.

Kurt Barwis also noted that the substituted new pill would likely look different, and that without notice, consumers would be more likely to mix up their medications.

Lt. Gov. asked if this could be shared with legislative leadership for consideration. She then asked for a motion to vote to send the recommendations to the legislature.

Paul so moved, and Susan Adams seconded. All members voted to send the recommendations.

Vicki noted that she would make the changes proposed by the Cabinet before submission

Frances asked what would happen with the second tier recommendations included in the report.

Vicki explained that they are all being submitted to the legislature for consideration and possible action. She also noted that since the Cabinet is charged with tracking state health care spending, the work that the Health Information Technology Officer and the APCD are doing helps that goal, and offered to set up a presentation by those people.

What about next steps?

Ellen agreed that some legislators might independently take up some of the second tier recommendations. She then suggested that a future agenda item should be looking at hospital consolidations, citing some of the interesting provisions of the Yale and L&M transaction, and asked if the Office of Health Care Access (OHCA) could present on that.



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	<p>Vicki agreed that would be a good presentation.</p> <p>Frances added that the Cabinet should also hear about the new Office of Health Strategy.</p> <p>Anne Foley followed up on Ellen’s comments, specifically the Certificate of Need process, noting that OHCA currently has no enforcement authority, but that one proposed bill would change that.</p> <p>Jim Wadleigh stated that he was unaware the recommendations were to all be sent to the legislature, voicing concern over the possible impact on prices, and asked for clarification on what they had voted for – the whole report or only the recommendations.</p> <p>Lt. Gov. explained the Cabinet voted to send the recommendations specifically, but that the report was distinct, and a public document.</p>	
5.	Access Health CT Update - James Wadleigh (Access Health CT)	
	<p>She then asked Jim for an update on Access Health CT (AHCT).</p> <p>Jim explained that they were finishing up with open enrollment tasks. Identified some of the challenges they faced, chief being consumers not making their initial premium payments timely, or not sending in all of the required supporting documents. He explained that over 6,000 people had been disenrolled for these reasons.</p> <p>He also noted that he would have more specific detail at the AHCT Board meeting, and that they were already working on plans for 2019.</p> <p>Lt. Gov. asked how many enrollees there were this year.</p> <p>Jim explained that there had been more than 108,000 people.</p>	



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6.	Other Items	
	<p>Kate McEvoy updated the Cabinet on Husky A and CHIP. DSS was working with AHCT, OPM, OHA and others on the Husky A transition, and was working to reassess affected individual's eligibility.</p> <p>She shared that the Congress had reauthorized CHIP for 10 years and extended FQHC funding for 2 additional years. She also noted that there was still federal language about a possible shift to block granting Medicaid funding.</p> <p>Finally, she explained that there under the recently passed Congressional legislation, there is a federal pilot program where five states could request an 1115 waiver to not cover all FDA approved drugs, as they do now.</p>	
7.	Wrap Up and Next Steps	
	<p>The next meeting will take place on Tuesday, March 13th, 2018 at the State Capitol Room 310.</p>	
8.	Adjourn	
	<p>Lt. Gov. asked for a motion to adjourn. Pat Baker moved, and Ted seconded.</p>	