



Nancy Wyman
 LIEUTENANT GOVERNOR
 STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

June 12, 2018

Meeting Date	Meeting Time	Location
June 12, 2018	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		Shan Jeffreys (AHCT)	x	Hussam Saada	
Pat Baker	x			Kristin Campanelli for Katharine Wade (CID)	
Susan Adams		Jordan Scheff (DDS)	x	David Whitehead	
Ellen Andrews	x	Shelly Sweatt	x	Kate McEvoy (DSS)	
Roderick Bremby		Joshua Wojcik (OSC)	x		
Miriam Delphin-Rittmon (DMHAS)		Kurt Barwis	x		
Theodore Doolittle (OHA)		Anne Foley (OPM)	x		
Margherita Giuliano	x	Dr. William Handelman			
Frances Padilla	x	Robert Tessier	x		
Members Via Phone					
Rev. Bonita Grubbs	x				
Dr. Raul Pino	x				
Others Present					
Allan Hackney (OHS)					
Kelly Sinko (OPM)					
Alexandra Dowe (AHCT)					

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	Pat Baker
<p>Call to Order The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, June 12th at the Legislative Office Building Room 1D in Hartford, CT. The meeting convened at 9:05 a.m. Pat Baker presiding.</p>	
2. Public Comment	Pat Baker
<p>There was no public comment.</p>	
3. Review and Approval of the April 10, 2018 Minutes	Pat Baker
<p>The motion was made by Robert Tessier and seconded by Rev. Bonita Grubbs; Kathleen Brennan and Nichelle Mullins abstained to approve the minutes of the April 10th, 2018 meeting. Motion carried.</p>	
4. Access Health CT Update	Pat Baker
<p>Ms. Baker introduced Shan Jeffreys and Alexandra Dowe to provide an update of Access Health CT (AHCT).</p> <p>Ms. Dowe explained that the plan design process had been revised for this year, and involved comprehensive stakeholder engagement including the carriers, CT Insurance Department (CID), with support from Wakely Consulting, which conducted actuarial an analysis of the proposed 2019 plan designs. There were modifications made to the design process, permitting a non-standard silver plan in addition to the standard design.</p> <p>Ms. Baker asked Ms. Dowe about the differences between the two types of silver plans?</p> <p>Ms. Dowe explained there were only minor modifications made to the standard plan, and that the additional silver plan design added for 2019 was developed with an actuarial emphasis on co-insurance versus deductibles, in an effort to create plans more responsive to some consumers' health utilization needs.</p> <p>Bob Tessier added that the focus and intent of this new design model was to try and keep premiums down.</p> <p>Ms. Baker asked about consumer input in this process, and how engaged were they in these decisions, as well as what plans had been developed to ensure that consumers were properly educated about these plan designs so that they would not inadvertently purchase a plan that was not most appropriate for their needs.</p> <p>Ms. Jeffreys noted that, despite key differences in plan design, consumers generally come back to cost. About 45% of the market is unsubsidized, and are very sensitive to cost. AHCT will be monitoring how people choose and use their plans to help inform next year's plan design discussion.</p> <p>Ms. Dowe added that consumer education, especially for those with standard silver plans in 2018, was being refined to include more training for staff to educate people about the plan differences.</p> <p>Vicki Veltri explained that the AHCT Board struggled with the plan design process. They had to consider federal actions, including whether silver loading would be permitted in 2019, adding that only two days ago HHS announced that it would not bar silver loading for 2019. She added that, especially for the unsubsidized,</p>	



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affordability is a real challenge. The Board is committed to creative solutions, but noted that there must be a massive consumer education initiative.

Frances Padilla asked what plans for consumer education had been developed.

Mr. Jeffreys explained that Andrea would explain AHCT's efforts in detail at the Board meeting on Thursday, but that there was a plan for aggressive outreach. More training for staff, brokers and others was key to this effort, as was including more community locations for consumers to seek assistance and answers.

Ms. Dowe shared that outreach had already started for this year, and that AHCT staff and others were at community events, working on brand awareness in preparation for open enrollment.

Kurt Barwis asked if, as plan designs change, there is data about whether the changes are driving delays in care by consumers seeking to minimize out of pocket costs, adding that if premiums are lower, then the cost sharing for services must be higher.

Mr. Jeffreys acknowledged that while they had looked into this question a lot, there was a need for more data. While they do have the All Payer Claims Database as a resource, the data is de-identified, which makes tracking individual utilization trends difficult.

Dr. Tessier discussed how in prior years, while AHCT had allowed only one standard silver plan, it had permitted up to 3 non-standard plans. While those had some restrictions, many of these were lifted for this year. He explained that the two insurers expected to participate with AHCT in 2019 had very different approaches to non-standard design, with one focusing on tiered networks, which needs consumers to be better educated about how to use them, while the other utilized a narrow network model. The goal was to reduce premiums while not impacting access.

Ms. Baker asked how we would know if this was working, and that detailed analysis was essential. She also felt that this demonstrated the importance of including consumers in the plan design process.

Ms. Baker then asked if there was an update on the AHCT leadership search.

Dr. Tessier explained that there was no update at that time, but the Board would be discussing the CEO vacancy and recruitment at the meeting on Thursday and would have information soon.

Ms. Baker noted that there was now a quorum, and asked the members to vote on the draft minutes before them.



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5.	Legislative Update	Pat Baker
	<p>Ms. Baker introduced Kelly Sinko from OPM to provide a Legislative Update</p> <p>Kelly Sinko provided the 2018 Legislative Update on the following:</p> <ul style="list-style-type: none"> • Selected Budget Provisions – Public Act 18-81 • Health Care Delivery and Providers – Public Act 18-91, Public Act 18-86, Public Act 18-83, Public Act 18-32, Public Act 18-168, Special Act 18-6, Public Act 18-148, Public Act 18-148, Public Act 18-149 • Insurance and Pharmacy – Public Act 18-43, Public Act 18-69, Public Act 18-115, Public Act 18-174, Public Act 18-10, Public Act 18-159, Public Act 18-41 • Medicaid – Public Act 18-76, Public Act 18-77 • Opioids – Public Act 18-171, Public Act 18-100, Public Act 18-166, Public 18-149 • Smoking and E-Cigarette Use – Public Act 18-25, Public Act 18-109, Public Act 18-167 • Autism Spectrum Disorder and Intellectual/Developmental Disabilities – Public Act 18-2, Public Act 18-17, Public Act 18-96, Public Act 18-23 <p>The presentation and Legislative update can be accessed through the following link: https://portal.ct.gov/-/media/Office-of-the-Lt-Governor/Health-Care-Cabinet-Legislative-Update--2018-Session--FINALdocx.pdf?la=en</p> <p>Ms. Baker asked about the Office of Early Childhood Education funding for the Smart Start program and how many children this affects. Ms. Sinko replied that this would not affect their entire budget, just the Smart Start program for municipal preschool programs and it is that funding that will no longer be earmarked for that program. Ms. Sinko did not know how many children this will affect but can provide that. Ann Foley asked if that was the out years that would affect FY20 and beyond, that the funding for FY19 was taken in the last budget. Ms. Sinko stated that it does affect F20 but that for FY18 and FY19 might still be affected and will follow up.</p> <p>Mr. Jeffreys asked about Telehealth with Behavioral services and if that would go into effect January 2019 or are carriers actually building into their plans now and curious as to the timing. Ms. Sinko stated that this Bill did not change the coverage, just the scope of practice of what they can do.</p> <p>Ms. Baker commented that the Public Act 18-41 is something that the Health Care Cabinet worked on a great and asked if anyone on the Cabinet wanted to comment on the Recommendations and priorities. Ms. Veltri commented that the HCC worked on this for a year, the OSC was interested for the State Employee Plan and as it turns out that what is in the bill seems to be forward thinking in terms of other States. The HITO sent an article about the Intellectual Property and exclusivity that the manufacturers have on drugs and this Bill seems to do that. Mr. Wojcik commented that the Bill was not identical to what was recommended but was influenced by the process the HCC went through and specifically certain high cost drugs that would exceed a certain threshold and looking for a little more teeth in that to send those to a drug review board, but what we did get was additional transparency and reporting and that drug manufactures provide justification when</p>	



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	<p>they exceed threshold of price increases. This bill also includes additional reporting on rebates on pharmacy managers and some of the other recommendations with detailed reporting from health carriers to CID in their rate filing regarding pharmacy. There are a variety of reports through this legislation and would recommend that the HCC track or bring that to light and follow up. Ms. Padilla commented that this is a good start and that reporting requirements begin in 2020 and we are a few years away from obtaining the data and need to remain on track and keep thinking about what the next iteration should be. Ms. Baker applauded the HCC members who worked very hard on this and made a difference in terms of this discussion.</p> <p>Kathleen Brennan commented that Public Act 18-76 codifies practice with the exception of the type of documents that the auditors can accept.</p> <p>Ms. Baker thanked Kelly Sinko and Ann Foley for the Legislative update and the thoroughness of the report.</p> <p>Ms. Veltri added that the one Bill that was not included in the document and that Ms. Sinko talked about would be added to the document and posted to the Health Care Cabinet website.</p>
<p>6.</p>	<p>Office of Health Strategy Update Pat Baker</p>
	<p>Ms. Baker asked Victoria Veltri to provide an update.</p> <p>Ms. Veltri stated that on paper the staff is officially altogether. The office will be located at the OPM building at 450 Capital Avenue on the first floor. Before continuing, Ms. Veltri has a card circulating for the Lt. Governor as this would be her last meeting chairing this committee. Ms. Veltri continued that the Lt. Governor did a great job chairing this committee for the last eight years and wanted to thank her for her leadership.</p> <p>Ms. Veltri stated that OHS will be taking over the duties of the Health Care Cabinet and will be postponing the July and August meetings. The reason for the postponement is due to the more in depth analysis needed on the statewide spending that this Cabinet is charged with and in order to do that and make recommendations, more time is needed to gather data. The September meeting will be moved to September 18, 2018.</p> <p>Ms. Veltri shared that she, Allan Hackney and Rob Blundo met in advance of this meeting to discuss what type of data in advance on this meeting and ask for two or three volunteers to participate in three or four calls on what type of data to bring to the Cabinet in September. Also in that timeframe we will see what other data that can be pulled from the Health Systems Planning unit, formally known as the Office of Health Care Access.</p> <p>There is a lot of work going on and the HIT Council meets today and continuing to discuss the analytic solution and on the HIE. There will be most likely be a design group on the Polypharmacy group and perhaps one or two more design groups.</p>



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There are a significant number of CON applications that have been submitted since May 14, 2018. There will be a lot of action. To the extent that we can publicly report on this we will come back to do that. Vicki Veltri invited people to look at the CON portal which shows where applications are in the process and documents.

Ellen Andrews asked if there could have an update on the CON decision between L&M and Yale New Haven to see what's been achieved. Ms. Veltri said that as long as there is no active application or decision pending that could be discussed.

Ms. Padilla would be interested in a conversation about FQHCs and Yale New Haven Health coming together, what does that look like, what is the impact and implications for conversation and what rules govern that scenario.

Ms. Baker asked about the trends and patterns regarding the CONs because there is an implication for the consumers and the market.

Ms. Veltri replied that the HSPU has much more responsibility in addition to the CON which includes financial reporting, hospital data, Statewide Facilities Plan and one of the reasons this office exists was to pair what is going on with HSPU, HIE and SIM; to examine what is happening in the marketplace in the State to develop cost containment strategies.

Ms. Andrews commented on Ms. Padilla's comment about the FQHC's and Yale New Haven Health, there are five or six Primary Care clinics have been taken over by Community Health Centers and that is a trend we need to look at and also the financial aspects for the State budget. Community Health Centers get higher rates than community providers.

Ms. Grubbs commented that this transition is wonderful and that there is an awful lot of work to be done and she looks forward to the September report.

Ms. Veltri stated that they would be looking for facilitative support to assist with the Cabinet, the practical issue of running meetings.

Ms. Baker notified the Cabinet that Victoria Veltri will be taking over as Chair of the Health Care Cabinet.

7.	Next Steps	Pat Baker
	The next meeting will take place on Tuesday, September 18, 2018, place TBD	
8.	Adjourn	Meeting adjourned at 10:46 a.m.
	Victoria Veltri motioned to adjourn and Robert Tessier seconded; Motion carried.	