I. Business & Exchange Recommendations for Voting (discussed on May 20, 2010)

	Yes	No	Abstain
1. The exchange should offer one-stop shopping that promotes consumer choice through direct access to or linkage with: o Clear information comparing plans and offering plan specifics; o Real-time decision support tools; o Eligibility determinations for public subsidies, Medicaid/HUSKY A, SCHIP/HUSKY B, Charter Oak Health Plan, or other programs; o Estimations of premiums once subsidies are applied; o Easy enrollment in or purchase of coverage.			
2. The exchange should encourage plan competition, innovation, quality and cost control by: o Promoting a variety of distribution methods, as provided in federal law, and allowing for broad plan participation in the exchange; o Promoting the sale of coverage inside and outside of the exchange by supplementing the current market, thus enhancing consumer options; o Implementing federal regulations related to quality improvement, adequate provider networks, and costs for plans offered throughout the exchange in a manner that improves quality and controls costs, but does not impose requirements that have been not proven methods.			
3. The exchange should consider ways to provide information on provider and health care quality.			
4. The exchange should focus efforts on individuals and small groups (e.g., those with 50 or fewer employees, unless otherwise prohibited by federal law) because individuals and small employers with less than 50 employees are those most in need of additional access to insurance. o Focus on small employers with 50 or fewer employees in the exchange until the deadline of moving to 100 or fewer employees in 2016; o Any decision to include businesses with over 50 employees before 2016 or businesses with over 100 employees after 2017 should be made by the legislature and not delegated to the exchange and should only occur following a full assessment of the impact of this and other market changes under the federal health care reform law; o Assure plan solvency and a level playing field by ensuring that every plan in the exchange is regulated equally, subject to the same statutory and regulatory standards.			
5. The exchange shall study the impact of federal health care reforms on the State, its residents and stakeholders before layering on any additional requirements because: o Many of the new requirements do not exist in the State today, the details of which are still to be promulgated by HHS, and their effects will need to be measured; o The need to balance coverage with premium affordability and be cognizant that the state has fiscal liability for additional insurance mandated above the federal minimal essential benefits.			

	Yes	No	Abstain
6. The exchange should be allowed, as provided in federal law, to contract with other State and private entities to handle exchange functions, as appropriate, such as: o "Contract" with DSS for eligibility determination services for DSS coverage programs including premium subsidy and cost sharing tax credits for individuals referred by or through the exchange, with the exchange serving in a facilitation role; o Subcontract with entities, as well as potentially with one or more exchanges currently operated by business associations for small businesses to address this market.			
7. The director of the exchange should report annually to the Governor and the General Assembly regarding the effects of reform on, including but not limited to, small employers, other group markets, individual policy holders, rates of uninsurance and penalty enforcement and results; and the effect on the delivery system as a whole.			

II. System Reform Recommendations for Voting (discussed on May 27, 2010)

	Yes	No	Abstain
8. Connecticut should encourage policies to enable the formation of Accountable Care Organizations in Connecticut linking payment reform to these new care delivery models for the benefit of patients.			
9. Connecticut, through DSS, should pursue payment reform demonstration projects included in the new federal legislation, including: o *'Medicaid Demonstration project to evaluate integrated care around a hospitalization'* (P.L. 111-148 section 2704); o *'Medicaid global payment system demonstration project'* (P.L. 111-148 section 2705).			
10. Connecticut should pursue discussion and consider joining the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration. o This coalition of New England (except Connecticut) and other eastern region states has applied for waiver authority from CMS to stage a combined Medicare/Medicaid patient-centered medical home demonstration project.			
11. Connecticut should apply for Health Workforce Development Planning & Implementation Grants (P.L. 111-148 section 5102) as follows: o '*Health Workforce Development Planning Grant*' to analyze health care labor markets; identify current and projected needs; identify short and long-term workforce development strategies; identify existing Federal, State and private resources for health workforce recruitment, education, training and retention. o '*Health Workforce Development Implementation Grant*' to encourage regional partnerships and promote innovative workforce pathway activities. This grant will allow Connecticut to address the workforce needs of a reorganized health care delivery systems (i.e. accountable care organizations, medical homes) and address the need to have health care professionals function in new/changing roles.			
12. Connecticut should aggressively seek its share of residency slots for the training of primary care physicians. o Work with the Congressional Delegation and also be involved during the rulemaking process regarding '*Distribution of Medicare graduate medical education (GME) positions*' (P.L. 111-148 section 5503), to ensure that Connecticut is able to obtain additional residency slots. o Develop linkages between teaching hospitals and qualified hospital and physician practices in medically underserved or rural settings. o Address primary care broadly, to include internal medicine, family practice, pediatrics and obstetrics.			
13. Connecticut should re-examine the limitations of each type of medical licensure to ensure that practitioners are able to maximize their ability to practice at the top of their training and licensure. o Connecticut should develop a scope of practice and move forward on the licensure of medical assistants ("MAs") consistent with national			

certification. MAs are a key member of the primary care team in medical homes yet currently, there is no Connecticut licensure for MAs and their scope of practice is limited. o Connecticut should increase access to physician assistants ("PAs") by maintaining the current requirements for physician supervision but eliminating the onsite requirement. Currently, PAs require onsite supervision weekly in the office setting and at all times in the hospital.			
14. Connecticut should enact legislation creating a procedure for administrative review by DPH for proposed changes to scope of practice laws prior to being raised in the legislature. o DPH should identify and pursue grants/demonstrations available through the PPACA that would assist with funding to implement the proposed scope of practice process.			
15. DPH should work with the state's community health centers and school-based health centers to maximize the receipt of federal money for the purposes of: maintaining and expanding the number of such clinics; maintaining and expanding the number of such clinics that possess FQHC status; ensuring that these sites provide safety net coverage for the entire state population; and utilizing new methods of integrated care coordination.			
16. Connecticut should apply for funding under the *"State Demonstration Programs to Evaluate Alternatives to Current Medical Tort Litigation"* (P.L. 111-148 section 10607) and should design a demonstration program that includes the following components: o Connecticut's demonstration program should utilize the American Hospital Association's "Framework for Medical Liability Reform" which proposes an administrative compensation system that would be created to compensate patients for injuries that could have been avoided during medical care. o Participants in the demonstration should be required to provide relevant medical malpractice data to the Connecticut insurance department.			

III. New/Revised Business & Exchange Recommendations for Discussion and Voting

	Yes	No	Abstain
17. Between the passage of the federal Patient Protection and Affordable Care Act and 2014, strong executive leadership is needed in the establishment of the exchange. The Governor, through the state agencies (Executive Order 43), should be actively pursuing federal grants for the establishment of the exchange and all aspects of state implementation of federal health care reform. o Such funding must be used for the planning and implementation of establishing the exchange.			
18. It is recommended that the exchange shall have a multi-stakeholder 'Board of Directors' providing it with the range of expertise and points of view that will bring a balanced and workable approach to carrying out its functions. The membership of the board should include: o The Secretary of the Office of Policy and Management (ex-officio), who will serve as chair; o An actuary, a health plan benefit specialist, and/OR a health care economist; o Representatives from a small business, a large business, and labor; o Representatives of the insurance industry, providers and consumers; and o The Commissioners of Social Services, Public Health and Insurance, and the State Comptroller, or their designees (ex-officio). o The non-ex-officio board members shall be appointed for four year staggered terms, a majority of whom shall be appointed by the Governor.			
19. The board of directors of the exchange should be established within 120 days of acceptance of the advisory report by the governor.			
20. It is recommended that the exchange(s) be administered by a State authority, similar in structure to the Massachusetts Connector. The duties of the authority would be to carry out the functions of the exchange identified in federal reform legislation. While the exchange authority would need to be granted some flexibility in administering these functions, broader policy issues affecting the insurance market, including regulation of the market, should remain with the Governor, the General Assembly, and the Department of Insurance.			
21. To the extent possible, the exchange 'Board of Directors', along with the Executive Director should work collaboratively with existing state agencies and within existing regulatory framework.			

IV. New/Revised System Reform Recommendations for Discussion and Voting

	Yes	No	Abstain
22. Bifurcation of medical malpractice cases into liability and damages sections should be allowed at the request of either counsel.			
23. The state should provide outreach to and work with small businesses in order to facilitate their receipt of available funding in health care reform for grant opportunities including: o *'Grants For Small Businesses To Provide Comprehensive Workplace Wellness Programs' (P.L. 111-148 section 10408)* o 'Credit For Employee Health Insurance Expenses of Small Businesses' (*P.L. 111-148 section* 1421)			
24. DPH should seek out funding and pilot opportunities to improve the health status of CT citizens and create a goal to become the healthiest state in nation.			
25. (Guiding Principle 5) Support the development of a central data repository to collect key data that will monitor and analyze costs associated with healthcare utilization and claims to identify the drivers of cost.			