

**OHA Advisory Committee Meeting**  
**January 25, 2022**  
**12:00 p.m. to 12:30 pm**  
**Via Teams**  
**Minutes**

Attendance: **Members in attendance:** Lynne Ide, Dina Berlyn, Mark DeWaele,  
**Absent:** Susan Halpin, Steve Wanczyk-Karp  
**OHA Staff:** Ted Doolittle, Sean King, Adam Prizio, Denise Ramoutar, and Sherri Koss

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*Meeting convened at 12:00 pm*

1. Welcome & Approval of Agenda and Minutes
  - Motion to approve January 25, 2022 agenda; Mark DeWaele motioned to approve and Lynne Ide seconded; No discussion, no nays, motion carried unanimously
  - Motion to approve July 27, 2021 minutes: Mark DeWaele motioned to approve and Lynne Ide seconded; No discussion; no nays, motion carried unanimously
  - Motion to approve October 26, 2021 minutes; Lynne Ide motioned to approve and Dina Berlin seconded; No discussion; no nays; motion carried unanimously
2. Administration Report
  - a) **Budget**
    - Nothing to report at this time
  - b) **Personnel**
    - OHA staff stable – no changes
    - There is a big push of State employees that can retire this year, due to some changes in benefits, at the end of June, including changes on how COLAs are calculated and when they will take effect. There are several OHA employees that could take advantage of an early retirement but Ted has not been advised of any.
  - c) **Other**
    - Nothing
3. Data Reports
  - Ted reviews data report;
    - Slight influx in cases in the past couple of weeks that is not included in this report
    - We opened about 1,000 cases for the quarter, and saved over \$1.5 million of savings to our consumers; up over the same quarter last year
4. COVID Update
  - The Governor has extended work at home availability. All OHA staff except Ted has requested to continue to work at home most if not all of the time and it has been granted. This remains in effect until July 2022.
  - At home tests are now available for reimbursement from insurance carriers and OHA thought we might receive an influx of frustrated consumers, who haven't been able to file reimbursements, but we haven't. We have received some questions but not the influx of people struggling to get reimbursements, not sure if this is due to claims not denied yet or if the systems are working correctly. Mark DeWaele asks if the availability is there? Ted responds that they hard to find them in a store. Ted has been testing the system and ordering online but it has taken a while to actually receive them, but then went through CVS and

ordered online on Friday and got it on Sat. Has seen them in places you wouldn't think like gas station convenience stores and hopes this means that we are turning the corner on availability, anecdotally. Lynne states that, anecdotally, it is hard for people to find them and feels that people don't buy them because they are hard to find and then trying to get reimbursed for them. Ted states that the one easy thing to do is go to USPS and order your four free tests (two boxes) at [www.covidtests.gov](http://www.covidtests.gov) Lynne states that it is easy as long as you don't live in an apartment. Even the free giveaways you have to wait in line for a long time. Ted heard that Stew Leonard's gets a delivery every day.

- Mark asks how long has Ted been waiting for his online order through the USPS? Lynne adds that she ordered (and Ted did too) last Tuesday and was given an estimated date of the end of January 2022. Mark DeWaele asks if we have received any calls or questions about oral medications. He contacted Stamford Hospital just to see what their supply was. Sean responds that he doesn't recall seeing any of those calls but get calls after consumers have received treatment for COVID, to the hospital or treatment following a COVID diagnosis. Discussion was had on whether such treatments are covered with or without a cost-share and how the cost-share still applies to the treatment.

#### 5. Other

- Legislative session is Feb 9, no clarity at this time of the physicality of the session, remote or in-person
- OHA will be pushing or promoting that the due dates of OHA's several statutorily required reports be aligned, per the recommendation/request of the State Auditors of Public Accounts during our last biennial audit; OHA is required to submit 4 or 5 reports to the legislators, Governor and other bodies. Historically some reports were combined but had different due dates so some have consistently been late. Sean drew up some proposed language and provided it to the leadership and that will be tracked by OHA
- Hoping to release our legislative agenda this week:
  - Already in the Statutes currently, the carriers are required to provide our name and address in denials, and other plan documents. That is usually in small print back near the alternate languages, and OHA want those notifications enhanced, either a cover page dedicated with OHA information on it or a call-out box on the first page include OHA-specified wording... something along the lines of "health insurance and billing is confusing, and if you have any questions, call OHA for free, expert assistance and representation." One thing Ted wants to work on his second term is to end OHA's status as the best kept secret in the State
  - Another way to enhance OHA visibility would be to ask providers and carriers when they launch their PR campaigns to dedicate a small amount of that to the Public Service Announcements for OHA (1% or 2%)
- Promoting including examination of affordability and underlying medical prices into the annual rate review process at CID – premiums based on excessive pricing must by definition be "excessive," which is among the existing statutory standards CID must use in evaluation the carriers' rate requests.
- Also promoting prescription drug affordability board (PDAB), which several states already have. It's a panel of experts that has the responsibility to track increases in drug prices. Every year they can call out 15 or 20 drugs that are high-cost and can then look at the price increases in particular for each drug. Some states may have the AG's office investigate if prices have gone up to an extent that can't be explained. Lynne asks if he

is tied into the coalition of organizations that is working on the PDAB. A group with AARP, Universal Health Foundation, CT Citizen Action Group, MS Society and T1 international. They have been working and meeting on PDAB issue but what they are running into is that no committee chairs are willing to raise the bill. There is now interest in the Aging Committee to have at least a hearing on this issue this year. Jill Zorn is the point person in her office and AARP is taking this up as a major priority. Working right now with the Senate chair of that committee to put some language together. Lynne states Anna at AARP would be the best person to touch base with

- Sean just adds that the Advisory annual evaluation of OHA is due soon, and the Committee should expect to see a draft within the next month or so for vote on in the April meeting.
- Lynne asks about trying to incorporate affordability into the calculation that the insurance department makes in its annual rate review process. Will you be suggesting that the new CT HealthCare Affordability Index be one of the tools that they use? Ted responds yes.

Mark DeWaele motioned to adjourn and Lynne Ide seconded, meeting adjourned at 12:26 PM

**The next meeting is scheduled for  
Tuesday, April 26, 2022  
12:00 – 12:30 PM**