HEALTH EQUITY SOLUTIONS

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To: Office of Health Strategy, State of Connecticut
Subject: Public Comment on Proposed 2026–2030 Healthcare Cost Growth and Primary Care Benchmarks
Date: June 23, 2025

Dear Acting Commissioner Porter,

Thank you for the opportunity to submit comments on the proposed 2026–2030 benchmarks as part of the Healthcare Benchmark Initiative, on behalf of Health Equity Solutions (HES), a nonprofit advocacy organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status. HES appreciates the Office of Health Strategy's (OHS) continued commitment to promoting greater value and accountability across Connecticut's healthcare system. As an organization committed to achieving health equity for all Connecticut residents, we urge OHS to make more substantial commitments to affordability and equity in updating these benchmarks.

Affordability must be at the center of any cost growth benchmark. We continue to hear from residents across Connecticut, particularly those in communities of color and with lower incomes, that health care remains unaffordable even when they have coverage. The experience of skipping medications, delaying care, or facing devastating medical bills is not rare. Each year, HES asks hundreds of Connecticut residents about their health and health care. In 2024, 38% of the participants in our annual community engagement efforts indicated that access to affordable and quality health care was one of their top barriers to achieving optimal health. Moreover, more than 40 percent of Connecticut adults report having to forgo needed care due to cost, and rising premiums, deductibles, and out-of-pocket costs have made navigating coverage difficult even for insured residents. In this context, a flat 2.8% cost growth benchmark year-over-year may signal that the current pace of cost growth is acceptable or sustainable. We strongly encourage OHS to reconsider adopting the Technical Team's original recommendation to gradually reduce the benchmark by 2030. That approach would better reflect the state's projected income growth and reinforce the importance of actively working to bend the cost curve.

Additionally, we urge OHS to address the significant equity blind spots that remain in the current benchmarking process. At present, data collected and reported through the benchmark framework do not consistently capture or break down health care spending or outcomes by race, ethnicity, language, income, disability status, or geography. This lack of disaggregated data and the absence of a plan to assess equity impacts leaves policymakers and residents without the tools to evaluate whether these policies truly are reducing disparities in cost, access, and quality. Generalized measures to contain costs cannot be assumed to achieve equitable outcomes. Reaching equitable health outcomes requires an intentional approach that includes evaluating progress towards equity to ensure

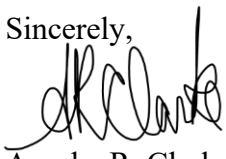
that population-wide metrics do not mask the different experiences of different populations. Therefore, we strongly encourage OHS to integrate clear, quantifiable equity metrics into the benchmark process and to ensure all data submissions include disaggregated reporting. Publicly releasing data on disparities in health outcomes and cost across demographic groups each year and integrating equity impact analyses into benchmark evaluations would provide essential insight into whether progress is being made. Without these mechanisms, it is not possible to determine whether we are narrowing or widening existing gaps. We recommend that OHS formally incorporate these requirements and commit to annual equity assessments as part of this initiative moving forward.

We also encourage OHS to strengthen accountability measures for payers and providers that consistently exceed the benchmark. While we understand that performance improvement plans are one step, more formal enforcement mechanisms may be needed, both to ensure compliance and drive meaningful change over time. To that end, we recommend that OHS promote and facilitate greater collaboration between insurers and providers to manage costs and invest in sustainable models such as integration of community health workers and doulas, investment in addressing social drivers of health, and community-clinical collaborations.

We support the continuation of the 10% primary care spending benchmark, but believe more clarity is needed around how "primary care" is defined. Including mental and behavioral health services in this category is essential to achieving a comprehensive model of care. We also urge OHS to consider how primary care investments can support community-rooted providers, non-clinical supports, and prevention strategies, especially in underserved communities.

In closing, we thank OHS for your leadership and ongoing efforts to strengthen healthcare transparency and accountability in Connecticut. We look forward to continued partnership and encourage you to adopt benchmarks that are bold, equitable, and responsive to the real and urgent affordability challenges facing Connecticut residents today.

Sincerely,



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