

- > Administrative & Residual Union Local 4200/AFT
- > AFT Connecticut
- American Association of University Professors – Connecticut State University
- American Association of University Professors – UCONN
- > American Federation of State, County, & Municipal Employees -Council 4
- Congress of Connecticut Community Colleges/ SEIU Local 1973
- Connecticut Association of Prosecutors
- Connecticut Employees Union Independent/ SEIU Local 511
- > Connecticut Federations of School Administrators Local 61
- Connecticut Police and Fire Union/IAFF-IUPA
- Connecticut State Police Union
- CSEA SEIU Local 2001
- International Brotherhood of Police Officers/SEIU Local 731
- > New England Healthcare Employees Union, District 1199/SEIU
- > UCONN Health Center Faculty-AAUP
- Judicial Professional Employees Union

Comments on the Preliminary Report of the Health Care Cabinet on Cost Containment Strategies

Submitted by

Daniel E. Livingston on Behalf of the State Employees Bargaining Agent Coalition (SEBAC)

SEBAC appreciates the opportunity to address the preliminary report of the Health Care Cabinet to be submitted to the General Assembly pursuant to §17 of P.A. 15-146. Among other things, SEBAC negotiates with OPM the terms of health care plans covering state employees and retirees, and has long had an abiding interest in supporting quality, affordable health care for all of Connecticut's working families. We have followed the Cabinet's work on PA 15-146, and have reviewed the preliminary report and the many comments which have been submitted in response to that report.

SEBAC would like to go on record in support of Dr. Stephen's Smith's suggested revisions to the preliminary report, and opposing Proposal IA as written. We believe that Dr. Smith's approach to the so-called "downside risk" issue and to cost-sharing in general is likely to be far more effective, and involves much less danger of unintended consequences, than the one currently set forth in Proposal 1A. Indeed, we would suggest that Dr. Smith's suggested approach could lead not just to better results in the State Employee Plan and Medicaid, but could be a model for improving care and constraining costs in the private sector as well.

We know that much more needs to be done to provide quality affordable health care to all of Connecticut's families, and we look forward to our continued work in the State of Connecticut to adopt forward-thinking programs which improve health and constrain cost. We appreciate the work of the Cabinet, and hope that it follows Dr. Smith's suggestions and thus avoids taking a wrong turn in its efforts to improve Connecticut's health care system.