

May 10, 2022

Meeting Date	Meeting Time	Location
May 10, 2022	9:00 a.m 11:00 a.m.	Webinar and Conference Call

Participant Name and Attendance

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Healthcare Cabinet Members							
Victoria Veltri	X	Hussam Saada	X	Adelita Orefice	X		
Claudio Capone	X	Alan Kaye	X	James Michel	X		
Rev. Robyn Anderson	X	Paul Lombardo	X	Ellen Andrews	X		
Patricia Baker	X	Deidre Gifford	X	Claudio Gualtieri	X		
Nicole Taylor	X	Nichelle Mullins	X	Kurt Barwis	X		
Shelly Sweatt	X	Danielle Morgan	X				
Colleen Harrington	X	Cassandra Murphy	X				
Ted Doolittle	Х	Jill Zorn	X				
Others Present							
Kimberly Martone							
Sumit Sajnani							
Members Absent							
Joshua Wojcik		David Whitehead					
Valencia Bagby Young		Margherita Giuliano					
William Handelman		Manisha Juthani					

	Agenda	Responsible Person(s)			
1	Call to order and Introductions	Victoria Veltri			
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, May 10, 2022				
	via Zoom. The meeting convened at 9:00 a.m. Victoria Veltri presiding. Attendance taken by roll				
	call.				
2	Public Comment	Victoria Veltri			
	There was no public comment.				
3	Approval of the March 8, 2022 Meeting Minutes	Victoria Veltri			
	The motion was made to approve the March 8, 2022 meeting minutes by James Michel and				
	seconded by Pat Baker.				
4	Access Health - Update	James Michel, Access Health			
	Ms. Veltri introduced James Michel who gave a brief update on Covered Connecticut				
	Marketing update below are the highlights.				
	 Planning twice weekly update calls for information sharing to support Phase II 				
	 Added several new mentions of Covered Connecticut to AHCT's homepage to make it 				
	easier to find information about the program				

Minutes Healthcare Cabinet 1



May 10, 2022

It was noted that the Public Health Emergency is unwinding.

- ✓ Currently over 380k enrollees benefiting from a coverage extension to the Public Health Emergency.
- ✓ Coverage extended through July 31st, 2022. Awaiting an update from HHS regarding extension or expiration.
- ✓ Coordinating with the Department of Social Services (DSS) on a wind down plan in preparation for a future expiration.
- ✓ Currently working with DSS to ask customers to update their contact information as future communications needs become more imminent.

Broker Academy update below.

- ✓ Applicant selection:
 - ✓ 164 total applicants
 - ✓ Application deadline was May 2, 2022
 - √ 96 Students accepted
 - ✓ 16 students on the waitlist
- ✓ Ongoing student engagement:
 - ✓ Weekly info sessions
 - ✓ Surveys
 - ✓ Welcome video
 - ✓ Recorded presentation
- ✓ Training:
- ✓ 3 day in person class at Capital, Gateway and Housatonic Community
 College
- ✓ Classes start June 1
- ✓ Laptop distribution
- ✓ Self Study support from June to august
- ✓ Mentorship program in August

Certificate Applications Counselors Update.

- ✓ Broker/CAC Support Team and the Outreach Team have continued to recruit staff at hospitals and health centers.
- ✓ Focus is on training and certifying more CACs on the AHCT system, to insure CT residents on site.
- ✓ Results as of May 3, 2022: 14 new CACs have started the certification process.

Ms. Veltri thanked Mr. Michel for the update. Several discussions ensued for more information please see the meeting recording link below.

https://www.youtube.com/watch?v=ltPTtn_l_Lg



May 10, 2022

6 | Connecticut's Emergency Visit Update

Gloria Sancho, OHS

Ms. Veltri introduced Ms. Sancho who gave an update on Connecticut's Emergency Visits. Ms. Sancho noted that the Data includes all emergency room/department (ED) visits for non-admits (treated and discharged) and inpatient admits (treated and admitted to inpatient care) by CT residents and non-residents.

Ms. Sancho stated that Avoidable ED visits are visits that may have been avoided if patients had access to timely, appropriate, quality primary care. To identify avoidable ED visits, OHS utilized the New York University (NYU) Center for Health and Public Service Research Algorithm which classifies ED visits into four categories; non-emergent, emergent/primary care treatable, emergent - ED care needed, preventable or avoidable, and emergent - ED care needed, not-preventable or avoidable. Except for the last category, all the other three are potentially avoidable ED visits. Avoidable ED visits are a proxy measure of access to, availability and quality of community-based services such as primary care.

Below are the highlighted charts from the presentation:

- Emergency Visits by Race/Ethnicity
- ED Visits by Primary Payor
- ED Visit by Patient Age Group
- Top 10 Primary Reasons for ED Visits
- Avoidable ED Visits Classification
- Avoidable ED Visits
- Top 10 Primary Reasons for Avoidable Ed Visits
- Frequency of ED Visits Per Year.

Ms. Veltri thanked Ms. Sancho for detail presentation. Several discussions ensued for more information, please see the meeting's recording link below. https://www.youtube.com/watch?v=ltPTtn_l_Lg

Legislative Update

Claudio Gualtieri, OPM

Ms. Veltri introduced Claudio Gualtieri who will be giving an update on the past Legislative Session. Mr. Gualtieri noted that this was the shortest session it lasted 85 days, 999 Bills worth \$24.2 Billion and 53 Public Health Bills Reported Out of Committee (Original Jurisdiction).

Highlights from the presentation are below.

Health Care Policy Bill

Key Budget Investments

Minutes Healthcare Cabinet 3



May 10, 2022

- Behavioral Health
- Workforce Development
- · Safety Net
- Governor's Bills
 - Reducing Lead Poisoning H.B. 5045
 - Interstate Medical Licensure Compact (Physicians) S.B. 2, Section 43
 - Psychology Interjurisdictional Compact S.B. 2, Section 42
 - Health Care Benchmarks to Promote Transparency and Affordable Care HB 5506, as amended by LCO 6212 and 6345, Sections 219-225
 - Use of Opioid Litigation Proceeds H.B. 5044
- Health Care Delivery, Practitioners, Facilities
- Medicaid & Private Insurance
 - Immigrant Health Care Coverage H.B. 5506, Sections 234 & 235
 - Up to 201% FPL (mirroring HUSKY A eligibility); or
 - 201% 323% FPL (mirroring HUSKY B limits)
 - Expands coverage to children up to age 12, previously up to age 8
 - Grandfathering provision covers children up to age 19
 - Dental Rate Increases & Bundled Services to Streamline/Improve Access—H.B. 5506, Section 241
 - Medicaid Services by Associate Licensed Behavioral Health Clinicians—S.B. 2, Section 25
 - Required health insurance coverage for breast and ovarian cancer screening S.B.
 358
 - Use of Captive Insurance Companies To Reduce Premium Rate Increases For Connecticut Partnership LTC Policies – H.B. 5389, Section 1
- Other Public Health Initiatives

In conclusion Mr. Gualtieri spoke about the Bold Investments in Health Care Coverage, Workforce, and Equity; Regulatory Reforms & Studies; Innovation and Transparency and Removing Barriers to Care, Facilitation of Telehealth and Cross-State Clinician Mobility.

Ms. Veltri thanked Mr. Gualtieri for the detailed presentation. Several discussions ensued for more information, please see the meeting's recording link below. https://www.youtube.com/watch?v=ltPTtn_l_Lg

Adjourn Victoria Veltri

The motion to adjourn the meeting was made by Pat Baker and seconded by Allan Kaye. The motion passed.

The meeting adjourned at 11:00 a.m.