



Agency Legislative Proposal – 2025 Session

Document Name: Health Care Cabinet

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| Document Name | OHS-Health Care Cabinet |
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| Legislative Liaison | Cindy Dubuque-Gallo |
| Division Requesting This Proposal | |
| Drafter | Cindy Dubuque-Gallo |

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| Title of Proposal | AAC Technical Revisions to the Health Care Cabinet |
| Statutory Reference, if any | Sec. 19a-725 |
| Brief Summary and Statement of Purpose | To update the cabinet membership to reflect the dissolution of SustiNet and the non-profit liaison Cabinet positions and remove reference to the Affordable Care Act. |
| How does this proposal relate to the agency's mission? | This proposal clarifies the membership of the Governor's Health Care Cabinet. |



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SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

Section 1: Outlines the allocation of the members previously appointed via SustiNet. Reallocates the non-profit liaison to the Governor to a member that represents nonprofits. Removes SustiNet language. Adds the Behavioral Health Advocate to the Cabinet.

Section 2: Removes ACA language.

BACKGROUND

Origin of Proposal

New Proposal

Resubmission

Please consider the following, if applicable:

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| Have there been changes in federal/state laws or regulations that make this legislation necessary? | No |
| Has this proposal or a similar proposal been implemented in other states? If | No |



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| yes, to what result? | |
| Have certain constituencies called for this proposal? | No |

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

Check here if this proposal does NOT impact other agencies

| | |
|-------------------------------------|--|
| 1. Agency Name | |
| Agency Contact (name, title) | |
| Date Contacted | |
| Status | <input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing |
| Open Issues, if any | |

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

Check here if this proposal does NOT have a fiscal impact

| | |
|--------------|--|
| State | |
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| Municipal (Include any municipal mandate that can be found within legislation) | |
| Federal | |
| Additional notes | |

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[] Check here if this proposal does NOT lead to any measurable outcomes

It ensures that there is representation carved out for the non-profit sector.

ANYTHING ELSE WE SHOULD KNOW?



INSERT FULLY DRAFTED BILL HERE

Sec. 19a-725. Health Care Cabinet: Membership; terms; duties. (a) There is established within the Office of Health Strategy, established under section 19a-754a, the Health Care Cabinet for the purpose of advising the Governor on the matters set forth in subsection (c) of this section.

Section 1: (b) (1) The Health Care Cabinet shall consist of the following members who shall be appointed on or before August 1, 2011: (A) ~~Five~~ Seven appointed by the Governor, two of whom may represent the health care industry and shall serve for terms of four years, one of whom shall represent community health centers and shall serve for a term of three years, one of whom shall represent insurance producers and shall serve for a term of three years, one representative from the Nonprofit Alliance for a term of three years and [one] two of whom shall be an at-large appointment and shall serve for a term of three years; (B) ~~[one] two~~ appointed by the president pro tempore of the Senate, one who shall be an oral health specialist engaged in active practice and one who shall be an at-large appointment and shall serve for a term of four years; (C) one appointed by the majority leader of the Senate, who shall represent labor and shall serve for a term of three years; (D) one appointed by the minority leader of the Senate, who shall be an advanced practice registered nurse engaged in active practice and shall serve for a term of two years; (E) ~~[one] two~~ appointed by the speaker of the House of Representatives, one who shall be a consumer advocate and one who shall be an at-large appointment and shall serve for a term of four years; (F) one appointed by the majority leader of the House of Representatives, who shall be a primary care physician engaged in active practice and shall serve for a term of four years; (G) one appointed by the minority leader of the House of Representatives, who shall represent the health information technology industry and shall serve for a term of three years; (H) two appointed by the Commissioner of Health Strategy; [five appointed jointly by the chairpersons of the SustiNet Health Partnership board of directors, one of whom shall represent faith communities, one of whom shall represent small businesses, one of whom shall represent the home health care industry, one of whom shall represent hospitals, and one of whom shall be an at-large appointment, all of whom shall serve for terms of five years]; (I) the Commissioner of Health Strategy, or the commissioner's designee; (J) the Secretary of the Office of Policy and Management, or the secretary's designee; the Comptroller, or the Comptroller's designee; the chief executive officer of the Connecticut Health Insurance Exchange, or said officer's designee; the Commissioners of Social Services and Public Health, or their designees; [and] the Healthcare



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Advocate, or the Healthcare Advocate's designee, and the Behavioral Health Advocate, or the Behavioral Health Advocate's designee; all of whom shall serve as ex-officio voting members; and (K) the Commissioners of Children and Families, Developmental Services and Mental Health and Addiction Services, and the Insurance Commissioner, or their designees, [and the nonprofit liaison to the Governor, or the nonprofit liaison's designee], all of whom shall serve as ex-officio nonvoting members.

(2) Following the expiration of initial cabinet member terms, subsequent cabinet terms shall be for four years, commencing on August first of the year of the appointment. If an appointing authority fails to make an initial appointment to the cabinet or an appointment to fill a cabinet vacancy within ninety days of the date of such vacancy, the appointed cabinet members shall, by majority vote, make such appointment to the cabinet.

[(3) Upon the expiration of the initial terms of the five cabinet members appointed by SustiNet Health Partnership board of directors, five successor cabinet members shall be appointed as follows: (A) One appointed by the Governor; (B) one appointed by the president pro tempore of the Senate; (C) one appointed by the speaker of the House of Representatives; and (D) two appointed by majority vote of the appointed board members. Successor board members appointed pursuant to this subdivision shall be at-large appointments.]

(4) The Commissioner of Health Strategy, or the commissioner's designee, shall serve as the chairperson of the Health Care Cabinet.

Section 2. (c) The Health Care Cabinet shall advise the Governor regarding the development of an integrated health care system for Connecticut and shall:

(1) Evaluate the means of ensuring an adequate health care workforce in the state;

[(2) Jointly evaluate, with the chief executive officer of the Connecticut Health Insurance Exchange, the feasibility of implementing a basic health program option as set forth in Section 1331 of the Affordable Care Act;]

[(3)] (2) Identify short and long-range opportunities, issues and gaps created by the enactment of federal health care reform;



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[(4)] (3) Review the effectiveness of delivery system reforms and other efforts to control health care costs, including, but not limited to, reforms and efforts implemented by state agencies; and

[(5)] (4) Advise the Governor on matters relating to: (A) The design, implementation, actionable objectives and evaluation of state and federal health care policies, priorities and objectives relating to the state's efforts to improve access to health care, (B) the quality of such care and the affordability and sustainability of the state's health care system, and (C) total state-wide health care spending, including methods to collect, analyze and report health care spending data.

(d) The Health Care Cabinet may convene working groups, which include volunteer health care experts, to make recommendations concerning the development and implementation of service delivery and health care provider payment reforms, including multipayer initiatives, medical homes, electronic health records and evidenced-based health care quality improvement.

(e) The Office of Health Strategy shall provide support staff to the Health Care Cabinet.