



## **The Digest of Administrative Reports to the Governor Fiscal Year 2021-2022**

### *At-A-Glance*

**Office of Health Strategy**

**Kimberly Martone, *Acting Executive Director***

**Established: 2018**

**Statutory Authority: Conn. Gen. Statutes, Chapter 368dd, Sec. 19a-754a and other provisions**

**Central Office: 450 Capitol Avenue, MS#51OHS, Hartford, CT 06134**

**Website: <https://portal.ct.gov/OHS>**

**Number of Employees (All Funds): 35**

**Recurring Operating Expenses:**

**SFY 2022 budget: \$12,907,137**

**General Fund: \$2,781,985**

**Insurance Fund: \$12,907,137**

### **Organizational structure**

OHS' central office includes a business and administrative office, Health Systems Planning Unit, Healthcare Innovation Unit, Health Data and Analysis Unit and the Community Engagement and Outreach Unit.

### **Mission**

*To implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.*

### **Statutory Responsibility**

The Office of Health Strategy (OHS) was created in 2017 and formally established in February 2018 by a bipartisan effort of the Connecticut General Assembly. The legislation organized

existing state resources into one body and centralized healthcare policymaking to advance health reform initiatives that will improve health, drive down consumer costs and support modernization efforts made possible by advancements in technology and communication. Through collaboration with consumers, providers, payers, employers, and other stakeholders, the Office of Health Strategy is leading work to forward high-quality, affordable, and accessible healthcare for all Connecticut residents, including:

- Developing health policy that improves health outcomes, ensures better access to healthcare, and identifies and addresses health inequities.
- Reining in Connecticut's high per-capita healthcare spending, stabilizing consumer costs across all sectors of healthcare, and promoting growth and job creation through healthcare reform initiatives.
- Modernizing how healthcare providers communicate and share data to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar spent on healthcare.
- Developing and supporting multi-payer healthcare payment and service delivery reforms that improve population health, focus on the root causes of health conditions, and prevent those conditions from occurring, and
- Ensuring that healthcare facilities are financially stable and appropriate to meet the medical needs of consumers in all geographic areas.

## **Public Service**

The Office of Health Strategy is committed to its mission to implement comprehensive, data driven strategies that will promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut. We do this through consumer engagement and outreach, including listening sessions, public forums, advisory councils; by holding public hearings, by collecting and analyzing data and producing research and policy recommendations; by establishing partnerships with consumers, providers, payers, and employers; and through working with other government agencies to develop the best ideas to improve health and healthcare in Connecticut. We do this in the most transparent and collaborative way possible. We work to ensure that Connecticut remains one of the top-ranked states in healthcare in our country.

## **Highlights of FY 22**

### **Improvements/Achievements 2021-2022**

- Codified Healthcare Cost Growth Benchmarks Initiative.
- Implemented access to the state mandated Prescription Drug Reporting Program.
- Established Community Health Worker Advisory Body and certification program in collaboration with the Department of Public Health
- Developed or contracted with others to analyze the All Payers Claim Database (APCD) to support the Healthcare Benchmarks Initiative implementation; updated the online cost

estimator tool to support consumer decision-making and price transparency; and outpatient prescription drug transparency program.

- Provided APCD extracts and aggregations to support other CT state agencies policies and programs, and extracts to researchers for various scientific studies.
- OHS, with the support of a data analytics contractor and the Bureau of Information Technology Solutions (BITS), is establishing an Azure cloud environment in the State's technology environment for integrating health care claims, utilization, financial and other data to support policy initiatives and expand access to improved data to authorized users.
- Public Act No. 22-58, §37-38 authorized OHS to oversee the State's Health Information Exchange (HIE), "Connie". Connie now provides Connecticut consumers with centralized access to their health records, and timely access to patient information to clinicians. Connie completed the HITECH Act Technical Assistance Program rollout in October 2021 and distributed \$4.7M to over 200 organizations. As of July 2022, Connie has received medical data for approximately 3.5M unique patients and 85% of hospitals already providing data or committed to connecting to Connie to provide data. Additionally, Connie consolidated the list of state healthcare providers from multiple sources into a single provider directory now available to participating organizations. Radiology image collection and sharing were also enabled. Also, Connie submitted empanelment and encounter notification services for CMS certification.
- In accordance with Conn. Gen. Stat. § 17b-59a, OHS submitted the Connecticut Five-Year Statewide Health Information Technology Plan. OHS then identified, with HITAC guidance, priorities in the Plan to begin in 2022, and engagement with stakeholders to advance these priorities.
- OHS collaborated with the Office of the State Comptroller to update and create the online self-sufficiency standard calculator and an online interactive Connecticut Healthcare Affordability Index tool as a resource for evaluating cost and impacts of healthcare reforms and proposals.
- As mandated by Public Act No. 21-35, OHS developed and promulgated Race, Ethnicity and Language (REL) Data Collection Standards and Implementation Guide 1.0. OHS is convening and participating in convening with state agencies, healthcare providers and Connie for implementations and compliance. OHS was awarded \$1.05 million in American Rescue Plan Act (ARPA) funding for an implementation demonstration.
- OHS in collaboration with Dept. Of Public Health were selected among 10 states to participate in the Strategies to Repair Equity and Transform Community Health (STRETCH) Initiative.

### **Codification of the Healthcare Benchmarks Initiative by Public Act 22-118 § 217-223**

- In a mission to slow the growth rate of per capita healthcare spending while improving health outcomes for all CT residents, in January 2020 Governor Lamont signed Executive Order No. 5 requiring the Office of Health Strategy to develop annual healthcare cost growth benchmarks, quality benchmarks, and primary care spending targets.

- The Governor signed Public Act 22-118, which codified the Executive Order and tasked OHS statutorily with setting annual health care cost growth benchmark and primary care spending targets; developing and adopting health care quality benchmarks; developing strategies, in consultation with stakeholders, to meet these benchmarks and targets; enhancing the transparency of provider entities; and monitoring the development of accountable care organizations and patient-centered medical homes and adoption of alternative payment methodologies in Connecticut.
- To support these new responsibilities, payers will annually submit data to OHS. OHS will then validate and analyze the data, post a public report, and then identify entities that have not met the benchmarks/targets. OHS may later hold a public hearing, and require payers, providers, and entities that significantly contribute to healthcare cost growth to participate. After the public hearing, OHS will then report to the Public Health and Insurance and Real Estate committees on the informational hearing, health care trends, findings from the posted public report, results of an unintended adverse consequences plan, and any recommended strategies or legislation.

### **OHS Three-Year Strategic Plan: “Developing a Healthcare Vision for Connecticut, 2020-2023”**

Based on extensive meetings and interviews with staff members, state officials and community partners, OHS developed a [strategic plan](#) that includes four broad goals:

- 1) Improve care and contain costs by using data-driven strategies.
- 2) Increase access to primary and preventive care to keep people healthier.
- 3) Reduce health disparities by socio-economic factors that intersect in people’s lives including race, sex, sexual orientation and gender identity, and income.
- 4) Ensure that healthcare facilities are financially stable and appropriate to meet the medical needs of consumers in all geographic areas.

### **Outpatient Prescription Drug Cost Transparency**

As required by Conn. Gen. Stat. § 19a-754b, prescription drug sponsors continue to utilize the user-friendly prescription drug reporting web portal to report certain information on new, pipeline and existing outpatient drug information to improve pricing transparency. Sponsors of new and pipeline drugs approved by the Federal Drug Administration since November 2019, have reported required information on over 100 drugs through the portal. Additionally, in accordance with the statute, OHS determined in 2022, that there were no top ten outpatient drugs critical to public health and provided at substantial cost to the state, that experienced significant price increases in the last three years.

## **Five-Year State Health IT Plan**

Conn. Gen. Stat. § 17b-59a required OHS to develop a Statewide Health IT Plan that establishes electronic standards for security, privacy, data content, structures and format, limits use of social security numbers, establishes HIPAA requirements as a baseline, requires audit trails for uses of personally identifiable information, aligns to national standards, permits health information interoperability and is compatible with electronic health systems. Through consultancy services, OHS engaged a broad range of stakeholders to identify and prioritize focus areas for inclusion in the plan. In early 2022, OHS submitted Connecticut's first ever Statewide Health IT Plan identifying six key focus areas for implementation over five years (2022-2026). Subsequently, OHS engaged HITAC to prioritize key activities to begin in 2022. OHS has since engaged with relevant stakeholders to advance the following priorities:

- Support Behavioral Health Providers with the Adoption of EHR and HIE services.
- Sustain and increase use of Statewide HIE services; and
- Improve service coordination and data sharing across state HHS agencies.
- OHS is working with relevant agencies and DAS/BEST to establish a set of standards that meets the objectives of the statute and may form the basis for the subsequent gap analysis, action plans and policy development necessary to help agencies conform with the standards.

## **Framework for a CT Healthcare Affordability Index**

In collaboration with the Office of State Comptroller, OHS developed a new tool to calculate the costs and measure affordability of healthcare to different family sizes, health statuses and regions of Connecticut. The purpose of the new tool is to help policy leaders and decision-makers evaluate existing and proposed healthcare models to determine if they will make healthcare affordable to Connecticut households. During this fiscal year, OHS and OSC updated the published Economic Self-Sufficiency Standard and worked with the University of Washington to create a web enabled interactive CT Healthcare Affordability Index tool to support policy leaders and decision-makers with these evaluations.

## **Response to COVID-19**

As the tragic Covid-19 pandemic swept across Connecticut and the world in 2020, OHS staff participated with the governor and all state agencies and leaders to respond to this health crisis that has already changed the healthcare landscape and the lives of so many individuals and families. Working with the Governor, we temporarily waived certain regulations to allow hospitals to quickly add capacity, and contributed to research and planning regarding testing, financing, community response and other matters. OHS continues to hold remote and hybrid meetings that are made accessible through electronic equipment under [Public Act No. 22-3](#)

## **Health Information Technology**

The Health Information Technology (HIT) unit is responsible for administration of the state's APCD, the oversight and successful progression of the official statewide Health Information Exchange, the development of health information technology standards, overseeing the consumer health information website (HealthscoreCT), and the development and implementation of the Statewide Five-Year Health Information Technology Plan. Health Data and Analysis, a section within HIT, is responsible for the collection, dissemination, and analysis of the most up-to-date information about health and health care to deliver better health outcomes and cost containment in Connecticut. HIT also undertakes consumer engagement through a variety of forums orchestrated by HIT including the Health Information Technology Advisory Council (HITAC), and the All Payers Claims Database (APCD) Advisory Group.

Highlights of the HIT unit include:

### **All Payer Claims Database**

- The APCD transferred from Access Health CT to OHS during July 2019. Since then, OHS has been collaborating with the APCD Advisory Group, APCD Data Privacy Committee and APCD Data Release Committee, and revised data privacy policies and streamlined data release procedures. The APCD Advisory Group's Data Submission Guide Workgroup updated the Data Submission Guide to enable collection of fully denied and dental claims in alignment with industry and national standards. In FY22, the Data Release Committee (DRC) received and approved seven data release applications, and five application inquiries. OHS continues to expand its internal use of the over one billion claims records in the APCD from 2012 to date, for policy development, to support Certificate of Need decision-making and research, including projects described elsewhere in this digest. <https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group>
- OHS released APCD extracts and aggregations to support: 1) Certificate of Need decision making, 2) the Office of Fiscal Analysis to support breast cancer screen legislation, 3) the Department of Social Services to support calculations of federal funding for Connie, 4) for Connie to identify out of state providers that serve CT residents for creating a Provider Directory, 5) the APCD Advisory Group to gauge the number of CT residents covered by self-funded plans, claims for which are not included in the CT APCD and, and 6) researchers approved by the DRC to receive the data for various studies.

### **Statewide Health Information Exchange**

- Building and developing a Health Information Exchange (HIE). Pursuant to Conn. Gen. Statute § 17b-59d OHS is the sponsoring state agency to build and develop a statewide HIE. OHS established and launched a "neutral and trusted" non-profit, nongovernmental entity to deliver necessary health data exchange services for the state. Health Information

Alliance, Inc. (HIA, Inc.), operating under the brand name “Connie” on May 3, 2021, the official statewide HIE, “Connie”, commenced operations. In accordance with Public Act 22-58 § 37-38, OHS is also the regulatory and oversight authority for the HIE and actively engages with Connie in developing plans to enable rapid and modular deployment of use cases for sharing data.

### **Cost Estimator Tool**

- The HIT team, in collaboration with a data analytics vendor, is developing an updated consumer facing, interactive cost estimator tool based on APCD data. The Cost Estimator will provide CT residents with an important consumer tool that analyzes data on common inpatient and outpatient services and procedures, and useful information about the typical costs of specific medical services and procedures throughout the state.  
<https://healthscorect.com/cost-estimator>

### **Race, Ethnicity and Language Data Standard and Implementation**

- As mandated by Public Act No. 21-35, OHS developed and promulgated Race, Ethnicity and Language (REL) Data Collection Standards and Implementation Guide 1.0. OHS is also convening or participating in meetings with state agencies and healthcare providers to facilitate compliance. Stakeholders from the convenings will also assist with updating the Standards and Guide. OHS is also working with Connie with implementation and inclusion of insurance and disability status collection. OHS successfully applied for \$1.05 million in ARPA funding to upgrade four OHS systems (APCD, Inpatient, Outpatient Surgical, and Emergency Room Patient Databases), and a select Department of Social Services (DSS) systems. OHS is collaborating with DSS on the implementation.

### **Health Systems Planning**

The major functions of the Health Systems Planning (HSP) Unit include the administration of the Certificate of Need (CON) program; preparation of the Statewide Health Care Facilities and Services Plan; health care data collection, analysis, and reporting; and hospital financial review and reporting. The Health Systems Planning Unit made great progress this year in significantly reducing the backlog of pending CON hearings and decisions and expects to be able to fully comply with statutory deadlines moving forward. In addition to reducing the backlog, this year our focus and attention has been on maintaining or cutting health care costs by more directly incorporating the health care data our Office collects into the CON application procedure. OHS emphasized the use of agreed settlements to reach resolution on matters more quickly and plan to allocate a new staff attorney to increasing compliance with existing agreed settlements.

- The CON Unit experienced a steady influx of applications, receiving 22 CON applications. The CON Unit also completed 82 CON determinations, 2 CON modifications, negotiated 18 Agreed Settlements and held 8 public hearings.

- With a renewed focus on compliance, OHS imposed civil penalties on two (2) entities for the first time in a decade; the rulings are currently pending.
- HSP worked with the Legislature to pass bills to: (1) increase CON application fees so that fees are now aligned with the costs of CON proposals; (2) create a notification-only option (rather than a full CON application) for existing mental health care providers that seek to add licensed beds during this ongoing mental health care crisis; (3) added a statutory definition that when a hospital suspends inpatient or outpatient services for than 180 days, the hospital has by definition, terminated those services.
- HSP convened a Physician Group Practice Workgroup to study methods to determine the best approach to oversee the acquisition and transfer of ownership of physician group practices, so CT residents have access to physicians in a manner that assures access, avoids increased costs, fosters choice, and assures quality of care. The Workgroup began meeting monthly in late 2021 and studied methods to improve health care quality and choice in Connecticut while ensuring the viability of physician group practices. The workgroup developed recommendations to improve reporting and oversight of physician practice mergers and acquisitions, including possible changes to CT's general statutes.
- HSP published the *Annual Report on the Financial Status of Connecticut's Short-Term Acute Care Hospitals*. This report highlights Connecticut's statewide hospital trends and includes individual hospital profiles of financial performance. It is intended to provide information that will enhance knowledge of the financial status of Connecticut's hospitals. [Financial Stability Report 2020](#)
- HSP also eliminated the backlog of pending Freedom of Information (FOI) requests.
- OHS received funding for four staff positions, two analysts, one paralegal and one staff attorney. which will improve the CON unit's ability to comprehensively review and evaluate the determinations and applications in a timely manner.

To inform policy and consumers about Connecticut healthcare trends, OHS published the following dashboards:

- Data Compendium - <https://portal.ct.gov/OHS/Pages/Data-Compendium>
- CT Large Medical Group Practices Dashboard
- Emergency Department Use Dashboard
- Facility Fees at Hospitals' and Health Systems off main campus outpatient facilities trends report - <https://portal.ct.gov/OHS/Services/Health-Systems-Planning/Facility-Fees>



## Healthcare Innovation

The Healthcare Innovation unit focuses on improving population and community health by addressing social determinants of health and health inequities, enhancing healthcare quality and outcomes for residents, increasing access to primary care, and controlling healthcare cost growth. The unit supports several stakeholder engagement efforts in developing policy, strategy, and innovation in the healthcare landscape. Highlights of the past year include:

- Held reoccurring meetings of a Steering Committee, Stakeholder Advisory Board, and Quality Council to provide guidance, input, and feedback on relevant aspects of the Healthcare Benchmark Initiative.
- Selected a data analytic vendor to advance a data use strategy to determine how data the Office already collects (e.g. All Payer Claims Data (APCD), hospital inpatient data, emergency room data and outpatient surgery data), will be used to identify cost growth drivers, trends, and to establish the base rates and measure change over time. The vendor will also develop a Microsoft Azure Cloud database that will facilitate storing the APCD, hospital data, and other third-party data in the cloud for OHS staff to analyze and report on specific cost drivers and trends. The vendor will also provide extensive knowledge transfer of all tools, code, and analysis to OHS staff before the end of the vendor's contract.
- Received two federal grants valued at ~\$3.9 million to support the Health Enhancement Communities initiative, received a technical assistance grant from the federal government for Strategies to Repair Equity and Transform Community Health (STRETCH) initiative, and initiated engagement with stakeholders to design a statewide health equity trust;
- Created a community benefits team to review statutes and best practices and perform data analytics on hospital community health needs assessments and related community benefit data;
- OHS' community benefits team worked with stakeholders to update the hospital community benefit law in Connecticut (now Public Act 22-58), which requires additional hospital reporting, increased public transparency, and meaningful community engagement. OHS will collect hospitals' community benefit reporting and develop a summary and analysis of those reports, solicit a public comment period, publish hospitals' submissions on OHS' website for the public, and make available to hospitals the All-Payer Claims Database solely for their community benefit programs;
- As one of five states in the Peterson-Milbank Program for Sustainable Health Care Costs, received funds for technical assistance to implement a health care cost growth benchmark; participated in the Peterson-Milbank in-person conference with other states in the program to foster cross-state collaboration; regularly participate in calls with other states to address common goals and challenges;

- OHS' Quality Council updated the core measure set to support alignment of clinical quality, patient safety, consumer experience, and over- and under-utilization measures used by insurers and advanced networks, as well as adopted a measure focused on health equity stratifying performance of five (5) measures by race, ethnicity, and language (REL);
- OHS' Quality Council recommended, and OHS established, Quality Benchmark Measures as well as their associated values for 2022-2025. The Phase 1 measures, beginning in 2022, are *Asthma Medication Ratio*, *Controlling High Blood Pressure*, and *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control*. The Phase 2 measures, beginning in 2024, are *Child and Adolescent Well-Care Visits*, *Follow-up After Emergency Department Visit (ED) Visit for Mental Illness (7-day)*, and *Follow up After Hospitalization Visit for Mental Illness (7-day)*.
- Hosted a virtual forum, with over 350 views, "Healthcare Accountability & The Impact of Healthcare Costs" to inform stakeholders how the state is addressing high healthcare costs and recognizing the importance of accountability and transparency in healthcare.

## **Consumer and Community Engagement**

The Office of Health Strategy has embedded community engagement in all of its operations to inform, engage, educate, and obtain feedback across all OHS divisions and units. Some of the Community Engagement programs and innovations are:

- Consumer Advisory Council (CAC) to advocate for consumers and provide for strong public and consumer input in healthcare reform policies in Connecticut. The purpose of the OHS Consumer Advisory Council is to ensure significant consumer participation in the planning and implementation process. The CAC brings the consumer voice to OHS by organizing community consumer engagement events and identifies gaps in healthcare services, inequity, and emerging healthcare needs in CT.
- Conducted eight Listening Sessions with consumers throughout the State on the Primary Care Roadmap.
- Continued the OHS open solicitation process for consumer representatives on various OHS committees
- Participated and presented to over 75 events connecting with over 3,000 people in Connecticut this year including a Healthcare Accountability & The Impact of Healthcare Costs Forum.

OHS also convenes many ongoing community and stakeholder advisory groups including:

- Healthcare Cabinet which was established in 2011 to advise the Governor on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.
- All-Payers Claims Database Advisory Group established in 2011 to provide input regarding the implementation of a state-wide multi-payer data initiative to enhance the state's use of health care data from multiple sources to increase efficiency, enhance outcomes and improve the understanding of health care expenditures in the public and private sectors.
- Health Information Technology Advisory Council which was established in 2015 to advise the executive director of the Office of Health Strategy and the Health Information Technology Officer about priorities and policy recommendations for advancing the state's health information technology and health information exchange efforts and to advise in the development and implementation of the state-wide health information technology plan and the state-wide Health Information Exchange.
- Community Health Worker Advisory Body (CHWAB) which was established in 2018 to advise the Department of Public Health on matters relating to the educational and certification requirements for training programs for Community Health Workers, including the minimum number of hours and internship requirements for certification of Community Health Workers, to conduct a continuous review of such educational and certification programs and to provide the department with a list of approved educational and certification programs for community health workers. The Body has approved a CHW Core Curriculum, a CHWAB Review Committee and online application portal for CHW training organization to submit curriculum for review and approval.

OHS also provides a content-rich website for the residents of Connecticut. The site is a gateway to the operation of our agency and the varied units, as well as providing information on our public meetings and outreach activities, RFPs and contracts, news and social media, reports and publications, and access to healthcare data. Main program pages on site include:

- Health Information Technology: <https://portal.ct.gov/OHS/Services/HIT-Health-Innovation-Consumer-Engagement/Health-Information-Technology>
- Healthcare Cabinet: <https://portal.ct.gov/OHS/Content/Healthcare-Cabinet>
- Health Systems Planning: <https://portal.ct.gov/OHS/Services/Health-Systems-Planning>
- Healthcare Affordability Index: <https://portal.ct.gov/OHS/Pages/Healthcare-Affordability-Standard>
- Healthcare Cost Growth and Quality Benchmarks and Primary Care Target: <https://portal.ct.gov/OHS/Services/Cost-Growth-Quality-Benchmarks-Primary-Care-Target>
- Data and Reports: <https://portal.ct.gov/OHS/Services/Data-and-Reports?showall=true>
- News and Press Releases: <https://portal.ct.gov/OHS/Press-Room>

- Open Solicitations/Request for Proposals: <https://portal.ct.gov/OHS/Services/Data-and-Reports/To-Access-Data/Contracts-and-RFPs>
- CON Guidebook: <https://portal.ct.gov/-/media/OHS/CONfolder/CON-Guidebook-2020.pdf>
- A You Tube Channel is available to view OHS CON Public Hearing recordings and other OHS Interviews and events in an accessible connection via: [https://www.youtube.com/channel/UCwZo-zOORky\\_4ZvIQBKTMHg/videos](https://www.youtube.com/channel/UCwZo-zOORky_4ZvIQBKTMHg/videos)

### **Information Reported as Required by State Statute**

OHS is required by state statute to report the following:

- Healthcare Coverage Feasibility Study <https://portal.ct.gov/-/media/OHS/OHS-Health-Care-Coverage-Feasibility-Study-07-01-2022.pdf>
- The Statewide Health Information Technology Plan. <https://portal.ct.gov/OHS/Content/Health-Information-Technology>
- Facility Fee notices from hospital systems. <https://portal.ct.gov/OHS/Health-Systems-Planning/Notifications/Facility-Fees>
- Actual Facility Fees charged or billed by hospital systems. <https://ohsnotificationandfilings.ct.gov/Home/Index>
- Report to the Governor and Legislature, of a biennial study on state-wide health care facility utilization. <https://portal.ct.gov/OHS/Press-Room/Press-Releases/2019-Press-Releases/Facilities-and-Services-Plan>
- Report to the Legislature on the financial stability of Connecticut's hospitals by September 1<sup>st</sup> of each year. <https://portal.ct.gov/OHS/Health-Systems-Planning/Hospital-Financial-Data/Hospital-Reporting-System> and <https://portal.ct.gov/OHS/Health-Systems-Planning/Hospital-Financial-Data/Select-Data-Items-from-Hospital-Filings>
- Consumer website-health information including quality, price and cost of health care services and a cost estimator tool that reports on billed and allowed amounts paid to health care providers according to insurance plans, and out of pocket costs for certain services and procedures. <https://healthscorect.com/>
- Community health workers and recommendations for certification of these workers, report to the Legislature. <https://portal.ct.gov/OHS/SIM-Work-Groups/CHW-Advisory-Committee> and new Community Health Worker Advisory Body <https://portal.ct.gov/OHS/Pages/Community-Health-Worker-Advisory-Body>
- Prescription Drug Reporting and Transparency: <https://portal.ct.gov/OHS/Pages/Prescription-Drug-Reporting-System>