



DIGEST OF ADMINISTRATIVE REPORTS TO THE GOVERNOR FISCAL YEAR 2024-2025

Deidre S. Gifford, MD, MPH	Commissioner (Retired)
Amy Porter	Acting Commissioner
Kimberly Martone	Chief of Staff
Established	2018
Statutory Authority	Conn. Gen. Statutes Chapter 368dd, Sec. 19a-754a and other provisions
Central Office	450 Capitol Avenue PO Box 340308, MS#51OHS Hartford, CT 06106-0308
Number of Employees	46
Recurring Operating Expenses	
FY 2024-2025 budget	\$18,228,838
General Fund	\$4,467,571
Personal Services	\$3,454,529
Other Expenses	\$13,042
Covered Connecticut	\$1,000,000
Insurance Fund	\$13,761,267
Personal Services	\$1,982,363
Other Expenses	\$9,829,264
Equipment	\$10,000
Fringe Benefits	\$1,939,640

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Mission

The Office of Health Strategy's mission is 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.

Organizational structure

A commissioner, deputy commissioner (position vacant) and chief of staff lead the Office of Health Strategy. Acting Commissioner Amy Porter was appointed in June 2024. Three core units, supported by a business and administrative office, execute the agency's mission. These units include Health Systems Planning, Health Innovation and Strategy, and Health Data and Analysis.

Statutory responsibility

A bipartisan effort of the Connecticut General Assembly created the Office of Health Strategy (OHS) in 2017. The agency began serving the community in 2018. The founding legislation organized existing state resources into one body and centralized healthcare policymaking to advance health reform initiatives to improve health, drive down consumer costs and support modernization efforts made possible by technology advancements.

OHS leads Connecticut's efforts to promote high-quality, affordable, and accessible healthcare for Connecticut residents through collaboration with consumers, providers, payers, employers, legislators, state agencies and other stakeholders. Specifically, OHS:

- develops health policy to improve health outcomes, ensure better access to health care and identify and address health disparities
- proposes policy initiatives to rein in Connecticut's high per-capita healthcare spending growth, monitoring consumer costs in multiple sectors
- promotes healthy economic growth and job creation through healthcare reform initiatives
- maximizes healthcare provider communication and data sharing to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar invested in health and well-being

- provides transparent data on health care costs and quality, identifying and monitoring the primary drivers of healthcare spending
- ensures healthcare providers and facilities meet the medical needs of consumers in all geographic areas through accessible, cost-effective services

Public Service

OHS implements comprehensive, data-driven strategies to promote equitable access to high quality healthcare, constrain cost growth and ensure better health for our Connecticut community. Our commitment to transparency, collaboration and excellence guides our work, ensuring Connecticut remains a national leader in health outcomes and high-quality, cost-effective care delivery.

We convene and engage key stakeholders across all sectors to explore innovative and impactful approaches to improve health and healthcare in Connecticut. We host public forums and informational summits, facilitate more than 10 councils, committees, and advisory groups, host more than 90 public meetings and hearings annually and drive collaboration with colleagues at the state and national level.



Kristin Whitney Daniels, Sheri Lee, Associate Vice President of Operations and Human Resources, University of St. Joseph, and Dinesh Kapur, MD, Eastern CT Hematology and Oncology opened the OHS Healthcare Benchmark Initiative hearing with a discussion on the impact of healthcare costs on consumers and employers.

Advancing maternal and infant health through the evidence-based Family Bridge home visiting program. The program now serves Greater Bridgeport and Eastern Connecticut.



Improvements/Achievements for Fiscal Year 2024-2025

OHS milestones, achievements, and noteworthy accomplishments for fiscal year 2024-2025 are summarized below. Additional detail on efforts to advance the agency mission through statutorily defined initiatives appears on subsequent pages.

Access

- Achieved a 57% reduction in the number of days between filing and final action since 2021 in the [Certificate of Need application process](#)
- Successfully created an [Emergency Certificate of Need](#) process to protect patients, healthcare workers and communities in the event of a hospital bankruptcy
- Enhanced consumer capacity to easily find CT, MRI and PET-CT imaging services close to home through publication of an online [Imaging Inventory](#)

Affordability

- Published the [Cost Growth Benchmark Report](#) identifying spending drivers contributing to Connecticut's healthcare affordability challenges with cost growth reaching 7.9%
- Published a Cost Estimator dashboard to support consumers and employers to shop for services and
- Reinforced cost growth benchmark strength by requiring price constraints, tied to the benchmark, in CON agreed settlements
- Created greater insight into [Pharmacy Benefit Manager Practices](#) and how these entities impact consumer ability to afford prescription drugs

Equity

- Expanded insight into behavioral health disorder prevalence, including Social Vulnerability Index factors, through publication of the [APCD Behavioral Health Dashboards](#)

- Examined [parity in behavioral health payment](#) and produced a [comprehensive environmental workforce scan](#) to identify challenges and opportunities
- Expanded the Family Bridge, evidence-based home visiting program, for new families within the Greater Bridgeport region and Eastern Connecticut

Quality

- Increased transparency of how much healthcare payment in Connecticut is linked to quality through publication of the [Alternative Payment Model Monitoring Report](#)
- Enhanced patient record access and collaboration, image sharing, medication management through more than 400,000 weekly patient encounters in [Connie](#), the health information exchange

Advancing Policy 2024-2025

OHS advanced the following legislative policy initiatives in collaboration with the Office of the Governor, other health and human service agencies and the Connecticut legislature:

Legislation	Action
HB 7282 Budget Implementor	Sec. 48 Key legislation allowing DSS to develop alternative payment models, including hospital global budgets, and move forward with AHEAD
	Sec. 203 Updates hospital reporting of emergency department data to DPH, OHS, and OHA as of March 1, 2026 through March 1, 2029
	Sec. 204 Establishes a working group to evaluate hospital discharge challenges and report out to Public Health by January 2026; includes OHS commissioner or designee
	Sec. 299 Certificate of Need (CON) Defined termination of services as cessation of any service for a combined total of greater than 180 days within any consecutive two-year period
	Sec. 300 (CON) Allows OHS to consider the CMIR preliminary report and pursuant comments in the CON determination
	Sec. 362 Makes the OHS Statewide Health Care Facilities and Services Plan biennial within available appropriations
	Sec. 371 Holds pharmaceutical manufacturers to reference price adjusted for consumer price

Legislation	Action
	index (CPI) and empowers DRS to issue civil penalties
	<p>Sec. 372</p> <p>Requires pharmaceutical manufacturers or wholesale distributors to notify OHS at least 180 days in advance if they intend to withdraw a drug from sale in the state (intended to prevent avoidance of Sec. 371)</p>
<p>PA No. 25-2</p> <p>Emergency Certificate of Need</p>	<p>Establishes an Emergency CON process for transfer of ownership of a hospital that has filed for bankruptcy</p>
<p>PA 25-167</p>	<p>Extensive prescription drug/PBM legislation; Sec. 5 creates a task force to study emergency preparedness and mitigation strategies for Rx drug shortages with report due by January 1, 2026 – OHS appointed to group</p>
<p>PA No. 25-97 § 47-48</p>	<p>OHS to conduct study that allows a health care patient’s granular choice in selecting what specific types of patient health information and medical records to share with the Health Information Exchange. OHS to report the results of the study by Sept 30, 2026.</p> <p>Adds that a health care provider who does not actively practice in the state is not required to connect with Connie.</p> <p>Adds if the HIE experiences a data breach or hacking, the HIE shall notify patients of the event.</p> <p>Clarifies that participation means sharing of “designated record sets” instead of medical records.</p> <p>Adds shield law protection that HIE shall not disclose protected information in response to a subpoena unless the disclosure complies with federal and state laws regarding release of medical records.</p>

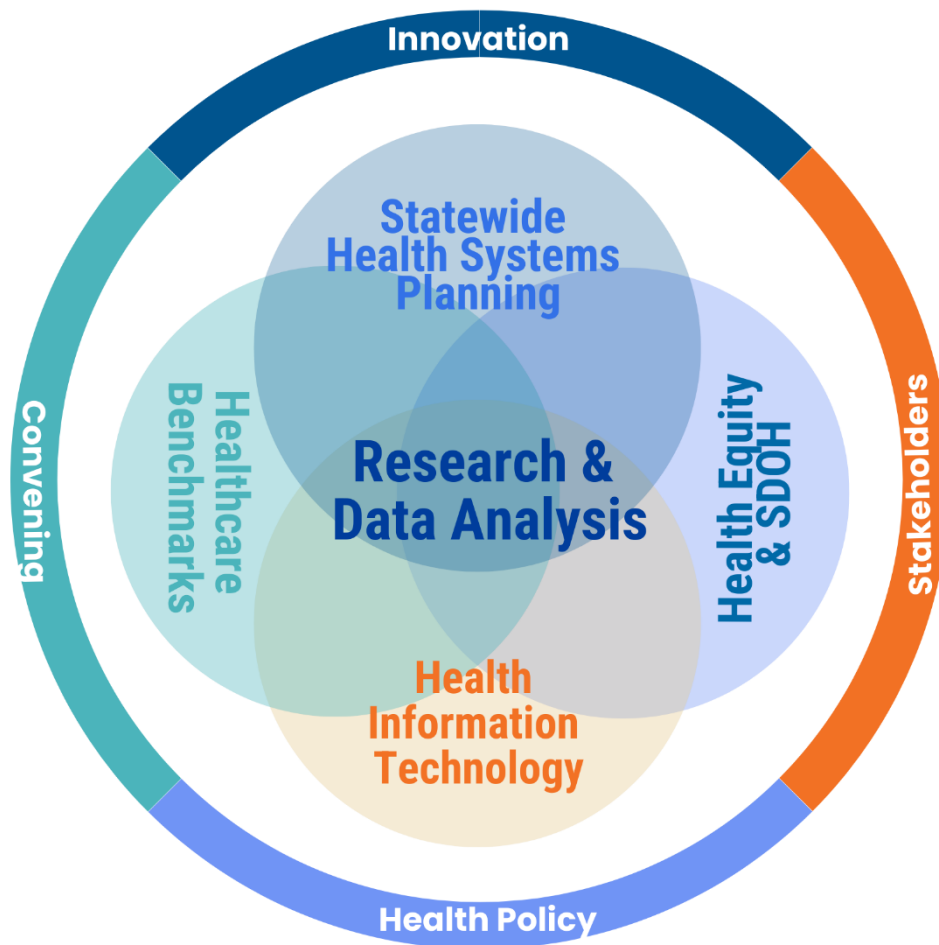
OHS will also advance the agency mission through implementation of related policy initiatives that constrain healthcare cost growth, and address health equity and social determinants of health.

Legislation	Action
<p>SB 10 An Act Concerning Health Insurance and Patient Protection</p>	<p>Sec. 6-7 Allows the Insurance Department commissioner to reduce a health carrier's requested rate if the carrier's premium rate increase exceeded the cost growth benchmark for each of the two most recent years effective January 1, 2027</p>
	<p>Sec. 10 Allows violation of facility fee statute to be considered an unfair trade practice</p>
<p>PA No. 25-27 An Act Concerning Racial and Ethnic Impact Statements</p>	<p>Commission on Racial Equity in Public Health will be responsible for preparing impact statements for the legislature effective January, 2027. May result in data requests to OHS (and other agencies).</p>
<p>PA No. 25-38</p>	<p>OHS, in consultation with DSS and DPH, must develop a strategic plan to increase the number of birth centers and birthing hospitals located in areas of the state with a high percentage of Medicaid recipients and limited access to birth centers by January 1, 2027</p>
<p>PA No. 24-52 AN Act establishing An Interagency Council On Homelessness</p>	<p>Establishes council by October 2025 report by July 1, 2026 and annually thereafter; OHS commissioner or designee to serve</p>

Office of Health Strategy Organizational Performance

The OHS organizational structure includes core strategic units focused on health systems planning, health innovation and strategy, health equity and social determinants of health and health information technology. Research and data analysis drive organizational performance. Multidisciplinary teams within each unit work collaboratively on diverse initiatives, programs, policies, and publications with all efforts advancing the agency's mission.

*Improving healthcare access,
equity, quality and affordability*



OHS Major Initiatives: Health Systems Planning

OHS leads health systems planning in Connecticut through regulatory, analysis and planning activities. These activities help shape Connecticut's efforts to address health care needs across diverse communities, assess the competitive environment and ensure equitable access to services.

- Certificate of Need (CON)

Connecticut's Certificate of Need (CON) program requires certain types of healthcare providers to get state approval before making major changes in the healthcare landscape such as establishment of some new healthcare facilities, certain ownership transfers, purchasing specific types of equipment, termination of services or other changes affecting access to care. OHS publishes the [CON Guidebook](#) to help applicants navigate this transparent and public process.

The CON team at OHS received 30 applications during the reporting period, a 15% increase over the prior year. The team completed 59 determinations, negotiated 15 agreed settlements, and held 11 public hearings.

Notable agreed settlements reached during the reporting year include the [affiliation of Nuvance Health and Northwell Health](#). Under the agreement, ownership of Danbury, (including the New Milford campus), Norwalk and Sharon Hospitals were transferred to Northwell Health, a 21-hospital non-profit integrated care delivery system in New York. The two systems filed a Certificate of Need application on May 31, 2024 and entered settlement negotiations on January 31, 2025 reaching an agreement just 66 days later.

The team's capacity to complete comprehensive and timely applications reviews within statutorily defined parameters has continued to improve following 2024 staff enhancements. Application processing time has decreased by more than 58% over the last four years. The CON team has focused on improving clarity and transparency in the process through a dashboard of currently open CON dockets and proposed revisions to CON application forms to be completed this year. The CON program operates pursuant to [Conn. Gen. Statutes Sec. 19a-612d, 19a-638](#) and [19a-639](#).

In addition, an [Emergency CON application and review process](#) was established pursuant to [Public Act No. 25-2](#). This process was designed to maintain continuity of care in a Connecticut community if a hospital files for bankruptcy protection. OHS will complete an emergency, expedited review of a potential purchaser

required or approved by the bankruptcy court with a goal of preserving access to high quality, affordable healthcare for all Connecticut residents.

- **Statewide Health Care Facilities and Services Plan and Inventory**

OHS develops and maintains the [Statewide Health Care Facilities and Services Plan](#) (the Plan), alongside [a biennial inventory of all Connecticut health care facilities and services](#) pursuant to [Conn. Gen Statutes Sec. 19a-634](#). This Plan and accompanying inventory serve as an advisory document and a blueprint for health care delivery in Connecticut, by providing a resource for policymakers to understand the health care landscape and contributing information and guidelines as an input to OHS's evaluation of Certificate of Need applications.

As set out in [Conn. Gen. Statutes Sec. 19a-639\(a\)\(2\)](#), OHS must consider "the relationship of the proposed project to the state-wide health care facilities and services plan" as one of the 12 factors in making CON decisions. The plan includes standards, guidelines, and methodologies for Acute Care Bed Need, Outpatient Surgery, Cardiac Services, Imaging Services/Equipment, Behavioral Health and Substance Use Disorder Treatment, and Labor and Delivery Services that are also utilized in the Certificate of Need review process.

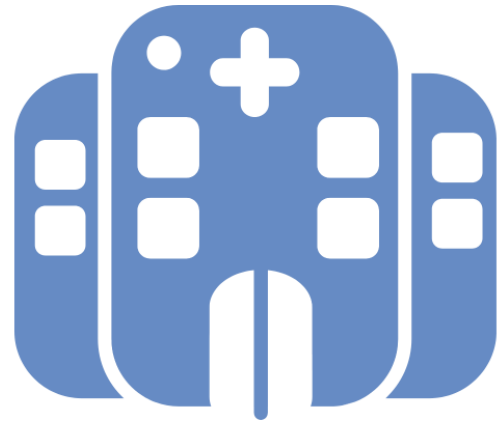
OHS finalized the first major revisions to the plan since 2012 during this reporting period, incorporated public comment and published an updated plan that became effective on March 15, 2025. The updated inventory of healthcare facilities and services was published in June 2025.

The need for behavioral health services has grown significantly in recent years. OHS launched a statewide survey of licensed behavioral health service providers during the reporting period to provide additional insight into utilization and capacity. Pursuant to [Public Act No. 22-47](#), OHS published a report concerning recommendations for an [Expedited Certificate of Need Process for Mental Health Facilities](#) outlining potential expedited review pathways.

- **Hospital Financial Review and Reporting**

Each year, OHS publishes an analysis of the fiscal stability of Connecticut's hospitals, highlighting industry trends and reporting individual hospital profiles pursuant to [Conn. Gen. Statutes Sec. 19a-670](#). OHS published the [Annual Report on the Financial Status of Connecticut's Short-Term Acute Care Hospitals for Fiscal Year 2023](#), based on data submitted by hospitals to the agency and made available to the public through the OHS [Hospital Reporting System \(HRS\)](#).

The report introduced an alternative method for calculating the cost of providing care compared to the payment received, or the payment to cost ratio. Utilization of the alternative payment to cost ratio indicated that hospital Medicaid reimbursement covered \$0.87 on the dollar of cost, as compared to \$0.62 as reported in FY2022. Statewide total health system operating losses were less in FY2023 than in FY2022. Two thirds (66%) of those losses were attributable to medical group operating losses. Total health system net assets statewide have increased by almost \$3 billion since 2020. Analysis of FY2024 data will be published in September 2025.



A supplemental report, [Connecticut Health Systems Financial Status in Context](#), provided a summary assessment of the financial health of Connecticut's five multi-hospital systems. The report provided context for understanding the relative stability of community health systems in a market that has experienced significant change in recent years.

OHS plays a key role in helping Connecticut consumers, policymakers, providers, payers and advocates assess the capacity of behavioral health services to meet community needs. OHS published a coordinated study in November 2024 in accordance with [Public Act No. 22-47 subsections 57 and 58](#) that addressed payment parity and provided an environmental workforce scan:

- [Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advantage Final Report](#)
- [Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advantage Final Presentation](#)
- [Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advantage Behavioral Health Workforce Environmental Scan](#)

The study found that HUSKY (Connecticut Medicaid) 2022 reimbursement rates were lower than benchmarks for both physical and behavioral health services. No disparities were found between the 2022 rates for physical and behavioral health – rates were comparably low across service types. The analysis did identify disparities in some areas based on the 2022 data:

- Medicare Advantage rates for psychiatry were lower than for other physician specialties, suggesting rates for physician provided behavioral health services are not in parity with physician-provided medical services.
- Four commercial insurers – Anthem, Cigna, Connecticare, and United Healthcare – had evidence of disparities between behavioral health and other medical service rates.

The environmental workforce scan assessed existing capacity of the state’s behavioral health workforce to meet growing community need. Based on 2022 data, Connecticut had fewer behavioral health providers, and particularly fewer psychologists and social workers, than some neighboring states such as Massachusetts and Vermont (per 100,000 total state population). There were also fewer behavioral health providers participating in Medicaid than in commercial insurance plans.

OHS Major Initiatives: Health Innovation and Strategy

Healthcare Benchmarks Initiative

The OHS Healthcare Benchmarks Initiative operationalizes requirements ([Executive Order No. 5](#); [Public Act No. 22-118, Sections 217-223](#)) set in place by Governor Lamont to slow the growth rate of per capita healthcare spending while improving healthcare outcomes for all Connecticut residents. Initially begun in 2020, this work continues to grow in scope as cost drivers are identified and opportunities to improve healthcare affordability and quality emerge.

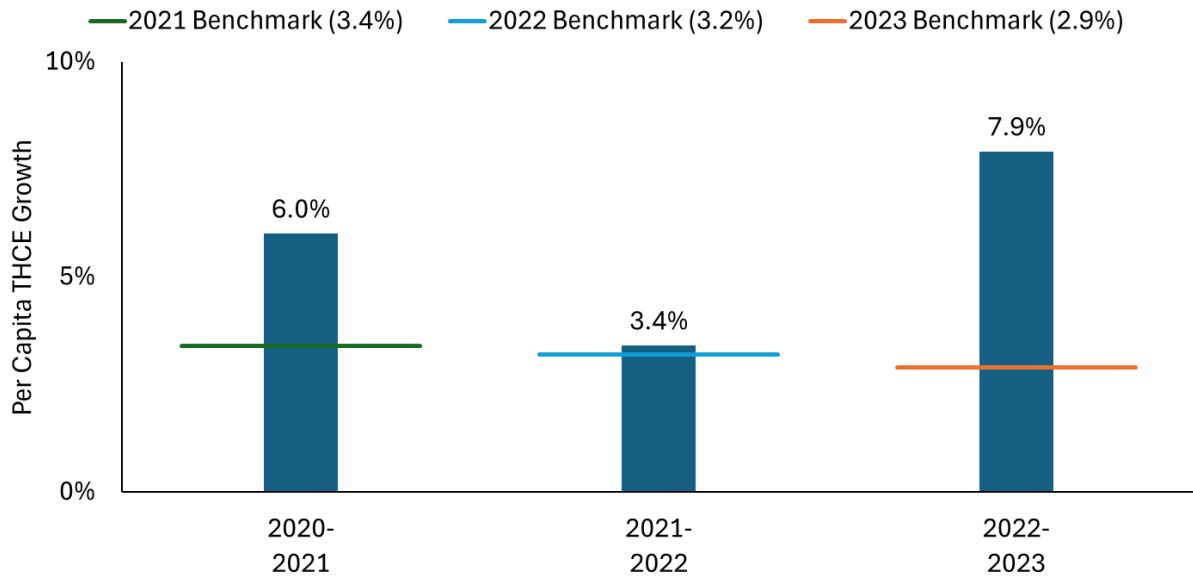
Healthcare Benchmarks Core Components 2024-2025
<ul style="list-style-type: none"> ○ Setting an annual health care cost growth benchmark and primary care spending target
<ul style="list-style-type: none"> ○ Developing and adopting annual healthcare quality benchmarks
<ul style="list-style-type: none"> ○ Developing strategies, in consultation with stakeholders, to meet these benchmarks and targets
<ul style="list-style-type: none"> ○ Enhancing transparency of provider entities
<ul style="list-style-type: none"> ○ Monitoring the development and adoption of alternative payment methodologies in the state

[Conn. Gen. Statutes Sec. 19a-754a, 19a-754g, 19a-754f](#)

OHS published the following Healthcare Benchmark Initiative reports in March 2025 documenting healthcare cost growth drivers, performance on quality indicators for chronic disease, and progress towards the state’s primary care spending target:

[Cost Growth Benchmark Initiative 2022-2023 Performance](#) - Connecticut’s 2023 healthcare spending exceeded the benchmark for the third consecutive year, signaling continuing challenges in containing spending growth at a rate that is affordable to residents and businesses. From 2022 to 2023, Connecticut’s total healthcare expenditures (THCE) per capita grew by 7.9%, significantly faster than the 2.9% cost growth benchmark value.

State Per Capita Total Healthcare Expenditure (THCE) Growth (2020-2023)



Source: OHS collected data from insurance carriers, the Centers for Medicare and Medicaid Services (CMS), the Connecticut Department of Social Services (DSS), the Connecticut Department of Correction (DOC), and the Veterans Health Administration (VHA).

Notes: Data are not risk-adjusted and data are reported net of pharmacy rebates. Data include the net cost of private health insurance (NCPHI).

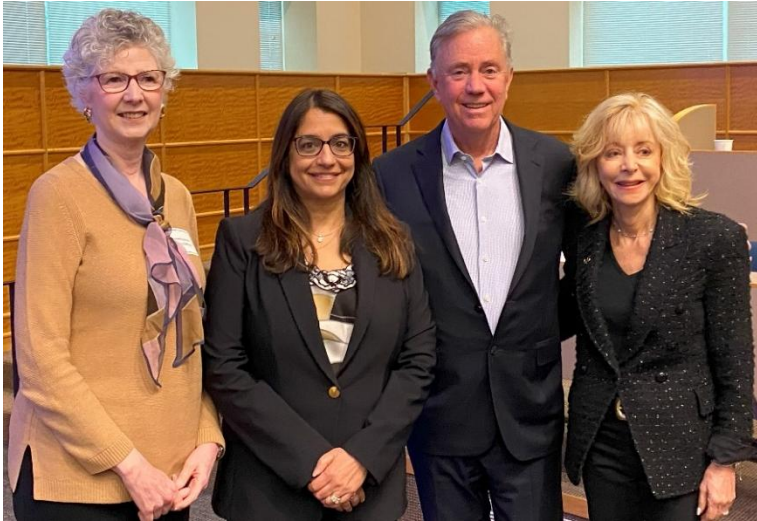
[Quality Benchmark Initiative 2023 Performance](#) - High-quality healthcare is essential for improving the overall health and wellbeing of Connecticut residents and for ensuring optimal health outcomes. Although the Quality Benchmark results show that many citizens are receiving a high level of care, disparities in health outcomes by race and ethnicity persist.

[Primary Care Spend Target Initiative 2023 Performance](#) - In 2023, statewide primary care spending accounted for 4.5% of Total Medical Expense, falling short of the 6.9% target. This marks the third consecutive year in which Connecticut did not meet its statewide primary care spending target. Statewide, total primary care spending grew by approximately \$76 million between 2022 and 2023, to \$1.13 billion, representing a per person per month spending increase from \$32 to \$33. However, because overall healthcare spending grew so much faster, primary care spending in 2023 as a percentage of overall spending decreased from 2022.

OHS supports data driven policy solutions for Connecticut's healthcare challenges and is committed to data and methodological transparency. The Healthcare Benchmark Initiative published [dashboards and technical notes](#) during the reporting period to provide access to the healthcare cost driver, hospital cost and retail

pharmacy data it utilizes to complete annual reporting of performance against established benchmarks.

- [Healthcare Cost Drivers Dashboard](#)
- [Hospital Dashboard](#)
- [Retail Pharmacy Dashboard](#)



Commissioner Deidre Gifford, Gloria Sachdev, Governor Ned Lamont and Dr. Judy Olian explore the impact of rising healthcare costs on Connecticut's employers, and successful approaches to constrain cost growth in other states at a symposium

OHS, in collaboration with Governor Ned Lamont and the Office of the State Comptroller hosted a [statewide symposium](#) on healthcare affordability for employers November 22, 2024. OHS leveraged the member engagement strategies of chambers of commerce across the state to bring large and small employers together to learn how business leaders across the country are managing rising healthcare costs.

OHS held a [public informational hearing on healthcare affordability](#) on June 23, 2025. The hearing reviewed the findings of the Healthcare Benchmark Initiative Performance Year 2023 reports and included consumer and employer perspectives on the impact of health care cost growth. The session also featured panel discussions on prescription drug costs, insurer perspectives and hospital price variation.

The Healthcare Benchmark Initiative also assembled a [Technical Team](#) to guide the OHS commissioner in setting cost growth benchmarks and primary care spending targets for 2026–2030. The Quality Council provided guidance on proposed quality benchmarks for the next five-year period. OHS published these recommendations in June 2025:

- [Healthcare Benchmark Initiative Proposed 2026–2030 Benchmarks and Recommendations of the Technical Team](#)
- [Healthcare Benchmark Initiative Proposed 2026–2030 Quality Benchmarks](#)

On June 9, 2025 Commissioner Gifford [formally proposed adoption](#) of a cost growth benchmark of 2.8% for each of the next five years. The proposed benchmark is tied to projected Connecticut median household income values over the same period. Both OHS and the Healthcare Benchmark Initiative Technical Team recommended that the state target 10% of healthcare spending on primary care for each of the next five years. Commissioner Gifford proposed Quality Benchmarks for 2026–2030 endorsed by the Quality Council.

OHS solicited public comment on these measures and also held a [public hearing](#) on June 23, 2025 to review the proposals with key stakeholders. Acting Commissioner Amy Porter [adopted final benchmarks](#) for the 2026–2030 period on June 30, 2025.

Additional tools and analyses critical to understanding healthcare cost drivers have been developed to advance Connecticut’s capacity to slow cost growth, including:

[Alternative Payment Model Monitoring](#) – The OHS Alternative Payment Model (APM) Monitoring Report was prepared pursuant to [Conn. General Statute 19a-754a](#) which charges OHS with monitoring APM adoption across the state. Alternative payment models promote greater value – including higher quality care, equity and cost efficiency – for patients, purchasers, payers and providers.

The report assessed APM adoption in Connecticut in 2022 using the [Healthcare Payment Learning and Action Network \(HCP-LAN\)’s classification system](#), which offers a common framework classifying and designing alternative payment models. The report demonstrated that overall APM adoption in Connecticut has made gains in some categories and showed only modest growth in others.

Commercial healthcare payments in Connecticut are split, with 45% of payments made in traditional fee-for-service models and 55% linked to quality. Results in Medicare Advantage are similar, with 43% of payments made under a fee-for-service structure and 57% linked to quality. A comparison to national trends suggests that Connecticut is moving towards population-based payments more

slowly than the rest of the country and opportunity exists to increase APM adoption in the state.

[Prescription Drug Transparency](#) - Connecticut's prescription drug cost transparency program requires drug manufacturers, pharmacy benefit managers, health plans, and others to report information that explains high price increases and high-priced new drugs. Analysis and reporting focus on drugs determined by OHS as critical to public health or creating a substantial cost to the state pursuant to [Conn. Gen. Statutes Sec. 19a-754b](#).

- [Top Ten Outpatient Drug summary report and list](#) - Each year, OHS publishes a list of drugs that meet the criteria established by [Conn Gen. Statute § 19a-754b \(d\)](#). The analysis reviewed outpatient prescription drug prices as of January 1, 2022 and December 31, 2023. This year's list includes seven drugs that account for more than \$555 million in commercial, Medicaid and Medicare Advantage spending (data does not include drug rebates).
- [Report of Pharmacy Benefit Manager \(PBM\) Practices](#) - Prepared pursuant to [Public Act 23-171 § 7](#), this report provides a detailed analysis of the complex pharmacy supply chain, which includes vertically integrated corporate structures. Pharmacy benefit managers play a role in processing prescription drug claims, negotiating drug prices and managing drug formularies. The report also provides concepts for consideration to lower the cost of prescription drugs and increase transparency with PBM practices.

OHS Major Initiatives: Health Equity and Social Determinants of Health

Ensuring access to high-quality, affordable healthcare services for all Connecticut residents requires investment in innovation, commitment to health equity and the ability to translate strategy into action. OHS strategic initiatives connect these concepts and focus statewide attention on opportunities to improve health care quality and reduce disparities in access to care and in health outcomes.

- [Hospitals' Community Benefit Summary and Report](#)

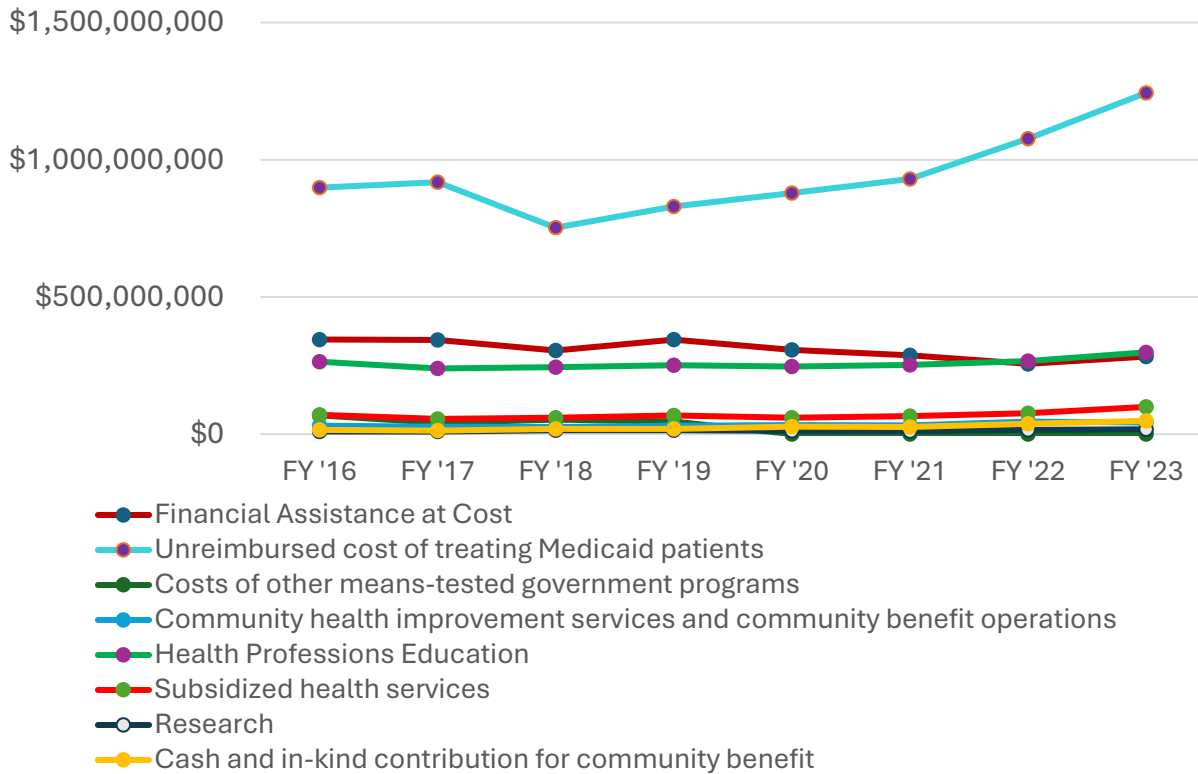
To remain exempt from federal, state and local taxes, nonprofit hospitals must provide goods and services to benefit the community. These goods and services are broadly known as "Hospital Community Benefits." Pursuant to [Conn. Gen. Statute § 19a-127k](#), OHS publishes an analysis of the community benefit and community-building activities of the state's nonprofit acute care hospitals annually.

The [most recent report](#), based on data reported by 23 hospitals for tax filing year 2023, shows that statewide investments in community benefit topped \$2 billion. While this represents a total increase of 14.57% since 2016, community benefit has declined by 3% as a percentage of total hospital expenses.

Unreimbursed Medicaid costs, reported by hospitals at \$1.24 billion, account for 61% of total community benefit expenditures. Data submitted by hospitals show these costs as the fastest growing segment of community benefit expenditures, accounting for 64% of the growth since 2016.

Financial assistance at cost, also known as charity care, which is free or discounted care for patients that meet eligibility requirements, totaled \$283 million or 14.67% of community benefit expense in FY 2023. Financial assistance at cost has declined by \$61.8 million (17.9%) since 2016.

Community Benefit Expenses reported to the IRS (2016-2023)



- [Community Health Worker Advisory Body](#) – OHS convenes and supports the Community Health Worker Advisory Body to guide the Department of Public Health on educational and certification requirements for training programs for Community Health Workers. OHS also supports the advisory body in reviewing and approving training vendors to provide these educational programs.
- [Covered Connecticut](#) (CoveredCT) – OHS partners with the Department of Social Services, pursuant to [Public Act No. 21-2, sections 15-19](#), to bring no-cost health, dental and non-emergency medical transportation insurance to Connecticut residents between the ages of 19-64 who do not qualify for Medicaid but may not be able to afford employer-sponsored plans or plans offered through Access Health CT. Covered CT enrollment has



expanded beyond 40,000 due, in part to OHS contracted outreach and supported health insurance enrollment provided by Community Health Workers. Outreach will continue in FY2026. OHS led planning for a targeted media campaign to support Covered CT outreach and enrollment efforts during the reporting period. The campaign will launch in September 2025.

- [Family Bridge](#) – OHS works closely with the Office of Early Childhood, and the Departments of Children and Families, Public Health and Social Services, to provide families of newborns with support from registered nurses and community health workers in the first weeks after birth. Family Bridge teams provide health and wellness exams, education and resources as well as referrals for services during visits to the family’s home. The program was initially launched in the greater Bridgeport area and has expanded to serve southeast Connecticut, including Norwich and surrounding towns. OHS currently leads evaluation and sustainability planning efforts to assess capacity for statewide expansion of the model.
- [Connecticut AHEAD](#) – OHS led a collaborative effort with the Department of Social Services to engage in Planning Year One activities of the U.S. Centers for Medicare and Medicaid Innovation (CMMI) [States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\)](#) model. Connecticut was selected to participate in Cohort Two of the national demonstration project in July 2024. The AHEAD model is an evolving, voluntary, total cost of care model that provides opportunities for hospitals and primary care practices to participate in alternative payment models. AHEAD focuses on improving population health, reducing disparities in health outcomes and curbing healthcare cost growth.

OHS and DSS conducted stakeholder engagement and education webinars and worked closely with other AHEAD states to plan for initial program activities. The [Connecticut AHEAD Advisory Committee](#), established by the Health Care Cabinet, launched in early 2025 to bring the diverse perspectives of 21 community stakeholders to planning and implementation. Joint efforts resulted in passage of Key legislation allowing DSS to develop alternative payment models, including hospital global budgets during the 2025 session. Changes at the federal level have resulted in new proposed approaches within the AHEAD model. OHS will continue to lead the demonstration project as timelines and key model components are adjusted.

OHS Major Initiatives: Research and Data Analysis

Health research and data analysis provide a firm foundation for the entire OHS agency scope of work. The collection, dissemination, and analysis of health care service, quality and claims data informs OHS and other agency reports, policy proposals, regulatory functions and other initiatives designed to support cost-efficient, high-quality, accessible healthcare service design and delivery in Connecticut.

- All-Payer Claims Database (APCD)

OHS administers the All-Payer Claims Database (APCD), collecting data from major healthcare payers including commercial insurers, Medicare fee-for-service, Medicare Advantage and Medicaid. Data and APCD data analyses help policymakers, payers, providers and the public better understand healthcare service delivery and consumption across the state.

APCD data documents the number of people insured, medical procedures performed, drugs prescribed and costs to both health plans and consumers. APCD data makes it possible for OHS and others to assess trends and changes in health care utilization and cost over time. OHS continues to expand internal and state agency use of the approximately 2.2 billion claims records collected from 2012 to date.

The work of the OHS APCD staff team receives guidance and support from the [APCD Advisory Group](#) and the [APCD Data Release Committee](#). Data updates occur quarterly. In addition, the OHS APCD team completed the following key activities in SFY2024-2025 as part of the APCD Strategic Plan activities:

- Created a working group which developed the initial draft of a refined APCD data request application and process
- Partnered with five other states and our data vendor to develop a novel data dissemination award winning [Behavioral Health Dashboard](#)
- Increased availability and use of APCD data to support state agency and legislative policy making and evaluation
- Performed or contracted with others to perform 20 data analyses utilizing APCD data to support CON decision-making, Healthcare Benchmark Initiative implementation, healthcare price transparency and containment policy, and legislative activities

- Provided data extracts to one researcher and 7 health systems comprising 17 hospitals, to support their annual hospital community benefit analyses and reporting to OHS.

APCD data powers analyses and tools utilized by the agency to achieve its mission, including the Certificate of Need program and related Cost and Market Impact Reviews, the Statewide Healthcare Facilities and Services Inventory, the Healthcare Benchmark Initiatives, Prescription Drug Cost Transparency program and other efforts. [HealthScoreCT](#), an OHS-supported online resource dedicated to providing Connecticut residents with useful information about healthcare and healthcare coverage quality, cost and affordability, also relies on APCD data.

New and enhanced dashboards have been developed and/or published during the reporting period to serve Connecticut residents, policy makers, providers, and payers in better understanding healthcare costs, utilization and community need. These tools and dashboards are described in greater detail in **OHS Major Initiatives: Healthcare Tools and Dashboards**

- [APCD Behavioral Health Dashboards](#)
- [Connecticut Healthcare Cost Estimator](#)
- [Imaging Inventory](#)
- [CT Healthcare Affordability Index](#) (in partnership with the Office of the Comptroller)
- Hospital patient discharge, financial and facility fees data

OHS maintains a warehouse of clinical data submitted by short-term acute care hospitals and freestanding surgical facilities since fiscal year 1991. These facilities submit inpatient discharge, emergency department, and outpatient surgical encounter data biannually to OHS pursuant to [Conn. Gen. Statutes Sec. 19a-654](#). OHS utilized the data to support development of the Statewide Health Care Facilities, Services [Plan](#), CON decision-making, and researchers' and consumers' data requests. OHS implemented the collection of hospital on- and off-campus facility fee data following 2023 legislative changes to [Conn. Gen. Statutes Sec. 19a-508c](#). OHS provides public access to these data through the [Hospital Reporting System](#), [Notification and Filings](#) and [Hospital Reporting System Financial Documents](#) and [FOI](#) portals. [Facility fee reports](#) and [presentations](#) help stakeholders and policymakers analyze trends.

OHS Major Initiatives: Health Information and Technology

OHS provides critical leadership of Health Information Technology (HIT) initiatives on both agency and statewide levels. OHS also leads the process of setting statewide healthcare technology standards, and designs and implements the state's Five-Year Health Information Technology Plan

- Health Information Exchange (HIE)

OHS administers and regulates Connecticut's Health Information Exchange (HIE) per [Conn. Gen. Statutes Sec. 17b-59d](#). OHS established the Health Information Alliance, Inc. operating under the brand name [Connie](#) to manage the technical development, implementation and operations of the HIE. OHS continues to work collaboratively with Connie to expand use of the HIE to enhance care coordination and reduce unnecessary cost by enrolling and supporting diverse providers. OHS has engaged stakeholders in development of HIE regulations to guide future operations.

Connie has grown significantly since its establishment in 2021 and today documents more than 412,000 weekly patient encounters, from more than [3,200 connected organizations](#) including an average of 1.5 million weekly inbound clinical data documents. OHS worked closely with Connie during the reporting period to assist behavioral health providers with enrolling and uploading clinical data.

OHS established a [designated workgroup](#) under [Public Act 24-19 §23\(c\)](#) in FY2024 to make recommendations regarding the parameters of regulations, policies and procedures for the HIE. The workgroup assessed recommendations related to (1) privacy of protected health care information, (2) cybersecurity, (3) health care provider liability, (4) any contract required of health care providers to participate in the State-wide Health Information Exchange, and (5) any statutory changes that may be necessary to address any concerns raised by the workgroup. The workgroup's recommendations were published in [the HIE PA-24-19 Recommendations Workgroup Report](#) in January 2025.

- Race, Ethnicity, and Language Data Standard and Implementation

OHS leads statewide planning and implementation of race, ethnicity, and language (REL) data standards designed to ensure state and private healthcare systems' data collection activities reflect the diversity of the state population.

These efforts align with [Conn. Gen. Statutes Sec. 19a-754d](#), through [Public Act No. 21-35](#), and represent a critical component of Connecticut’s commitment to documenting and addressing health disparities by accurately measuring the experience of all populations.

OHS leads the continued development of REL data standards to coordinate with federal initiatives and completed significant work during the reporting period to update the agency’s REL Toolkit and related documents. OHS published the [Race, Ethnicity, Language and Disability Master Implementation Toolkit](#) in September 2025 to comply with federal [OMB Statistical Policy Directive No. 15](#), expanding data collection standards to include the disability community for the first time.

OHS leads REL data standard implementation efforts with state health and human service agencies and partners with community resources to support private healthcare providers. The Connecticut Health Foundation launched the REL collaborative learning network in partnership with Yale University’s Equity Research and Innovation Center (ERIC) and Global Health Leadership Initiative (GHLI). The network continues to meet and operate in partnership with OHS.

OHS has also advanced work on the establishment of a single, secure, and public-facing portal for healthcare facilities to submit REL-D compliant data. The first release of this Extract, Transfer, Load (ETL) platform will cover outpatient surgeries, inpatient discharges, and emergency department encounters. It is designed to be user-friendly with automated checks to reduce errors, and it includes robust security features like strong authentication and data encryption. The portal, designed to comply with WCAG 2.1 AA requirements, also offers extensive reporting and dashboard capabilities for data analysis and provides public transparency through accessible user guides.

- **Statewide Health Information Plan**

Connecticut’s Statewide Health Information Plan establishes electronic standards for security, privacy, data content, structures and format, limits use of social security numbers, establishes HIPAA compliance requirements, requires audit trails for uses of personally identifiable information, aligns to national standards, permits health information interoperability and supports compatibility with electronic health systems.

The state’s first plan, established under [Conn. Gen. Statutes Sec. 17b-59a](#), was published in 2022 and extends through 2026. The plan identifies six key areas of focus:

Focus Area 1	Increase and sustain use of Connie’s Statewide HIE services
Focus Area 2	Implement systems to improve health equity and address health-related social needs
Focus Area 3	Improve service coordination and data sharing across state health and human service agencies
Focus Area 4	Support behavioral health providers with adoption of electronic health record and HIE services
Focus Area 5	Protect the privacy of individual and family health information
Focus Area 6	Establish data standards to facilitate development of integrated electronic health information systems

OHS published a comprehensive report documenting annual progress on the plan’s areas of focus in March 2025. The [2025 Health Information Technology Report](#) documents achievements that have driven transformative advancements in health IT and HIE initiatives, fostering improved care coordination, data interoperability, and equity-focused policymaking. These accomplishments, achieved with guidance from the [Health Information Technology Advisory Committee](#), underscore Connecticut’s leadership in leveraging health IT to deliver equitable, high-quality, and cost-effective healthcare to its residents.

OHS Major Initiatives: Healthcare Tools and Dashboards

OHS maintains tools and dashboards designed to guide policymakers, providers, consumers, and other key stakeholders in making informed decisions to advance health policy in support of access, equity, quality, and affordability. These tools provide transparent and timely data to support analysis by OHS and the public.

New tools and dashboards published 2024-2025:

- [APCD Behavioral Health Dashboards](#) – Offers an interactive tool to help consumers, healthcare providers, payers, policy makers and other key stakeholders explore behavioral health data across the state, including diagnoses, use and cost of care, co-occurring conditions and social drivers
- [Healthcare Cost Estimator](#) – Provides consumers with useful information about the average costs of specific medical services, procedures, drugs, and devices throughout the state using insurance claims data from the state’s All Payer Claims Database (APCD) to estimate insurance payments and individuals’ out-of-pocket payments for common services, drugs, and devices
- [Imaging Inventory](#) – Offers an interactive tool to help consumers locate computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography-computed tomography (PET-CT) imaging services in their community, searching by map or by table, and defining how far from home the search extends
- Healthcare Benchmark Initiative Data Transparency Dashboards – Can be used to analyze price and utilization by medical service category, retail pharmacy spending by drug and drug category or inpatient and outpatient hospital services
 - [Healthcare Cost Drivers Dashboard](#)
 - [Hospital Dashboard](#)
 - [Retail Pharmacy Dashboard](#)
- Projects in development during the fiscal year also include a new Community Benefit Dashboard, Health Equity Dashboard and launch of a systems upgrade to replace the existing CON portal with HighQ, a platform specifically designed for legal functions.

Established tools and dashboards:

- [All-Payer Claims Database Snapshot](#) – Provides users with dashboards to explore data available from participating health plan including insurance coverage, medical procedures, prescriptions and costs
- [Certificate of Need \(CON\) Portal](#) – Provides users with a portal to [submit](#) certificate of need applications and supporting documentation or [view](#) submitted applications and documentation
- [Community Benefits Portal](#) – Provides a data submission tool for hospitals to report required community benefit documents to OHS
- [Connecticut Health Affordability Index \(CHAI\)](#) – Provides users with tools to measure the impact of healthcare costs, including premiums and out-of-pocket expenses on a household’s ability to afford basic needs
- [HealthscoreCT](#) – Helps users evaluate the quality, costs, and affordability of healthcare services and coverage
- [Hospital Reporting System \(HRS\)](#) – Allows users to access annual and 12-month filing reports for hospitals including data on affiliates, corporate assets, charity care and funds for charity beds, debt collection policies, compensation of highest paid employees, trauma activation fees and other financial data
- [Hospital Reporting System \(HRS\) Financial Documents](#) – Allows users to access hospital financial documents including audited financial statements, Medicare cost reports, officers and directors, uncompensated care policies, organization charts, IRS Form 990 and other related documents
- [Notifications and Filings – Other Required Filings](#) – Provides access to hospital facility fees, facility fees charged to patients, information about group medical practices, medical foundations, hospital inpatient and outpatient charges for services and items, and specialty hospital audited financial statements
- [OHS Data Compendium](#) – Provides an online guide to all OHS databases and explains why each data set is collected, and how to access data
- [Prescription Drug Reporting System](#) – Provides an online portal for prescription drug sponsors and manufacturers to report required notices and data

OHS Major Initiatives: Healthcare Stakeholders & Advisors

OHS convenes stakeholders across multiple sectors to engage Connecticut policymakers, providers, consumers, payers, pharmaceutical representatives, employers and others in health policy development, data analysis and regulation. The following councils, committees, and work groups contribute meaningful perspective to the OHS mission and to statewide efforts to address health care cost growth, quality and accessibility.

Charters, meeting announcements, meeting agendas, membership lists, presentations and publications documenting the work of each group appear on the OHS website.

New councils and committees established 2024-2025:

[CT AHEAD Advisory Committee](#)

[Healthcare Benchmark Initiative Technical Team](#)

[Public Act 24-19 HIE Recommendations Workgroup](#)

Established councils and committees:

[APCD Advisory Group](#)

[APCD Data Release Committee](#)

[Community Health Worker Advisory Body](#)

[Healthcare Cabinet](#)

[Healthcare Benchmark Initiative Data Analytics Workgroup](#)

[Healthcare Benchmark Initiative Quality Council](#)

[Healthcare Benchmark Initiative Steering Committee](#)

[Health Information Technology Advisory Council \(HITAC\)](#)

[HITAC HIE Regulations Advisory Subcommittee](#)

[Statewide Health Care Facilities and Services Plan Physician Practice Advisory Work Group](#)

Information Reported as Required by State Statute

Statute	Report	Publication Date
Public Act No. 21-35 Section 11	Connecticut Race, Ethnicity, Language and Disability (REL) Data Collection Implementation Kit Version 4.0	September 2024
Public Act No. 22-47, Sects. 57, 58	Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advantage Final Report	September 2024
Public Act No. 22-47, Sects. 57, 58	Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advantage Final Presentation	September 2024
Public Act No. 22-47, Sects. 57, 58	Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advantage Behavioral Health Workforce Environmental Scan	September 2024
Supplemental	Connecticut Healthcare Affordability Index 2024 Update	September 2024
Conn. Gen. Statutes §§ 19a-508 (c) (k) (l) and (m)	Facility Fee Reports	October 2024
Conn. Gen Statutes § 19a-754a	Alternative Payment Monitoring	October 2024
Conn. Gen Statutes §§ 19a-754f et seq	Healthcare Benchmark Initiative Recommendations to the General Assembly	October 2024
Public Act No. 23-171 Section 8	Top Ten List of Outpatient Prescription Drugs (2024 Final)	October 2024
Conn. Gen. Statutes § 19a-670	Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals	January 2025

Statute	Report	Publication Date
Supplemental	Connecticut Health Systems Financial Status in Context	January 2025
Public Act No. 24-19 Section 23(c)	Health Information Exchange PA 24-19 Recommendations Workgroup Report	January 2025
Conn. Gen. Statute § 19a-638 as amended by Public Act No. 22-47	Expedited Certificate of Need Process for Mental Health Facilities	January 2025
Public Act No. 23-171 Section 8	Top Ten List of Outpatient Prescription Drugs (2025 Preliminary)	February 2025
Public Act No. 23-171 Section 7	Report of Pharmacy Benefit Manager Practices	February 2025
Conn. Gen. Statute § 38a-477jj(e)	Financial Impact of Formulary Change Restrictions on Health Plans in Connecticut	February 2025
Conn. Gen. Statutes § 19a-127k	Hospitals' Community Benefit Summary and Analysis Report Final Report and Public Comment 2022	March 2025
Conn. Gen. Statutes § 19a-754h	Cost Growth Benchmark Initiative 2022-2023 Performance	March 2025
Conn. Gen. Statutes § 19a-754h	Quality Benchmark Initiative 2023 Performance	March 2025
Conn. Gen. Statutes § 19a-754h	Primary Care Spend Target Initiative 2023 Performance	March 2025
Conn. Gen. Statutes § 19a-639(a)(2)	Statewide Health Care Facilities and Services Plan Final	March 2025
Conn. Gen. Statute § 17b-59a	2025 Health Information Technology Report	March 2025

Statute	Report	Publication Date
Conn. Gen. Statutes § 19a-127k	Hospitals' Community Benefit Summary and Analysis Report for Public Comment 2023	April 2025
Conn. Gen. Statutes § 19a-754g	Proposed 2026-2030 Benchmarks and Recommendations of the Technical Team	June 2025
Conn. Gen. Statutes § 19a-754g	Proposed 2026-2030 Quality Benchmarks	June 2025
Conn. Gen. Statutes § 19a-754g	Adopted 2026-2030 Quality Benchmarks	June 2025