

Governor's Council on Women and Girls:
Subcommittee on Health & Safety
Meeting Minutes
June 12th, 2023, at 10:30 AM
Microsoft TEAMS Virtual Meeting

I. Opening Remarks

Department of Public Health Commissioner Manisha Juthani introduces herself and her co-chairs, Executive Director Deidre Gifford (from the Office of Health Strategy) and Commissioner Beth Bye (from Office of Early Childhood).

Juthani discusses the agenda for the Subcommittee meeting, which is a wrap up of all the different programs their different agencies will be working on and their focus going forward.

II. DPH Legislative Updates

Miriam Miller (Policy Director of the Department of Public Health) is introduced to present.

- a. She starts off by giving a summary: all their bills passed, and they got to work closely with the Governor's office on the bill on Maternal Health. The important aspect of the bill was passing a birth licensure category – which will allow birth centers to open in the state, providing people around the state more options and choices about how they would like to deliver their children. Their goal is to see improvement in black, maternal outcomes, infant outcomes, and trying to solve the maternal health crisis.
- b. This policy is not meant to solve several problems, but rather a great start.
- c. The maternal health bill also includes a new infant mortality review committee that will be stood up at the Department of Public Health, where they will be looking at child/infant deaths that could have been prevented by medical/public health interventions (prenatal, care right after death, etc.)
- d. DULA advisory committee to focus on identifying training and certification opportunities. DULA Certification is optional but provides opportunities for DULA to reimburse through insurance.
- e. They plan on helping to legitimize the practice and create core competencies for the workforce, creating workforce development opportunities.
- f. Miller talks about a large component of the Maternal Health Bill which is the Universal Home Visiting Program (Office of Early Childhood)
- g. DPH Various Provisions Bill contains:

- i. Updating LED statutes - they did technical fixes and added more clarification about when and who should be tested, and at what point should there be interventions.
 - ii. Food Auditing Options – audit local health food, food inspection programs. They want to make sure local health departments are implementing it uniformly across the state.
 - iii. 3.9 million each year going to community gun violence intervention and prevention – have been focusing more efforts.
 - iv. Cytomegalovirus Testing – Beginning July 1, 2025, the newborn screening program will include cytomegalovirus testing. Working on what are the kinds of treatments and interventions for children who test positive, but do not show symptoms.
- h. Much of the work the department is doing is funded by the American Rescue Plan Act

Juthani expresses how hopeful she is of the maternal birthing options to implement safe options of birthing for both birthing people and their unborn children (safety, quality control and high-level healthcare standards). She explains how gun violence being looked at as a public health issue is being able to look at data on deaths and injuries caused by gun violence. She also addresses the number of groups/organizations that have helped with the gun violence prevention (law enforcement, police, The Connecticut Hospital Association, community partners, etc.).

III. OHS Legislative Updates

Juthani introduces Director Gifford to present. Gifford discusses the work that is being done - health policy initiatives, mainly focusing on healthcare affordability. She introduces the new Legislative Liaison at the Office of Health Strategy, Cindy Dubuque-Gallo.

- a. Dubuque-Gallo outlines some of the highlights from House Bill 6669 – which is an act protecting patients and prohibiting unnecessary healthcare costs.
 - i. Drug Discount Card Program – allows the controller to establish a discount card and incorporate regional consortium to pull prescription drug purchasing power. This program is designed to lower prescription drug costs, negotiate discounts with prescription drug manufacturers, centralized the purchase of prescription drugs, and established volume discount contracting.
 - ii. Facility Fees – facility fees are now prohibited on certain routine services provided at a hospital (starting July 1st, 2024), from allowing any hospital or healthcare system from collecting a facility fee on certain outpatient healthcare services on evaluation, management, and assessment management codes that are provided on the hospital campus.
 - 1. Some exemptions in this policy/what can be charged is anything that's done at an emergency department, or a free-standing emergency department, observation stays that occur at the hospital

campus, as well as some carve outs for wound care, orthopedics, anticoagulation, obstetrics, and solid organ transplant services.

2. Any contracts that are already in effect as of July 1st, 2024, that include facility fees is allowed to continue (until the date of expiration, renewal, or amendment of the contract)
- iii. The legislation increases OHS enforcement facility fees that allows the charge for a violation (unless there's a clerical or electronic billing error). The Connecticut fair Trade Practices Act still applies, enhancing facility fee reporting by the hospital and health systems to OHS and requires that the data be disaggregated by on campus and off campus.
- iv. Certificate of Need (CON) – the legislation enhances OHS's enforcement authority for CON Program. It changes the legal standard imposed for civil penalty from willful to negligently and laid out a process for cease-and-desist orders for violating such CON provisions. It promotes public notice of CON proceedings and public notices be posted on a website; it improves the access to technical expertise and allows the office to retain services of subject matter experts at the cost of the applicant, increasing the efficiency of the CON review. There is clarifying applicability of CON to scanning equipment.
- v. Provisions Around the Anti-Competition, Tiering, Steering and Gag Clause – Prevents health carriers, providers, and plan admins/entities from having all or nothing anti-steering/tiering and gag clauses. Increases competition and reduces cost.

Dubuque-Gallo turns back to Gifford for additional comments. Gifford addresses how there was prior legislation to limit certain facility fees, and they put forward a proposal to limit them further.

IV. Miscellaneous

Terra Volpe (with Connecticut Against Gun Violence) spoke on the vision of the commission regarding gun violence prevention and intervention and how the money being funding for this topic is extremely crucial.

Gifford acknowledges their newest Commissioner Ron Welch, from the Department of Veterans Affairs. Welch and his department are recognizing a 100-and-a-half-year-old female World War II Marine at the Gold Star Auditorium at the Department of Veterans Affairs. He also announces this year being the 75th year of the Women Military Integration Act.

Juthani opens the meeting up for further discussion while attendees wait for Bye to arrive. Miller highlights the importance of Esthetician Licensing to Women's Health and Safety. Since COVID-19 there has been a delay in licensing due to capacity constraints from the Department of Public Health and Local Health Directors. The extension of the Grandfathering Clause was implemented, along with the Esthetician License, to allow people adequate time to get their license and allowing people to remain in business.

eyebrow threading was removed from the definition of esthetician. Music Therapy License is being added. This is important for individuals who suffer from PTSD (or not), as an additional assistance source in collaboration to the traditional therapy. This allows pathways towards workforce and will ensure they are getting adequate reimbursement by insurance.

V. OEC Legislative Updates

Bye joins the meeting and provides an update from the Office of Early Childhood.

- a. She starts off by providing a summary of the Budget Bill HB 6941 Affecting Early Childhood – the first year (Fiscal Year 24) is about 15 million dollars more than the Second Year (Fiscal Year 25).
- b. They were serving 15,000 children through Care4Kids (TANF/CCDF) and paying between about 30% and 40% of the market rate. By Fiscal Year 25, they will begin to serve 20,000 families and providers will be paid 75% of the market rate.
- c. She addresses Budget highlights:
 - i. Working with Senator Fonfara and the Finance Committee
 - ii. The Office of the Comptroller will have an early childhood fund and will be advised on that. No money is in the fund. She acknowledges New Mexico’s work in this area with the state seeing it as a long-term investment.
 - iii. Allocates \$35M in ARPA funding for Care4Kids for FY24
 - iv. Creates protective services category for the Care4Kids program for children in foster care, adopted children (from one year of adoption date), and homeless children and youths.
 - v. Fiscal Year 25, increase in School Readiness and Child Day Care per child rate for full day, full year preschool.
 - vi. Removal of sunset date of the Smart Start Program, aligning enrollment policy across OEC state funded programs based on income.
 - vii. Funds Local Early Childhood Collaboratives
 - viii. Supports staff positions for OEC Parent Cabinet
 - ix. Increases the human capital investment tax credit to 25% for childcare related expenditures.
 - x. Increase in funding for Evenstart and 2Gen-TANF.
 - xi. Annualizes elimination of parent fees in the Birth to Three System.

VI. Miscellaneous (continued)

Juthani addresses the lack of conversation regarding the Universal Nurse Home Visiting. She addresses some funding being received to jump start the program, which is an idea to provide any birthing individuals access to universal nurse home visiting after childbirth.

Gifford provided some insight on how the OHS and DSS are working on a sustainability strategy regarding how to get commercial and Medicaid funders to pay for this service. She also explains that they are working on hiring an evaluator to have the ability to share data on participation rates and well-being/health.

Bye addresses the enthusiasm and the crucialness of providing families who have babies with basic insurance. She also emphasizes providing these services to everyone, so families do not feel targeted. They signed a contract with Bridgeport Hospital where every baby born in Bridgeport (despite where they live), will be eligible for a nurse home visit. This is optional and not mandatory, but it is an open invitation for families to get additional support (up to three nurse visits). Bye addresses how families are not made aware of programs and additional health provided to them. Bye further addresses their work with Family Connects, that is moving toward this universal nurse home visiting and seeing it as an investment in the communities and in young families.

Juthani asks if anyone has other questions or comments regarding the past legislative session. Representative Christie Carpino expresses her gratitude regarding the progress of the committee. Juthani thanks the speakers and thanks the members that attended the meeting.

VII. Adjournment – Meeting adjourned at around 11:30 a.m.