

October 15, 2020

To: Laurence Grotheer, Office of Health Strategy, laurence.grotheer@ct.gov
Re: Public comment on "Preliminary Recommendations of the Healthcare Cost Growth Benchmark Technical Team"

As a diverse group of independent consumer and patient advocates, we are writing to give comment on the Office of Health Strategy's ambitious plans to severely cut the growth of healthcare costs in Connecticut. We have sent two previous letters outlining our concerns, with no reply. Many of the concerns cited here mirror the comments in those letters.

- Full transparency and public input are critical across the process to ensuring that cost control is successful and does not cause unintended harms. We renew our concerns about the process to develop the plan. The process has been rushed during the pandemic that has upended Connecticut's healthcare system and financing, and voices critical to success were not included in the planning. The very tight timeframe to collect public comment and the scheduling of a legislative briefing the week before Election Day do not support either broad engagement or public input.
- The delay in developing a robust monitoring system for harm and quality assessment until after the Cost Cap is in place invites serious unintended consequences.
- Based on past experience of health reform in Connecticut, we are very concerned that the Cost Cap will be applied to Medicaid because it is the only payer the state fully controls. Since 2012, Connecticut Medicaid has achieved a remarkable record of cost control while improving access and quality of care. It would be reckless to jeopardize that fragile progress.
- We are concerned that the Cost Cap could widen health disparities in Connecticut, already at unacceptable levels. Reducing healthcare resources, when so many residents of color already experience serious barriers, invites further unequal impact.
- According to your report, Massachusetts's Cost Cap has not resulted in lower out-of-pocket costs or premiums for consumers. As your Cost Cap is modeled on Massachusetts's, we are deeply concerned that this will happen in Connecticut as well. It is critical that any savings generated go to consumers rather than private payers and providers.
- We have growing concerns about plans to expand spending on primary care while reducing total spending. This invites unintended consequences, especially underservice in other critical care. We are especially concerned about plans to disqualify primary care services provided by Obstetricians and Gynecologists from the calculation. This ignores the choice by thousands of women in Connecticut to access care from providers they trust.
- We remain concerned about the lack of reliable data and analytic capacity on healthcare quality, access, and spending. Given the tight state budget, it is unlikely that this very costly problem will be adequately resourced. Without a clear, trusted foundation for setting a Cost Cap, unintended harms and failure to lower costs are far more likely.
- We urge you to expand the triggers beyond rising inflation to reconsider, pause, or end this experiment. Other triggers that signal a failure of the Cost Cap must be added, including but not limited to, underservice, adverse selection, reductions in access to care, and other

harms to people, communities, and to Connecticut's healthcare system that has been severely stressed this year.

- Any enforcement of the Cost Cap cannot include non-public negotiations by the Office of Health Strategy with health systems and other entities to lower costs. Public input is not just symbolic but also provides critical insights, unavailable elsewhere, that help to avoid failure and harm to people. It is improper and severely undermines public trust for the Office of Health Strategy to both regulate healthcare systems and to negotiate agreements to lower costs with those same healthcare systems.

In the interests of responsibly controlling healthcare costs, we renew our request that the Cost Cap plan be delayed until these concerns and those of other stakeholders can be addressed.

We also renew our offer to continue the long precedent of advocates working with the state to responsibly lower the burden of healthcare costs on Connecticut consumers, providers, taxpayers, communities, and our economy, without harm.

Signed:

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CT Health Policy Project

Kathy Flaherty, JD
Connecticut Legal Rights Project

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cc: Commissioner Deidre S. Gifford, Department of Social Services
Representative Catherine F. Abercrombie
Senator Mary Daugherty Abrams
Representative Jay M. Case
Senator Kevin C. Kelly
Senator Matthew L. Lesser

Senator George A. Logan
Senator Marilyn V. Moore
Representative Cara Christine Pavalock-D'Amato
Representative William A. Petit
Representative Sean Scanlon
Senator Heather S. Somers
Representative Jonathan Steinberg