

OFFICE OF HEALTH STRATEGY

Draft Meeting Minutes

March 25, 2025 | 2:00 – 3:30 p.m.

Location: 55 Farmington Ave, Hartford/Hybrid

[Zoom Meeting Recording Link](#)

ATTENDANCE

BY ELECTRONIC DEVICE:

Joanne Borduas	Collen Harrington	Susan Rich Bye
Elen Carter (for Tiffany Donelson)	Alan Kaye	Hassam Saada
Claudio Gualtieri	Lena Bahar (for Paul Lombardo)	

IN PERSON:

Ellen Andrews	Deidre S. Gifford (Chair)	Nicole Taylor
Andrea Barton Reeves	Kathleen Holt	Anthony Yoder
Mehul Dalal	Cassandra Murphy	

ABSENT:

Robyn Anderson	Manisha Juthani	Jordan Scheff
Kurt Barwis	Laura Manzione	Shelly Ann Stokes Sweatt
James Cardon	Danielle Morgan	

OTHER PARTICIPANTS:

Cindy Dubuque-Gallo, OHS	Elisa Neira, OHS	Alex Reger, OHS
Boyd Jackson, OHS		

WELCOME AND CALL TO ORDER

The regularly scheduled meeting of the Healthcare Cabinet was held Tuesday, March 25, 2025, in person with a Hybrid option. The meeting was called to order by Deidre Gifford at 2:08 p.m. Attendance was taken by roll call and quorum was reached.

APPROVAL OF February 18, 2025, MINUTES

The motion was made to approve February 18, 2025, minutes by Nicole Taylor and second by Kathleen Holt. Motion carried with 10 members voting in favor. Claudio Gualtieri abstained.

LEGISLATIVE UPDATE

Cindy Dubuque-Gallo, the Legislative Liaison at the Office of Health Strategy (OHS), provided an update on recent legislative initiatives affecting healthcare access and affordability. Part of the discussion focused on the current landscape of legislative proposals involving private equity and the governor's notice of material change bill. The bill aims to enhance coordination between the Office of the Attorney General and OHS, increase advance notice of material change, and expand the type of healthcare transactions and entities that require review. Alan Kaye voiced his concerns with the

bill related to private equity and healthcare transactions. There were also discussions on legislative proposals throughout numerous committees that seek to regulate private equity and real estate investment trust ownership. The meeting also touched on the theme of healthcare affordability, with the governor proposing out-of-network capping and allowing for insurance rate reductions. The healthcare cabinet's role was also discussed, with a bill proposing to bring current the organizational structure of the healthcare cabinet and another bill proposing a feasibility study to regulate stop-loss insurance policies. The conversation ended with a discussion on the status of the OHS bills including the cost growth benchmark, certificate of need, and health care cabinet legislation and their statuses. The Office of Health Strategy (OHS) proposes allowing expedited reviews for applications addressing significant unmet needs, clarifying termination of services definitions, and using cost and market impact reports in CON decisions. Concerns are raised about the definition of "significant unmet need" and the potential lack of public input in expedited reviews. OHS clarifies that they retain discretion to send expedited applications to full review if warranted. The proposal aims to balance the need for quicker processes in certain cases while maintaining a thorough review system.

This presentation starts at the 4:55 mark in the recording. A link is available at the beginning of the document.

STATES ADVANCING ALL-PAYER HEALTH EQUITY APPROACHES AND DEVELOPMENT (AHEAD) UPDATE

Elisa Neira, the Senior Director for Health Equity at the Office of Health Strategy (OHS) provided an update on the AHEAD model. The AHEAD model will continue with some adjustments under the new administration, though details are pending. Katie Wunderlich has been onboarded as a consultant to assist with planning and model design. The AHEAD Advisory Committee has selected co-chairs and is working on aligning quality measures with existing initiatives. The next Advisory Committee meeting is scheduled for April 17, 2025. Mehul Dalal, the Chief Policy Advisor at the Department of Social services (DSS) added that DSS is seeking legislative authority to participate in global budget payment systems for AHEAD.

This update starts at the 32:03 mark in the recording. A link is available at the beginning of the document.

COMMUNITY BENEFITS REPORT UPDATE

Connecticut state law mandates nonprofit hospitals to report annually on their community benefits and investments to address needs identified in their triennial community health needs assessments. The Office of Health Strategy (OHS) compiles this data into an annual report, which includes:

- Total community benefits from 23 nonprofit acute care hospitals.
- Expenses and activities supporting community needs as outlined in hospitals' Community Health Improvement Plans (CHIPs).
- Overviews of hospitals' financial assistance policies.

Financial assistance is emphasized as a significant part of community benefits. This year's report, based on 2023 data, will be released next month, followed by a public comment period and a listening session. OHS will share the draft report and gather feedback during this period.

The refined report builds upon last year's inaugural publication, incorporating stakeholder feedback to improve its content. Stakeholders are encouraged to review the draft and provide input to enhance future processes.

Next steps: Elisa Neira to share the draft Community Benefit report with Health Care Cabinet members once published, along with information on the public comment period.

This update starts at the 37:46 mark in the recording. A link is available at the beginning of the document.

FACILITY & SERVICES PLAN RELEASE UPDATE

Boyd Jackson, the Director of Legislation and Regulation at the Office of Health Strategy (OHS) introduced the 2024 Facilities and Services Plan (FSP), which was finalized on March 14th and is now in effect. The FSP, updated every two years, provides an inventory of healthcare services and providers in Connecticut. It serves as a guiding document for the Certificate of Need (CON) program, policymakers, and applicants, outlining existing services and assessing service needs across the state.

The development process included a preliminary report released in June 2023; an extensive stakeholder engagement process, including seven meetings focusing on key areas (e.g., behavioral health, imaging, inpatient services) and a 90-day public comment period and a collaboration with contractor Altarum to incorporate feedback and refine the document.

Significant updates included:

- Comprehensive data refresh, incorporating 2023 data (the first full update since 2012).
- Added focus on behavioral health and substance use treatment, recognizing data gaps in these areas.
- Introduction of a survey to gather insights on community needs, service accessibility, payer mix, and wait times.

The finalized report is now available online, and the team is working on further initiatives, including updates to CON application forms and enhanced legislative integration. Stakeholders are encouraged to review the document and provide input on its implementation.

This update starts at the 40:37 mark in the recording. A link is available at the beginning of the document.

2025 BENCHMARK REPORT

Alex Reger, the Benchmark Program Director at the Office of Health Strategy (OHS), presented preliminary results of the 2023 Benchmark Program. The program has three distinct efforts: cost growth, quality benchmark, and primary care spending target. The cost growth measures the total healthcare expenditures for Connecticut residents, while the quality benchmark tracks quality outcomes for Connecticut residents. The primary care spending target aims to increase primary care investment to promote access and improve health outcomes. The results showed that the cost of healthcare exceeds the ability of consumers to pay for it, with the commercial market

experiencing high growth. The primary care spending target was not met, with the percentage of dollars spent on primary care decreasing. The quality benchmarks were generally met with some areas for improvement. The conversation ended with a discussion on the need for more detailed data and comparisons with other benchmark states.

This presentation starts at the 51:00 mark in the recording. A link is available at the beginning of the document.

NEXT STEPS:

- Provide Ellen Andrews with information on how including OB/GYN and midwifery services impacts the primary care spending percentage.
- Follow up with Ellen Andrews on alternative ways to report on primary care spending beyond just percentages.
- Provide national and regional state data on healthcare cost growth trends to compare with Connecticut's results.
- Share cost growth benchmark comparison data from other states with Claudio Gualtieri.

IMPACT OF FEDERAL MEDICAID PROPOSALS

This topic was postponed due to time constraints and will be discussed at the next Health Care Cabinet meeting.

PUBLIC COMMENT

There were no public comments.

MEETING ADJOURNMENT

Motion to adjourn was made by Kathleen Holt and seconded by Anthony Yoder. The motion passed unanimously by voice vote. The meeting was adjourned at 3:32 p.m. The next meeting is scheduled for May 27, 2025.

UPCOMING MEETINGS:

May 27, 2025 | July 22, 2025