OFFICE *of the*
STATE COMPTROLLER

2024 HEALTHCARE CABINET REPORT

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LETTER FROM THE COMPTROLLER

Dear Comptroller's Healthcare Cabinet Members,

This report, and the formation of the cabinet that helped write it, is an experiment in civic engagement and political power.

When I asked people to join the cabinet, I told them that I wanted this to be more than the typical task force report that is forgotten and collects dust on a Legislative Office Building shelf. I wanted the Healthcare Cabinet to be a living, breathing entity that is representative of our state and its needs and, accordingly, would challenge leaders (including me) to do more to improve healthcare in Connecticut.

I told the co-chairs and members to think big and bold. They did. They will. And as the cabinet and its subcommittees grow, my hope is that so will the movement for change in our state.

We have, as the report outlines, a lot of work to do to ensure that every single person in our state has access to the quality and affordable care I believe they deserve.

The Cabinet and this report are meant to be the start of a conversation on how we can change that.

Thank you reading and, hopefully, for joining us in the fight to improve healthcare in Connecticut.

Sean

PS - Have an idea you don't see here? Email me personally at sean.scanlon@ct.gov, and join us as we work to create a better health care system in our state.

EXECUTIVE SUMMARY

The Comptroller's Healthcare Cabinet report details systemic healthcare challenges facing Connecticut and details recommendations for addressing them through legislation, funding initiatives, or restructuring current efforts.

Following the COVID-19 pandemic, access to quality, affordable healthcare could not be more critical. These ideas and proposals will improve access to and affordability of healthcare and create better incentives to recruit and retain the workers we desperately need in the industry.

During Connecticut's first "Health Equity Week," which occurs during the first week of April and was recently codified in state statute, the Comptroller announced the formation of the Healthcare Cabinet. The cabinet was separated into eight different subcommittees, each charged with examining Connecticut's healthcare landscape under the lens of a particular issue or constituency group, identifying the challenges they may face and putting together proposals to potentially address these issues. These ideas would then be put forward in report form for consideration during the General Assembly's annual legislative session, in collaboration with the Office of the Comptroller and legislative leaders and co-chairs.

The individual subcommittees that met throughout 2023 focused on these key constituency groups or issue areas:

- Mental Health
- Children
- Women
- Urban: Equities and Disparities
- Rural Access
- Workforce
- Urban: Accessibility and Affordability
- LGBTQIA+

The Connecticut Office of the State Comptroller (OSC) and the Office of Health Strategy define affordable healthcare as whether "a family can reliably secure it to maintain good health and treat illnesses and injuries when they occur, without sacrificing the ability to meet all other basic needs including housing, food, transportation, childcare, taxes, and personal expenses or without sinking into debilitating debt."

Connecticut is among the top states for healthcare spending. According to a study from the Kaiser Family Foundation, Connecticut ranks 9th in the country for per person healthcare spending, equating to an average annual cost of $12,500 dollars, while the national average is $10,000 dollars.

Under the leadership of Governor Lamont and through the help of thousands of essential workers, the people of Connecticut rose to the challenge of helping one another during COVID-19. Through these combined efforts, Connecticut became a national leader in our response to the pandemic. Connecticut was innovative in how healthcare was delivered, such as developing better telehealth and new programs with higher education designed to address statewide shortages in nursing and behavioral health providers.

However, the pandemic also laid bare the disparities in our healthcare system and exacerbated them for some constituency groups. It also contributed to a higher burnout rate amongst essential healthcare workers, which only increased the rapidly growing shortage already facing the industry. Moreover, a reduction in staffing shortages in one area, such as nursing, had a symbiotic impact on providers in other areas, such as physicians, who stand to have greater job satisfaction. Burnout is a primary driver of healthcare employee exodus, and alleviating staffing shortages can greatly increase satisfaction.

Several subcommittees saw common solutions to their individually unique challenges, such as:

- Providing additional support for those in underserved communities, including increased reimbursements for Medicaid and Medicare patients.
- Closing the gap between Medicaid reimbursements and the cost of care at federally qualified health centers, where an average of 60% of patients are covered with Medicaid, creating a $75 million gap.

- Exploring alternative revenue streams, including reimbursement for community health workers to perform social determinants of health (SDOH) risk assessments.
- Preserving the 340B program, which supports patients and patient programs. The 340B program has been a valuable source of payment for supporting patients and patient programs. However, it is currently at risk due to pharmaceutical company restrictions on contracted pharmacies.
- Increasing Medicaid reimbursement for ambulance response rural parts of Connecticut, where double transportation is often required.

These ideas and recommendations are the work of several months of industry experts, those who are on the ground delivering care in Connecticut communities every day, advocates, local leaders, and legislators. Their proposals can be done both legislatively and through strengthening existing practices and programs—all of which should create better healthcare outcomes.

Connecticut has led on many key healthcare initiatives, which is why so many young families and new businesses are calling our state home. People want to be in states where they can access quality and affordable care for themselves, their families, or their employees.

Connecticut's advocates, hospital leaders, and elected officials can come together to address some of the healthcare needs facing countless Connecticut residents. These proposals, which will require a longer-term approach, can help to close the gaps in care and give our healthcare workforce the boost it needs to sustain care for generations to come.

WORKFORCE SUBCOMMITTEE

Committee Co-Chairs:

Co-Chair Karen-Marie Buckley, Vice President of Advocacy at the Connecticut Hospital Association leads and coordinates initiatives and collaborations with external groups, including state agencies, on joint advocacy, education, and relationship-building activities. Additionally, she is team leader for the Connecticut Healthcare Association Collaborative. Prior to joining CHA, Karen served as the Connecticut Department of Public Health's Director of Government Relations and Legislative Program Manager serving as the liaison to the Governor's Office, OPM, the General Assembly, Connecticut's Congressional Delegation, and other state agencies.

Co-Chair John Brady Executive Vice President for AFT Connecticut is a Registered Nurse who serves as Executive Vice President of AFT Connecticut, a union of 30,000 plus healthcare, education, and public service members. John is cochair of both the national AFT Healthcare Program and Policy Committee and the AFT Organizing Committee. John serves on the Connecticut AFL-CIO Executive Board, was a delegate to the 2016 and 2020 Democratic National Conventions, serves as chairperson of the Sterling DTC, and is a member of the Sterling Board of Education.

Committee Members:

- **Cindy Arpin,** Director of Nursing and Allied Health at CT State Community College Three Rivers
- **Matt Barrett**, President and CEO of the Connecticut Association of Health Care Facilities/ Connecticut Center for Assisted Living
- **Steve Bender,** Executive Director 1199 Training and Upgrading Fund.
- **Wyatt Bosworth**, Associate Counsel at CBIA
- **Victoria Bozzutto**, Executive Director for career and transfer readiness for Connecticut State colleges and Universities System Office
- **Montez Carter**, President and CEO of Trinity Health of New England
- **Lori Fedewa**, Director for the Connecticut Department of Rural Health
- **Lane Gakos**, Executive Director of the CT State Medical Society.
- **Amy Gorin,** Vice Provost for Health Services at the University of Connecticut
- **Phil Hritcko,** Dean of the University of Connecticut School of Pharmacy
- **Sean M. Jeffery,** PharmD, BCGP, FASCP, AGSF, Professor of Pharmacy Practice at the University of Connecticut & Director of Pharmacy Integrated Care Partners at Hartford Healthcare
- **Dan Keenan**, Regional Vice President Advocacy and Government Relations at Trintiy Health of New England.
- **Stephen Magro**, Policy and Research Director for SEIU District 1199, The New England Health Care Employees Union
- **Mag Morelli**, President for LeadingAge Connecticut
- **John O'Keefe**, Chief Nurse at Day Kimball Hospital
- **Derrica Reid**, Political organizer from 1199
- **Melissa Riley**, Government Affairs for Hartford Healthcare
- **Jennifer Widness**, President of the Connecticut Conference for Independent Colleges
- **Tracy Wodatch**, President and CEO of the CT Association for Healthcare at Home

> "Connecticut's healthcare workers are extraordinary in their unwavering commitment to provide compassionate, high-quality care during some of the most challenging times. I thank the Comptroller and my co-chair John Brady for their collaborative work and partnership in bringing together so many advocates keenly focused on supporting and growing the workforce. Connecticut's healthcare workers shape the future of healthcare across the state. Collaboration is vital as we work to grow and retain the workforce to meet the needs of patients and communities."
>
> **-CO-CHAIR KAREN-MARIE BUCKLEY,** VICE PRESIDENT OF ADVOCACY AT THE CONNECTICUT HOSPITAL ASSOCIATION

Subcommittee Scope:

The scope of this subcommittee was to **address the shortage for skilled healthcare workers. At a time when healthcare workers are feeling immense burnout and a lack of resources, the Comptroller brought together a collaborative group made up of labor and management to find mutually agreeable recommendations to find innovative ways to approach these issues.**

Connecticut is currently facing a nursing deficit The state is not graduating enough nurses each year and many licensed nurses are not currently in clinical practice. There are over 86,000 nurses licensed in the state of Connecticut. Of the 86,000 approximately 44,000 practice in Connecticut and of the 44,000, approximately 23,000 practice as staff nurses. Connecticut faces a shortage in nursing, leaving many positions unfilled. The deficit in nurses and CNAs requires our state to start to address the lack of faculty and clinical placements, as the state's nursing programs can only accept a quarter of qualified students—leaving patients with longer wait times for standard procedures and hospitals ultimately understaffed.

The pool for skilled healthcare workers is rapidly declining, while the workforce is aging. The subcommittee highlights that not only are we facing a shortage in nurses and CNA's but there is a shortage in all health-related fields such as respiratory care, radiology, and pharmacy. The goal of this subcommittee was to **find ways to attract younger, well-trained talent to our state, retain our current workforce despite burnout and incentivize a new generation of healthcare workforce to join the profession.**

Key Issues Identified:

While not explicitly outlined in a policy proposal for the 2024 CGA legislative session, the subcommittee collectively agreed there are issue areas of extreme importance to members of the healthcare workforce that elected leaders at all levels of government are encouraged to address when crafting policy and shaping workforce initiatives:

- **Workplace Violence/Worker Safety:** Healthcare workers face an increasingly violent place of work as incidents of physical violence and verbal abuse have increased. Our healthcare workers put their lives on the line every day and having state support to add additional resources to ensure their safety is paramount. The Workforce Subcommittee states that there is a need for improved safety measures for healthcare workers, especially in light of recent violent incidents. The group recommends establishing specialized victim services and involving state prosecutors in cases of violence against healthcare workers. The subcommittee also recommends implementing state/federally funded mandatory workplace violence prevention programs for all healthcare workers to address safety concerns. The Workforce Subcommittee strongly encourages legislation be considered during the next legislative session to strengthen the workplace safety of healthcare workers and to create the confidence that is critically needed to recruit new members to the pipeline to address the overall shortage.
- **Telehealth:** In 2020, when the pandemic first hit our state, Governor Ned Lamont signed an emergency waiver allowing telehealth regulations to be more accessible so that more state residents could get medical care virtually that didn't need to be provided in an office setting. Soon after, the public health emergency ended in our state and in the 2021 legislative session, the legislature passed a bill extending the policies put in place for telehealth services through June 2023, which was then extended again and now expires in June 2024. With the expiration of these policies approaching, the workforce subcommittee urges the legislature to address ways to ensure the availability of telehealth for state residents.

- **Licensing Costs:** Connecticut has some of the most expensive licensure costs in the region, creating a financial barrier to recruiting more healthcare workers to hospitals throughout our state. The subcommittee suggests examining licensure costs—especially compared to states throughout the region—and creating flexibility in the licensure costs, as well as renewals, to make Connecticut an attractive and competitive option for workers.
- **Medical Malpractice Reform:** Medical Malpractice is one of the main reasons individuals choose to not practice medicine in a state. To confront this issue, Connecticut must address high medical malpractice rates, that resulted in an unwelcoming medical malpractice liability climate. A recent article released by *Medscape* ranked Connecticut near the bottom of a list of where physicians would practice because of the high malpractice insurance rates and the out-of-control malpractice verdicts that are prevalent in Connecticut.

Legislative Policy Recommendations/ Next Steps

Create a "one stop" shop for Healthcare Workforce that:

- Creates Health Care Workforce State Manual
- Strengthens Pathway Programs
- Provides Financial Assistance for Education

The Workforce Subcommittee believes a critical step in addressing the workforce shortage is creating a one-stop shop that provides information for all Connecticut residents who are seeking a career in healthcare, that can be made available for students who are just beginning high school. The objective would be to provide information related to pursuing career opportunities, a pathway into the healthcare profession, assistance and higher education funding for prospective workers who may be choosing a career path, and an incentive when choosing higher education and an eventual career.

Create Health Care Workforce State Manual

Many who wish to pursue a career in healthcare may not know where to begin, how to advance their career if they are already employed or how to ensure they stay on top of best practices and training. To alleviate any confusion or uncertainty, the subcommittee recommends compiling critical data such as information related to scope of the work, degree requirements or training for healthcare positions, any licenses that need to be obtained, organizations affiliated with certain careers and expected salary ranges. In Georgia, they created the Georgia AHEC (Area Health Education Center) Health Careers manual, which has made the entry into a career in healthcare easier and less stressful. By creating this manual, the state a can help attract more clinicians, physicians, lab, medical support, and billing with greater ease.

Strengthen Pathway Programs

Connecticut must also strengthen the pathway programs that are offered to prospective and current members of the healthcare workforce, especially those looking to advance their career or to support those feeling worker fatigue following the pandemic. These pathway programs include CT Health Horizons and Connecticut Career ConneCT.

- **CT Health Horizons** is a three-year higher education program that was created in response to the statewide workforce shortage for nursing and social work professionals, workers as a partnership with public and private colleges to address the needs of the shortage by providing tuition assistance, expanding the number of faculty positions and creating career-based partner programs with healthcare providers. Aspiring nurses and social workers can also receive up to $10,000 in tuition assistance through this program.

- **Connecticut Career ConneCT** is administered by the Office of Workforce Strategy, in collaboration with the Office of the Governor and General Assembly. The program was developed with the intention to help workers that were impacted by the COVID-19 pandemic get back to work. Career ConneCT is free to eligible individuals who enroll and provides training for entry-level and middle-skill jobs on career pathways in industries, such as healthcare. The subcommittee is supportive of both programs, but requests the Comptroller to advocate for an expansion of the program beyond just nursing, to include careers in respiratory therapy, pharmacy, allied health, radiology, medical billing and more.

Financial Assistance for Education

As with any profession that requires additional training, licensure or degree requirements, those in the healthcare field are not immune to mounting debt. While Connecticut has worked to develop targeted relief programs for teachers, nurses, and social workers and employers such as hospitals have been encouraged to take advantage of state incentives to help pay down their employees' burdensome student loans, many still face barriers to those resources.

In 2019, Governor Lamont created a new tax credit for Connecticut employers who help pay off their employees' student loans, which was expanded in 2022. This public-private solution to the student debt crisis allows employers some relief, while also providing businesses with a critical tool to help recruit a talented and trained workforce.

To cut through the maze of accessing financial assistance or reimbursement that is offered by employers, state government and federal government for individuals pursuing a career or skilling up in the healthcare industry, the subcommittee recommends the Comptroller continue to advocate for higher education funding, including financial aid, with the goal of having additional funding dedicated to hiring instructors, finding more clinical placements, and creating more mentors for students.

Other assistance would include student loan forgiveness and tuition reimbursement, housing, and childcare assistance. The subcommittee also recommends the Comptroller advocate for ARPA funding to be allocated towards the pathway programs that are already provided to the state to ensure these programs are fully funded and can keep assisting Connecticut residents.

Legislative Fix for Direct Care Hire Fingerprinting

The subcommittee also recommended a legislative fix that would expand the locations where direct care hires in the long-term care sector, which include nursing home, assisted living, and a home healthcare can have their digital fingerprints taken for the purpose of the mandatory state-run background check.

Currently, the digital fingerprints need to be taken at one of the state police barracks and oftentimes, the hours are limited due to staffing issues at these locations and not cohesive with hospital work schedules. The subcommittee asks the Comptroller and legislature to find ways to make this process easier by allowing local police or private vendors to obtain digital fingerprints.

The result of passing this legislation would improve and streamline the process, without forcing workers to take time off or rearrange their work schedule.

> "It was a pleasure serving on this subcommittee with Karen and the rest of the members. Our discussions were both wide and deep, and although it is not always possible to reach consensus on every issue, the discussions were always respectful and often enlightening. I greatly appreciate everyone's commitment and the invaluable assistance of staff."
>
> **CO-CHAIR JOHN BRADY,**
> EXECUTIVE VICE PRESIDENT FOR AFT CONNECTICUT

CHILDREN'S SUBCOMMITTEE

Committee Co-Chairs:

Co-chair Dr. Paul Dworkin, Executive Vice President for Community Child Health at Connecticut Children's, is the Founding Director of the Help Me Grow National Center, and Project Director of the North Hartford Ascend Pipeline, a U.S. Department of Education Promise Neighborhoods grant. A developmental-behavioral pediatrician, he previously served as physician-in-chief at Connecticut Children's and chair of the department of pediatrics at the University of Connecticut School of Medicine, where he is professor emeritus.

Co-chair Dr. Alice Forrester, Chief Executive Officer of Clifford W. Beers Guidance Clinic, Inc. located in New Haven, Connecticut and the Child Guidance Center of Mid-Fairfield County located in Norwalk, Connecticut. She holds a master's degree from New York University in Drama Therapy and a PhD in Clinical Psychology from Fielding University.

Committee Members:

- **Dr. Matthew Bizzarro**, Professor of Pediatrics, Vice Chair for Clinical Affairs, Pediatrics; Chief Medical Officer, Yale New Haven, Children's Hospital
- **Scott Cochran**, President of the Connecticut Youth Services Association
- **Dr. Mary E. Dietmann**, Clinical Associate Professor of Nursing at Sacred Heart University
- **Maryann Fusco-Rollins**, Assistant Extension Educator, 4-H and Youth Development the University of Connecticut
- **Representative Sarah Keitt**, 134th House District serving Fairfield and Trumbull
- **Dr. Sarah Kelly**, Executive Director of Pharmacy at Yale New Haven Hospital
- **Representative Jennifer Leeper**, 132nd House District serving Fairfield
- **Melissa Malone,** Pediatric Nurse Practitioner and Educator at Kids in Crisis
- **Cynthia O'Sullivan**, Family Nurse Practitioner and Associate Dean of Academic Affairs and Global Nursing Programs at Sacred Heart University
- **Janet Stolfi Alfano**, CEO of the Diaper Bank of Connecticut
- **Melanie Wilde-Lane**, Executive Director of the Connecticut Association of School-Based Health Centers

> "A series of dynamic and rich conversations enabled the subcommittee to come to agreement on a set of recommendations to transform child health care to strengthen families and promote children's optimal health, development, and well-being.
>
> **-CO-CHAIR PAUL DWORKIN**
> EXECUTIVE VICE PRESIDENT FOR COMMUNITY CHILD HEALTH AT CONNECTICUT CHILDREN'S

Subcommittee Scope:

The Children's Subcommittee of Comptroller Scanlon's Healthcare Cabinet was formed to address obstacles pertinent to children accessing affordable, quality, and holistic healthcare.
When the first Children's Healthcare summit was held at Sacred Heart University in September 2023, it quickly became clear that the health of children relies on the health of their families and communities.

Subsequent meetings continued to highlight this theme, as well as the need to serve all children and youth, with a focus on providing children and youth with high needs wraparound services and a continuum of care. As a result, the subcommittee sought to uplift and bolster work already underway in communities through both increased systems building and enhanced communication.

Key Issues Identified:

- **Accessing Programs, Services, and Resources for Target Populations:** Elected and community leaders must address the root causes of poverty and economic disparities by optimizing access to federal and state assistance programs such as Supplemental Nutrition Assistance Program (SNAP) and Medicaid, while reinstituting impactful pandemic relief programs as the child tax credit (CTC), earned income tax credit (EITC), the emergency rental assistance program, and loan payment relief.

  Connecticut must also ensure that the locations of service delivery meet the needs of children and youth "where they are at," such as schools, community centers, and related organizations.

- **Sustaining Key Programs, Services, and Resources through Cost Savings:** Establishing a robust financial methodology is crucial for creating a comprehensive framework to assess the return-on-investment (ROI), cost savings, and cost benefits associated with initiatives focused on strengthening families and communities and addressing such critical issues as the mental health crisis.

  This strategic approach not only offers a measurable foundation for evaluating the effectiveness of programs, but also functions as a crucial tool for justifying increased investments. State-funded technical assistance to support community-based organizations in demonstrating ROI, cost savings, and cost benefits of programs and services would enable their sustainability and encourage an "invest-reinvest" strategy that strengthens communities and families and promotes the optimal health, development, and well-being of children and youth.

- **Advancing Collaboration and System Building:** Connecticut has many effective models and programs to strengthen families and promote the well-being of children and youth. However, at the present, these programs tend to be siloed within a single agency and sector, thereby limiting opportunities for efficiency, synergy, and impact, and contributing to unhelpful and inefficient redundancies.
  Supporting families and children to achieve optimal outcomes requires an integration of all sectors influencing children's success. At the state level, a centralized model promoting collaboration, synergy, and partnerships among and across diverse agencies serving families, children, and youth through such vehicles as children's cabinets and family councils must seek to encourage a comprehensive, integrated approach to the biology of adversity, including adverse experiences, chronic stress, and social drivers of health, development, and well-being.

  Successful referral and linkage require care navigation services that enable skilled and informed care coordinators to engage with families; elicit their opinions, concerns, and needs; identify relevant, culturally appropriate resources; and successfully link families and children to a wide array of programs and services across many sectors including, but not limited to, health, early care and education, family support, etc. Connecticut has accessible resources in place to support families in the referral and linkage process. Examples include care coordination provided by regional centers funded by Title V Children and Youth with Special Healthcare Needs (CYSHCN) grants and Medicaid funding, and Information and Referral lines such as United Way 211, 211 Child Development, and 211 Child Care.

  Furthermore, integration of budgets is also necessary to account for the "wrong pocket" problem that arises when investments in one agency or sector yield cost savings and other benefits in another sector or agency. Facilitation of collaboration across agencies through such vehicles as a children's cabinet is critical to enable the bookkeeping that supports an "invest-reinvest" strategy in the best interests of all.

Legislative Policy Recommendations/Next Steps:

1. Adopt a Value-based Care Pilot Study:

Value-based care programs are intended to lower healthcare costs, improve patient and population health outcomes, and increase provider satisfaction and reimbursement through incentive payments for the quality of care. To date, the impacts of such programs are limited. Furthermore, because the costs of care for children are quite modest compared to that of adults and especially the elderly, relatively little attention has been focused on alternative payment models for child health services.

For example, only a small number of grants awarded by the Center for Medicare and Medicaid Innovation (CMS Innovation Center) focus on child health services transformation. Child health services are, for many reasons, ideally suited to value-based care programs. The relatively lower costs of medical care for children reduce expenses and financial risks associated with program implementation. Meaningful measures of proximal and distal outcomes to inform payment schedules are accessible and impactful. The implementation of such models both improve outcomes and result in cost savings.

For these reasons, the Children's Subcommittee recommends pilot testing a value-based care program that examines creative financing strategies for child health services in the State of Connecticut Health Plan (i.e., for state employees) and considers both short- and long-term returns on investment while incorporating meaningful, impactful, feasible performance measures and metrics that contribute to both cost savings and improved outcomes.

Success with such a plan for child health services could then inform similar efforts across the lifespan and the state.

2. Ensure Parity with Mental Health Treatment Reimbursement Rates

Prior to the COVID-19 pandemic, one in five children under age 18 faced a mental health issue needing intervention. These numbers have dramatically increased since the pandemic, with a near doubling of the rates of depression, suicidality, anxiety, and trauma in children and adolescents. First-time diagnoses of eating disorders among adolescents have nearly tripled. Children and adolescents are struggling more than ever before with more severe and prolonged mental health needs. Pediatricians must also address a greater need for mental health services among their patients than they have the resources to meet. Left untreated, these mental health issues lead to chronic childhood illness, behavioral difficulties, destructive family and social relationships, and poor long-term outcomes. At the same time as the need for services has dramatically increased, the majority of children and adolescents have diminished access to services. For every five children and adolescents needing mental health services, four (80%) do not have access.

Lack of access reflects the national workforce shortage for behavioral health professionals across all disciplines. There are not enough clinicians to meet the growing need. However, this workforce shortage is not solved simply by supporting more training programs and incentivizing more professionals to enter the mental health field. Rather, the shortage reflects the inadequate financial infrastructure supporting child and adolescent behavioral healthcare. Poor reimbursement rates for child and adolescent behavioral health care and a lack of parity with reimbursement for other types of medical care, both child and adult, are barriers to sustaining mental health services for families and for encouraging more professionals to enter the field.

Without addressing the issue of parity in reimbursement for mental health services, this lack of access will continue to be a deep concern leaving large numbers of children and adolescents with unmet mental health needs.

For these reasons, the Children's Subcommittee recommends that reimbursement rates for mental health disorders of children and youth be comparable to those for the treatment of traditional medical disorders. Monitoring processes, including data collection and analyses, should confirm the extent that promoting parity in reimbursement rates increases timely access to mental health services for children and youth with pressing behavioral health needs.

3. Enable Cross-sector Data Sharing

Enable access to and utilization of cross-sector data to follow trends in real time and inform system building, performance improvement, and policy priorities through such resources as Data Haven, the Connecticut Data Collaborative, and Connie, the State Health Information Exchange. Promote data sharing by expanding understanding of the requirements for data privacy imposed by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) and clarifying the extent to which cross-sector data sharing may be enabled and encouraged to best meet the needs of families.

4. Develop Flexibility for Funding Model

Funding models need to focus on support for populations deemed vulnerable due to adverse experiences, social drivers, and chronic stress. Profoundly important needs of such populations include mental health and substance use services; workforce development; and access to such basic needs as diapers, food, and housing.

Examples of funding strategies include directing congressional allocations of funds to underserved communities to build programs and services that support families; committing a certain percentage of state block grant funding to strengthen vulnerable families and communities; and capturing and delivering unspent, unencumbered federal dollars to local communities, in lieu of returning them to the federal government.

LGBTQIA+ SUBCOMMITTEE

Committee Co-Chairs:

Co-Chair Siri Daulaire, MD, Emergency Medicine physician who has been practicing in Connecticut since 2012. Outside of her clinical work she focuses on educating about LGBTQIA+ healthcare in college, graduate schools, healthcare service agencies and hospital systems since 2013. She is the cofounder and co-chair of MH+PRIDE, the first Employee Resource Group in the Middlesex Health System and winner of Out&Equal's New Employee Resource Group Chapter of the Year in 2023.

Co-Chair Anthony Crisci, Anthony Howard Crisci is the President & CEO of Circle Care Center (CCC) based in Norwalk, CT. Anthony came to CCC after working for Triangle Community Center (TCC), Fairfield County's LGBTQ+ community center. Crisci grew up in Norwalk, CT, and is passionate about his time working at both TCC and CCC, creating new programs and services to make Norwalk and greater Fairfield County a better place to live for LGBTQ+ people of all ages. In his free time, Crisci enjoys spending time with his spouse, Will, tending to their garden and caring for their three dogs at their home in Norwalk.

Committee Members:

- **David Grant**, Executive Director for the Hartford Gay and Lesbian Collective.
- **Chrissy Hatfield**, is the Director of Pharmacy at Hartford Hospital
- **Steven Hernandez, Esq.** is the Executive Director for the Commission on Women, Children, Seniors Equity & Opportunity.
- **Representative Sarah Keitt**, 134th House District serving Fairfield and Trumbull
- **Bliss Kern**, Director of Operations and Programming for Our Trans Life
- **Representative Dominque Johnson**, 143rd House District serving Norwalk.
- **Yamuna (Yam) Menon**, General Counsel/Assistant State Comptroller at the Comptroller's office.
- **John Merz**, Advancing CT Together which is an organization that deals with HIV Aids/ harm reduction, financial empowerment services. John also serves on the LGBTQ Equity and Opportunity Network
- **Rebecca Petersen**, Program Manager for Department of Mental Health and Addiction Services (DMHAS)
- **Dusty Radar**, Coordinator for the LGBTQ Center at CCSU.
- **Gretchen Raffa**, Vice President of Public Policy, Advocacy and Organizing with Planned Parenthood of Southern New England.

> "I'm grateful to Comptroller Scanlon for using the resources of his office to gather experts, community advocates, and providers to discuss prioritizing the needs of marginalized communities in our state, including the LGBTQ+ community. The Comptroller is someone with the power and standing to convene conversations focused on improving the lives of people in our state. We are fortunate to have someone in office who sees this as an imperative."
>
> **-CO-CHAIR ANTHONY CRISCI,** PRESIDENT AND CEO OF CIRCLE CARE CENTERN

Subcommittee Scope:

In June 2023, the Comptroller convened state advocates, stakeholders, public health officials and elected leaders for the "LGBTQIA+ Healthcare Summit," part of a series of conversations focusing on healthcare challenges facing constituency groups throughout Connecticut and how to potentially address them. Continuing the critical dialogue from the summit, the LGBTQIA+ Healthcare subcommittee was formed in September with a focus on addressing the disparities that the community faces when addressing their healthcare needs. LGBT+ individuals are more likely to face discrimination and delays in care/diagnosis due to access to healthcare, due to low rates of health insurance coverage, lack of cultural competency and more. The scope of the committee was to identify key issues and potential policy solutions to address them.

Key Issues Identified

The subcommittee identified the following issues as priorities that they believe need to be addressed to confront some of the numerous challenges around LGBTQIA+ healthcare:

- **Gender Affirming Care**, which is defined by the World Health Organization is health care that includes any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery interventions designed to support and affirm and individual's gender identity. With Gender Affirming care being a top priority for the committee, they recognized the following key issues within Gender Affirming Care that need to be looked at and refined:
  - **Protection:** The Committee addressed that individuals need to be protected and this includes safeguarding healthcare providers, mental health providers, and everyone involved in caring for individuals seeking gender-affirming services.
  - **Advocacy**: LGBTQIA+ folks want to stress that strong advocacy for the community is needed and highlight the importance of advocating for the rights of individuals seeking gender-affirming care.
  - **Funding:** While the subcommittee acknowledges it is a challenge to secure funding from state governments, there is a need to support educational campaigns and raise awareness on this issue.

  - **Awareness and Education:** This involves educating people working in various fields, including child protective services (DCF) and healthcare, about gender-affirming care to ensure a broader understanding of the topic. Gender Affirming Care is a subject that the majority of providers have not received previous training on. This is also important because the number of youth openly identifying as LGBTQ has increased significantly to approximately 25% in 2021.
- **Continuing Education Training** for healthcare providers (all professionals in health care settings, including pharmacists, school counselors, mental health providers) is a main priority to minimize health disparities in the LGBTQIA+ population. This includes annual training on best practices for both sexual and gender minority populations, ongoing required CEU (Continued Education Unit)/CME (Continuing Medical Education) for licensure in the state of Connecticut to include issues pertinent to LGBTQIA+ care. Specifically, training should include clear policies for expected level of training. Additionally, the subcommittee suggested establishing a safe space binder for resources that would meet these requirements and provide additional validated resources.
- **Resources** when discussing resources for LGBTQIA+ healthcare, there currently is no "one stop shop" that includes where to receive care or where to report incidents where quality of care was not met. This resource is critically important and should be accessible for the public to find, especially when in need of healthcare.

Legislative Policy Recommendations/Next Steps

1. Create a Centralized Space for Resource/Recommendations

The committee suggested a centralized space for resources and recommendations for healthcare providers to access, which should be maintained and updated on an annual basis. This resource would include:

- Best practices
- Continuing education credits
- List of providers

This "one stop shop," which could be a website, would provide the necessary information for those seeking LGBTQIA+ health care, refer patients to known resources where verified LGBTQ+ affirming providers could be found, resources when seeking help/submitting a complaint and would also house information on training resources for providers to stay current on best practices.

The subcommittee also requests a designated point person to oversee managing this resource, which would include answering any questions related to information on the website. This one stop shop will also work to ensure that all information that is being provided to the public is accurate and up to date.

2. Continuing Education Unit and Continuing Medical Education

The world of medicine and patient needs are constantly evolving. To ensure providers stay up to date with current practices, especially for LGBTQIA+ persons, the subcommittee recommends that the Comptroller advocate to have the State of Connecticut update CEU/CME requirements for state licensure to include LGBTQIA+ Trainings.

This would include mandated trainings and licenses to ensure that the best quality care is being provided and that all workers are trained properly to treat the needs of LGBTQIA+ persons.

3. Protections for Patients and Providers

The subcommittee asks that the Comptroller advocate for the legislature to pass definitive language into statute regarding protections for providers across the board in their care for LGBTQIA+ patients and youth.

Suggested provisions would include:

- **Confidentiality Protection:** Clear and stringent confidentiality measures to safeguard sensitive
- information regarding LGBTQIA+ patients, particularly youth, to ensure their privacy and trust in healthcare services.
- **Harassment Prevention:** Implementation of policies to protect healthcare providers from any form of harassment, discrimination, or undue scrutiny based on their commitment to affirming care for gender and sexual minority populations of all ages.
- **Interstate Legal Immunity:** Granting immunity to healthcare providers from other states seeking to penalize or restrict their practice based on their provision of LGBTQIA+ affirming services. This will help ensure that providers can offer inclusive care without fear of legal repercussions outside their jurisdiction.

- This language would extend to school-based health centers as well. The importance of this is to ensure that there is a requirement of privacy and confidentiality for youth where their parents are not affirming.

4. Supportive Concepts

The LGBTQ Justice and Opportunity Network formally known as the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Health and Human Services Network is tasked with making recommendations to the state legislature, executive and judicial branches about access and opportunity services to LGBTQ people in the state. **The Subcommittee is supportive of the continuation of funding towards the Justice and Opportunity Network and asks the Comptroller to advocate for the continuation of funding.**

In October 2023, Comptroller Scanlon announced a change to the state employee health plan that removed discriminatory barriers to family planning for LGBTQIA+ Plan members. The Connecticut State and Partnership Medical Benefit plans were modified with this change to cover fertility services for plan members who are "unable to achieve a pregnancy as an individual or with a partner because the individual or couple does not have the necessary gametes to achieve a pregnancy." While this is promising policy for the LGBTQIA+ community and for state employees, **the Subcommittee asks that the Comptroller to advocate for this to extend to all health insurance policies both private and public and to continue to remove barriers to family planning and expand fertility coverage to all LGBTQIA+ folks.**

> "It is an honor to be afforded the opportunity to provide recommendations on best practices within the realm of health care for gender and sexual minority populations in the state of Connecticut. I am grateful for Comptroller Scanlon's commitment to fostering inclusivity and equitable health care services. Thank you for this chance to collaborate and contribute to this important initiative."
>
> **-CO-CHAIR DR. SIRI DAULAIRE, MD**

MENTAL HEALTH SUBCOMMITTE

Committee Co-Chairs:

Co-Chair Maria Coutant Skinner, CEO of The McCall Behavioral Health Network, is a licensed clinical social worker. She earned her master's degree in social work from the University of Connecticut and a Bachelor of Science in Psychology from Springfield College. When with the Winchester Youth Service Bureau, Maria began a day camp for children who had experienced trauma that has served thousands of young people over the last 35 years. Maria began at McCall in the Prevention Department and had the opportunity to have many diverse roles at throughout the years; working with children, parents, families, and communities to help facilitate change, connection and healing on micro, mezzo, and macro levels. She became the organization's leader in 2013. That same year, she co-founded and continues to co-chair the Litchfield County Opiate Task Force, a multilateral, multidisciplinary community collaborative that works to reduce addiction and overdoses in the region. The group has had far reaching impacts on shaping culture around root causes of addiction, education and connection amongst providers and community and influence on state and federal policies regarding healthcare. In 2022, Maria led the agency through a merger with a sister organization; CNV Help, Inc., in order to best serve Connecticut's communities.

Maria is the chair of the board at Charlotte Hungerford Hospital; a part of Hartford Healthcare, past president of the Rotary Club of Torrington and Winsted areas, serves on the boards of ABH, the Winchester and Canton Youth Service Bureaus and co-chairs the treatment committee of the CT Alcohol and Drug Policy Council. She presents on topics related to behavioral health care including addiction, mental health, trauma, parity in access and community connections.

> "There are many groups, committees, and councils that I have participated in throughout my career. Although I have been a bit jaded from participation, I agreed to this work with Comptroller Scanlon because he was open to being bold but also practical. We have all engaged in the exercise of endless navel-gazing and it is beyond time for meaningful action and change. I am hopeful that our work can translate into tangible policy recommendations and impact."
>
> **-CO-CHAIR DR. JAVEED SUKHERA,** CHAIR OF PSYCHIATRY AT THE INSTITUTE OF LIVING (IOL)

Co-Chair Dr. Javeed Sukhera, Chair of Psychiatry at the Institute of Living (IOL) and Chief of Psychiatry at Hartford Hospital in Hartford, Connecticut. He is also an Associate Clinical Professor of Psychiatry at the Yale School of Medicine and Associate Professor in the Department of Psychiatry at the University of Connecticut School of Medicine. In his role as Chair/Chief, Dr. Sukhera is responsible for advancing the IOL's clinical, research, and educational missions including training programs in psychiatry, psychology, social work, and nursing, as well as several endowed research centers. He is an internationally recognized health professions education researcher and thought leader. His research program explores novel approaches to addressing stigma and bias among health professionals and he has also been involved in advocacy and cross-sectoral work in education, policing, and community services. He is on the Editorial Advisory Board of the Canadian Medical Association Journal and Deputy Editor of the journal Perspectives on Medical Education.

Committee Members:

- **Dr. Raviv Berlin,** Chair of Psychiatry at Stamford Health
- **Angad Buttar**, Director of State Engagement for ATLAS® (Addiction Treatment Locator, Assessment, and Standards Platform)
- **Laura Curran**, Dean of UConn School of Social Work
- **Dr. Alice Forrester**, Chief Executive Officer, Clifford Beers Community Health Partners
- **Maryann Fusco-Rollins**, Assistant Extension Educator, 4-H and Youth Development at the University of Connecticut
- **Leonardo Ghio,** Project Director at Northwest Hills Community Health Network of CT
- **Sarah Kiett**, State Representative, 134th House District
- **Heather Lober**, Vice President of State Engagement for ATLAS® (Addiction Treatment Locator, Assessment, and Standards Platform)

- **Jessica Marshall**, Owner and CEO of Behavioral Health and Wellness Solutions of CT
- **Melissa Meyers**, CEO of Generations Family Health Center
- **Nate Rickles**, Associate Dean and Professor of Pharmacy Practice at the University of Connecticut
- **Ben Shaiken**, Director of Government Relations at CT Community Nonprofit Alliance
- **Carl Schiessl**, Senior Director of Regulatory Advocacy at Connecticut Hospital Association
- **Vinay Sawant RPh, MPH, MBA**, Executive Director at Yale New Haven Health

Subcommittee Scope:

The Mental Health Subcommittee, established within Comptroller Scanlon's Healthcare Cabinet, was charged with fostering discussions around adult mental health challenges and innovative solutions to meaningfully address them. This subcommittee worked to generate creative ideas to enhance behavioral health in Connecticut, with a tangible impact on the community. The group meticulously defined the scope of its work, emphasizing the need for concrete recommendations during the Connecticut General Assembly's 2024 legislative session.

During their meetings, the committee was dedicated to crafting policy proposals, with a specific focus on two critical areas. First, it addressed the challenges of workforce sustainability and expansion within the mental health field, recognizing the importance of recruiting and retaining clinicians, to ensure widespread access to services. Second, the committee prioritized improving the accessibility and integration of mental health services, advocating for a more cohesive and user-friendly system.

While reaching consensus on recommendations and next steps for addressing the challenges facing the mental health landscape, the subcommittee developed policy proposals with the purpose of improving behavioral health in Connecticut, with a concentration on creating tangible legislative changes, while also addressing the crucial aspects of workforce sustainability and the accessibility of mental health services overall.

Key Issues Identified:

The Mental Health Subcomittee focused on addressing workforce sustainability and expansion, accessibility, and affordability and achieving a holistic behavioral health care model in Connecticut. Though not outlined specifically in the policy proposals, the subcommittee also identified key issues they deemed important to address in this report.

- **Reimbursement Rates:** The Mental Health Subcommittee recognizes that reimbursement rates play a pivotal role in shaping the landscape of mental health care in Connecticut. They impact the financial stability of providers, the availability and quality of services, and the overall well-being of individuals seeking mental health support.

  For example, inadequate reimbursement rates may result in heavy workloads for mental health professionals and lead to burnout. This can negatively impact the retention of skilled practitioners, as they may seek positions with more manageable workloads and better support systems elsewhere. The Subcommittee addresses the concern for mental health provider well-being in its first outlined policy recommendation, "Affordable Insurance Solutions for Connecticut's Mental Health Professionals" below.

  Overall, policymakers, insurance providers, and mental health advocates need to collaborate to establish reimbursement rates that reflect the true costs of providing quality mental health care and ensure the sustainability of the mental health infrastructure.

- **eConsults**: The Mental Health Subcommittee recognizes the significance of electronic consultations (eConsults) in the context of mental health in the State of Connecticut. Though the subcommittee does not have a policy recommendation, they express support for other subcommittees as a part of this Healthcare Cabinet to move forward with their own recommendations. Please refer to the Urban Subcommittee: Affordability and Accessibility's policy recommendation titled "A Proposal for an eConsult Policy for Connecticut Medicaid," found later in this report.

With regard to mental health, eConsults offer more accessibility to individuals who may face barriers to traditional in-person consultations. This is especially crucial for those in remote or underserved areas. Additionally, eConsults also reduce costs associated with travel and infrastructure, making mental health care more cost-effective for both providers and patients.

Policy Recommendations/Next Steps:

1. Affordable Insurance Solutions for Connecticut's Mental Health Professionals

Across Connecticut's mental health landscape, several key issues pose challenges to the well-being of mental health professionals and the accessibility of services. High levels of stress and burnout among mental health professionals, which poses a substantial threat to both their individual well-being and the quality of care they can provide, is a critical concern.

Financial barriers increasingly emerge as a significant impediment to the inclination to seek healthcare within the mental health sector. The intricate web of insurance complexities, coupled with the exorbitant costs associated with deductibles and copays, discourages mental health professionals from seeking the necessary care and support for themselves. This not only jeopardizes their own mental health, but also compromises the overall efficacy of their work to help others.

Additionally, small businesses, hospitals, and nonprofits encounter constraints in providing comprehensive mental health benefits to their employees, contributing to a broader systemic issue. The Mental Health Subcommittee recommends to the Connecticut General Assembly to embark on a proactive exploration of tailored and affordable insurance solutions.

The proposed recommendation involves an emphasis on devising budget-friendly insurance plans customized specifically for offering mental health services. This initiative aims to streamline the process of obtaining cost-effective healthcare coverage. Drawing inspiration from successful models, like Husky or low-cost/high-coverage plans, with the objective of alleviating the financial burden imposed by high deductibles or copays. This would further help facilitate mental health professionals' access to essential care.

These proposed insurance plans, conceived under both for-profit and non-profit business models, aspire to cater to the diverse needs of individuals and families within the mental health profession. The intention is not only to address the immediate challenges but also to proactively support mental health professionals in maintaining their well-being. By mitigating financial pressures, the recommendation seeks to enhance the overall health and resilience of mental health professionals, acknowledging their pivotal role in supporting the mental health of the community at large.

2. Three Interprofessional Pilots to Evaluate Access, Outcomes, and Costs for a Holistic Behavioral Health Care Model in Connecticut

In Connecticut, significant challenges persist in delivering holistic behavioral health care. The current system faces issues of limited access, disparate clinical outcomes, and escalating costs.

Communities with low access and a high need for a variety of mental health services, both for adults and children, are particularly affected. Recognizing these challenges, the Mental Health Subcommittee highlights the necessity for a transformative approach to address specific questions and gaps in the existing behavioral health care model.

To effectively address the challenges, the subcommittee proposes creating a comprehensive strategy to create a competitive proposal process to identify and implement three interprofessional collaborative pilot programs, focused on enhancing mental health services.

This approach would be designed to foster innovation and efficiency, while addressing the complexities associated with mental health care delivery.

The recommended competitive proposal process entails soliciting proposals from diverse stakeholders, encompassing both private and public insurers, to identify three pilot programs. These programs will be meticulously designed to compare and assess a minimum of two different models of mental health service delivery, with evaluation criteria focusing on accessibility, clinical outcomes, and costs to ensure a comprehensive and balanced analysis. The pilots must clearly demonstrate a case for innovation and, additionally, prioritize access through after-hours non-crisis-based care.

The recommended targeted population for these pilot programs would include both adults and children who reside in communities characterized by low access and a high need for diverse mental health services. This intentional focus would aim to address disparities and provide valuable insights into tailoring mental health services to specific community needs. Specifically, youth and early adults (ages 16-25) have been identified as a population that would benefit from these clinical innovations.

The recommended duration for these pilot programs is recommended to last 18-24 months, which would allow for a comprehensive and systematic investigation into the effectiveness of the selected mental health service models. This timeframe is deemed sufficient to capture meaningful data and outcomes, facilitating a robust evaluation process.

Through this systematic evaluation, this program would generate valuable insights to inform future policy decisions for both the General Assembly and the Comptroller's Office. The overarching goal would be to use the findings and recommendations from these pilot programs to establish a new, holistic model of behavioral health care in Connecticut.

This model has the potential to improve access and enhance the quality of mental health services, while also reducing overall costs, creating a sustainable and effective framework for Connecticut's mental health care system. The subcommittee envisions this initiative as a crucial step towards shaping policies that prioritize the well-being of Connecticut residents and create a foundation for a more resilient and responsive mental health care infrastructure.

> "I am honored to co-chair the Comptroller's mental health committee during a time of uniquely challenging circumstances facing healthcare. People are hurting, and our system must work more effectively to provide care that truly fosters healing. This group is committed, informed and solution-focused – and the call to action is vital."
>
> **CO-CHAIR MARIA COUTANT SKINNER,**
> CEO OF THE MCCALL BEHAVIORAL HEALTH NETWORK

URBAN SUBCOMMITTEE: AFFORDABILITY & ACCESSIBILITY

Committee Co-Chairs:

Suzanne Lagarde MD, MBA, FACP, Chief Executive Officer at Fair Haven Community Health Care (FHCHC), a Federally Qualified Health Center providing comprehensive healthcare to over 34,000, primarily low income, minority patients. In this role, she oversees a staff of nearly 300 who provide care at 18 locations throughout southern CT. In her 10 years at the helm of FHCHC, she has overseen considerable growth, with the addition of several new clinical sites and new clinical services. Under her leadership, FHCHC has been nationally recognized for its high-quality care, being honored with HRSA's Health Quality Leader Award for the past 6 consecutive years.

Trained as a gastroenterologist, Dr. Lagarde was a founding member of CT Gastroenterology Consultants, a large private practice in southern CT. She served as Assistant Clinical Professor of Medicine at Yale University and attending gastroenterologist at Yale New Haven Hospital. She graduated summa cum laude with a degree in mathematics from Fordham University and obtained her medical degree from Cornell University. She acquired her MBA, specializing in healthcare, from Yale University School of Management.

Dr. Lagarde is a founding member and past president of Project Access-New Haven, a non-profit which provides access to specialty care for the uninsured. Following Hurricane Katrina, Dr. Lagarde obtained a license to practice medicine in Mississippi. For five years through 2012, she travelled quarterly to rural Mississippi, where she donated her services to the indigent patients of a large FQHC, Coastal Family Health. In acknowledgement of her many contributions, she has received numerous community service awards, among them the "Healthcare Leadership and Innovator Award" from the Connecticut State Medical Society, one of the medical society's highest recognitions. She has devoted her career to improving health care for the underserved.

Michael R. Taylor, Chief Executive Officer at Cornell Scott Hill Health Center has been employed by the Cornell Scott-Hill Health Center (CS-HHC) since 2010 and served as its Chief Executive Officer since 2012. Prior to that, he was Founder and President of a health care consulting firm that served more than 200 community health centers nationally and held leadership positions with several national accounting and health care consulting firms, including The Lewin Group. He provided consultative support to federal, state, and local governments, and state and regional primary care associations. In addition, he was a subject expert and trainer for the National Association of Community Health Centers for more than ten years focusing on strategic planning and operations improvement.

Michael is a creative entrepreneur who is deeply passionate about community health's capacity to improve the quality of people's lives. His tenure at CS-HHC can best be described as a time of rededication to the legacy created by Cornell Scott and, with that, one of innovation, renaissance and growth and development. Under his guidance, CS-HHC's leadership team fortified the health center's financial position, blazed a trail of care integration, quality and patient centeredness, renovated and expanded or replaced existing care sites, added new care sites and services, and bolstered internal systems and infrastructure such that CS-HHC is projected in the next two years to direct 700+ staff members who serve more than 60,000 greater New Haven residents annually.

Committee Members:

- **Gianna Falotico**, Greater Waterbury YMCA Family & Community Engagement Director
- **Anka Badurina,** Executive Director at Building One Community
- **David Reyes,** Director of Health Equity and Emergency Preparedness for the City of Bridgeport
- **Dr. Lou Hart**, Assistant Professor of Pediatrics (Hospital Medicine); Medical Director of Health Equity, Yale New Haven Health System
- **Luke Bronin**, Former Mayor of Hartford
- **Darcey Combs-Lomax**, Yale New Haven Health System's Executive Director of the Office of Health Equity and Community Impact
- **Melissa Riley**, Director of the Office of Government Affairs at Hartford HealthCare
- **Tiffany Donelson**, President & CEO of the Connecticut Health Foundation
- **Osama Abdelghany Pharm D**, MHA, BCOP, Executive Director of Oncology Pharmacy Services at the Smilow Cancer Center
- **Dr. Julian Koruni Pharm D**, Healthcare Supervisor at Walgreens
- **Sean King**, Interim Healthcare Advocate

Michael earned a B.S. degree in Accounting and Finance from Northeastern University and supplemented his education with coursework in healthcare management. He serves on the Boards of Directors of the Greater New Haven Chamber of Commerce, the Community Health Center Association of CT, Community Health Network of CT, Yale New Haven Hospital, and is Board Chair-Elect of the National Association of Community Health Centers.

Subcommittee Scope:

In April 2023, Comptroller Scanlon convened a summit to discuss the challenges facing urban healthcare at the Dixwell "Q House" Community Center. This was a gathering and discussion of more than 40 hospital leaders, doctors, elected officials, and patient advocates. Much of this discussion centered around equity and how urban disparities are often ignored.

At the outset, a participant illustrated the immense urban healthcare disparity with an alarming fact – if there were two children born next to each other in St. Vincents, with one growing up in Fairfield and the other in Bridgeport, the latter's life expectancy would be 14 years shorter than their Fairfield counterpart. The life expectancy disparities are even more pronounced across the state – a child growing up in Westport has a life expectancy that is 20 years higher than that of a child growing up in Hartford's North End.

Over the past several months, patient advocates, state leaders, and providers gathered to create policy solutions and proposals intended to create a more affordable healthcare system where your zip code does not determine your health outcomes, or your life expectancy.

Key Issues Identified:

- **Needs Insecurity:** Across the board, Connecticut urban residents face immense disparities when it comes to basic needs. *CT Data Haven* recently published a study that describes this issue in detail. While 94% of suburban residents have access to a car when needed, only 70% of urban core residents can say the same. While only 10% of suburban residents are food insecure, that figure jumps to 28% of urban residents in CT.

Those in urban parts of CT face higher levels of basic needs insecurity

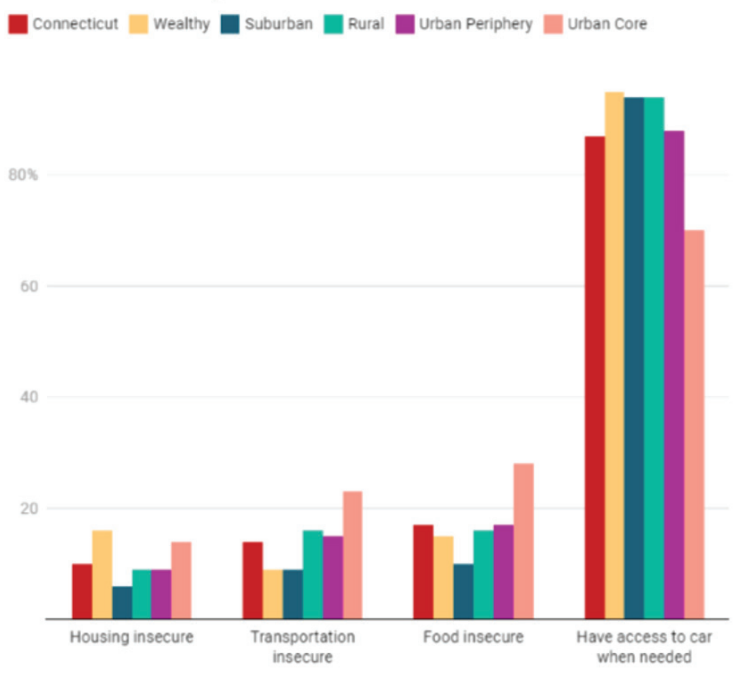
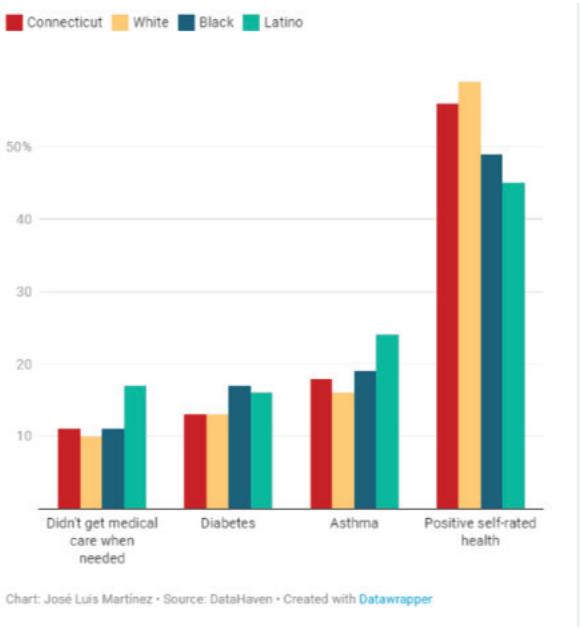


CHART: CT urban residents face higher basic needs insecurity (ctmirror.org)

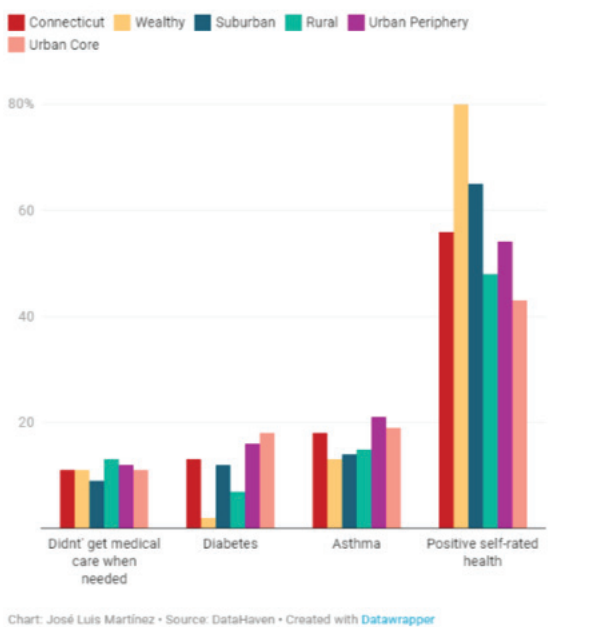
The issue of either transporting patients to the providers that they need or enabling them to access telehealth – something that is out of reach for CT Medicaid recipients – is critical for legislators to address in the upcoming session.

The CT Data Haven study examined data using a framework known as the "Five Connecticuts," which segments the state into different areas based on census information. Their study revealed that towns with higher wealth – generally suburban communities - had the fewest incidences of diabetes and asthma, alongside an 80% rating in overall health. Connecticut's urban communities had some of the highest rates for diabetes and asthma, coupled with some of the poorest overall health ratings.

White CT residents are healthier



Wealthy CT residents are healthier



Survey: CT's non-white residents are less happy and healthy (ctmirror.org)

- **Provider Funding:** In the last General Assembly, the Department of Social Services (DSS) was mandated to undertake a study of CT Medicaid premiums, in two phases.

  Phase 1 will look at rates for physician specialists, dentists and behavioral health providers. The recommendations are due back to the legislature by Feb. 1, 2024. The second part of the study would be for all other aspects, including ambulance service, the encounter-based reimbursement model for FQHCs and reimbursement for specialty hospitals, nursing homes and methadone maintenance. These recommendations are due back to the legislature by Jan. 1, 2025.

  This issue needs to be dealt with in the upcoming legislative session, not in 2025 or worse, 2026 if this schedule for the rate study slips even slightly. Providers in urban communities serve a significant portion of Medicaid patients in Connecticut. Without rate adjustments, access in urban healthcare will significantly deteriorate as providers will not have the funds to stay open.

Legislative Policy Recommendations/Next Steps

1. Create an eConsult Policy for Connecticut Medicaid

What is an eConsult?

An Electronic consultation ("eConsult") is a medical provider-to-provider conversation (also referred to as an "interprofessional consultation") typically conducted electronically through an internet-based secure messaging platform. The conversation is initiated by a primary-care provider and directed to a specialist to obtain guidance on a specific treatment plan for a patient.

With eConsults, a primary-care provider can pose a question, attach clinical history to inform the specialist, and get a consult with recommendations within 24 hours if not sooner. Without this resource, the primary care provider has little choice but to issue a referral and hope that the patient goes to see the specialist. In the Medicaid setting, this traditional method of seeking specialist care often results in extensive delays for patients and unnecessary costs to the system, as many of these cases could easily be resolved in the primary care setting, using consulting guidance from a specialist.

Why Implement eConsults?

eConsults enable patients to receive the benefit of a specialist opinion in the lower-cost and more convenient primary-care setting. For Connecticut Medicaid patients who have limited access to medical specialists, eConsults offer a solution to an inequitable healthcare disparity that exists for many of the most underserved patients within our state. Published data shows that approximately 70% of eConsults eliminate the need for face-to-face specialty-care visits for patients, lowering costs while simultaneously improving access to needed care. Health systems that have implemented eConsults have realized additional system-wide efficiencies by reducing the volume of unnecessary specialty visits, thereby enabling specialists to fill their schedule with the more complex patients who truly need in-person care.

A 2018 DSS-Approved Analysis of the Impact of eConsults on Connecticut Medicaid Claims Showed:

- A projected specialty-care cost-avoidance savings of $6.5M annually for Connecticut Medicaid, based on an analysis of actual CT Medicaid claims data for only the eight most frequently used specialties.
- These savings do not reflect other "downstream" costs such as medications, lab work, testing, imaging and the emergency department costs that often result from delayed access to specialty care.

Supporting Findings:

1. Between 2012 and 2016 researchers and clinicians from the University of Connecticut and Connecticut's Department of Social Services (DSS), conducted a randomized, controlled study showing the impact of eConsults on access, timeliness, quality and cost of care compared to traditional face-to-face referrals for patients with Medicaid. Results demonstrated that 69% of the eConsult referrals were resolved without the need for a face-to-face visit[1]. After six months of follow-up, the overall per-patient cost to Medicaid in the eConsults group was $480 per patient lower than in the face-to-face group.
2. A study conducted by the University of California San Francisco found that eConsults reduced wait time for specialist care up to 90% across 26 community clinics in San Francisco's public safety-net system, and the percentage of referrals deemed "inappropriate" by specialists was cut by half.[2]
3. On January 1, 2019, CMS began reimbursing both primary care providers and specialists for utilizing eConsults with Medicare patients. Following this policy issuance, a number of Medicaid managed care providers and commercial payers around the nation followed suit and began reimbursing for eConsults.
4. On January 5, 2023, CMS issued a letter (SHO #23-001) to state Medicaid Health Officials in all 50 states, clarifying that "Medicaid and CHIP coverage and payment of interprofessional consultation is permissible". The letter concluded by stating "Allowing direct payment to practitioners expands and expedites access to specialty care and reduces the administrative burden to treating practitioners. CMS encourages states to take advantage of this flexibility in their Medicaid and CHIP programs."

Create a State Medicaid Reimbursement Methodology

The subcommittee recommended legislators examine creating a state Medicaid reimbursement methodology similar to that which CMS has implemented for Medicare patients, which will enable primary-care practices, including FQHCs to implement an eConsult solution.

The reimbursement must cover the costs incurred by both primary care and specialty care to deploy the technology and make the workflow modifications required to achieve the available cost savings, including the additional primary care provider time required to render the specialist-recommended care.

As demonstrated in the 2018 DSS-approved analysis, a per-eConsult reimbursement of $85 resulted in a 6:1 ROI for the State Medicaid program. Given the 4.7% average annual cost increase in physician and clinical services in CT[3], it is proposed that a rate of $95, which reflects a much smaller increase than the State's overall expenditure growth rate, be implemented in Connecticut effective in 2024.

2. Medicaid adjustment policy for providers

Every year, providers see increases in their costs and every year since the pandemic, providers have had to deal with new and unexpected health challenges. These low rates often do not cover the cost of service for providers.

State PPS (Medicaid payments) need to at least cover costs to deliver care to vulnerable, underserved, uninsured and underinsured populations. An average of 55% of FQHC patients are covered with Medicaid. Currently there is a $130.00 gap between cost per visit for Medicaid patients ($298.00) versus FQHC reimbursement ($168.00). This gap is far from sustainable.

Suggested language changes:

- Rates that reflect the cost of doing business
- Increases in a predictable, mutually agreed upon basis
- "No later than.." language
- Recommend additional support for rural hospitals, including increased reimbursements for Medicaid and Medicare patients
- Close the gap between Medicaid reimbursements and the cost of care at FQHCs, where an average of 60% of patients are covered with Medicaid, creating a $75 million gap
- Explore alternative revenue streams, including reimbursement for Community Health workers to perform SDOH risk assessments.
- Preserve the 340B program, which supports patients and patient programs.
- The 340B program has been a valuable source of payment for supporting patients and patient programs. However, it is currently at risk due to pharmaceutical company restrictions on contracted pharmacies.
- Increase Medicaid reimbursement for ambulance response in northeastern/northwestern CT, where double transportation is often required.

FQHC relevance:

- 420,000 patients seen in the state in 2022 by FQs.
- Other revenue streams due to the extreme difficulty with recruiting providers helps. Proposal that is likely to be effective 1/24 will allow Medicare to reimburse for the following:
  - Remote Patient Monitoring (RPM), reimbursement for Community Health workers to perform SDOH risk assessments.
- 340B program has been a source payment that is used to support patients and patient programs. This program is at great risk because pharmaceutical company restrictions on contracted pharmacies.

3. Create Incentives for Recent Graduates/Medical Professionals to Work for Providers in Underserved Areas

While there are existing government loan forgiveness programs, from the Public Service Loan Forgiveness Program and the National Health Service Corps Loan Repayment Program, no Connecticut-focused program exists in the public or private sectors. These could include possible pipelines/partnerships with urban providers and The University of Connecticut (UCONN).

Sources

1 Olayiwola N, Anderson D et al, Ann Family Practice 2016
2 Chen AH, Kushel MB, Grumbach K, Yee HF,Jr. Practice profile. A safety-net system gains efficiencies through 'eReferrals' to specialists. Health Aff (Millwood). 2010;29(5):969-971.
3 https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet#:~:text=Historical%20NHE%2C%202021%3A

RURAL HEALTH CARE SUBCOMMITTEE

Committee Co-Chairs:

Co-Chair Kyle Kramer, President and Chief Executive Officer at Day Kimball Hospital is a nationally recognized healthcare leader who joined Day Kimball Healthcare as Chief Executive Officer in 2020 after having spent nearly 30 years in executive level service at major academic and community health systems, and physician groups across the country. He brings a strong focus on physician/hospital alignment and strategic relationship development and leads Day Kimball's advancements in key strategic and operational initiatives, growth in major service lines, physician engagement, program development, as well as operational and financial performance improvement. Kyle is widely acknowledged for his experience and expertise in major service line leadership and operations, clinical ancillary program strategy, performance management and improvement, billing and reimbursement services, and strategic partnership development between physicians, hospitals, and other industry participants. Kyle is one of the nation's foremost experts in cardiovascular service line leadership and cardiovascular practice.

Throughout his career, Kyle has served as the executive lead on multiple projects related to Organizational Strategic Planning and Performance Improvement; Hospital Restructuring and Turnaround; Hospital Closure Planning; Cardiovascular Program Structure and System Alignment; Orthopedic Service Line Planning and Network Development; Facilities Strategy, Feasibility, and Design; Hospital and Ambulatory Surgery Development Strategy; Behavioral Health Physician Alignment; Physician Integration and Alignment; Clinically Integrated Network Development; Faculty Practice Plan Development; Physician Needs Assessment and Associated Compensation Planning; and Supply Chain Optimization and Savings. He has also provided interim leadership and leadership coaching for physicians and executives at a major health system. Kyle has done considerable work in the development of strategies to leverage clinical, operational, and financial data to optimize program and organizational performance, along with enhancing physician/hospital partnerships. Kyle also provides guidance and support to industry leadership on matters of compensation, physician practice and clinical program performance, and business valuation.

> "The positive side to a small state such as ours is that small changes can have big impact, and I'm excited to have Comptroller Scanlon leading the way to advocate for our rural communities at the legislative level to be our voice for accessible affordable healthcare."
>
> **-CO-CHAIR JEAN SPECK,** FORMER FIRST SELECTWOMAN OF KENT

Prior to joining Day Kimball, Kyle served as Principal with Pinnacle Healthcare Consulting where he served as the executive lead on multiple projects related to organizational strategic planning and performance improvement, physician engagement and leadership, business development, strategic partnerships, operations enhancement and systems improvement. Before joining Pinnacle, Kyle served in executive leadership roles at Main Line Health in Philadelphia, Yale New Haven Health System, Penn State University and Geisinger, and the University of Texas – Houston. Kyle has also served as President of the American College of Cardiovascular Administrators, Chairman of the American Academy of Medical Administrators, and as a Board Member for the American Heart Association. Kyle lectures nationally at professional society meetings and industry sponsored symposiums, and is highly involved in youth leadership development through Boy Scouts of America, serving as Training Chair for all levels of leadership training in Southeastern Pennsylvania.

Co-Chair Jean Speck, Former First Selectwoman of Kent and Senior Regional Planner at Northwest Hills Council of Governments has spent the last 24 years with her "boots on the ground" in rural healthcare. Shortly after moving to Kent in the late 90's, she became a certified Emergency Medical Technician. Responding to 911 calls 24/7/365, she saw the many unique challenges of rural healthcare, and wanted to learn more. After gaining a spot on a state-level healthcare data committee, her passion grew, and she went to work for the CT Department of Public Health's Office of Emergency Medical Services. Coordinating regional planning and exercise efforts and training to the upper levels of emergency and public health preparedness, she quickly put those new skills to use supporting statewide emergency operations during Superstorm Sandy, Storm Alfred and other large weather events, multiple statewide exercises, as well as in the aftermath of the Sandy Hook Elementary School shooting.

In November of 2019, she began the first of two terms as First Selectman of Kent. During her tenure, rural healthcare was ever-present as she led the town through the COVID-19 Pandemic, the loss of the last primary care office in town, and the possible closure of critical services at Sharon Hospital. She advocated for the entire northwest corner to bring a State-funded COVID-19 testing site to Kent, one of the very few rural sites in the state, and was an early partner with Save Sharon Hospital, a grass-roots effort, to bring visibility to the negative impact residents would suffer by the possible discontinuation of maternity and ICU services. Always ready to advocate - sometimes loudly – for all small towns, she currently co-chairs Comptroller Sean Scanlon's Healthcare Cabinet's Subcommittee on Rural Healthcare, and recently began in a new position as Senior Regional Planner at the Northwest Hills Council of Governments. Jean resides in Kent, has two grown children, Samm and Sharon (yes, she is named after Sharon Hospital, where she was born in 1999), an amazing "past husband" Tedd, three spoiled felines, two grand-dogs and a grand-horse, and still works the Friday overnight shift as an EMT for Kent Volunteer Fire Department.

Committee Members:

- **Leonard Ghio,** Project Director at Northwest Hills Council of Government
- **Dr. Amy Gorin,** Interim Vice Provost for Health Sciences at UConn
- **Melissa Meyers,** CEO at Generations Family Health Center
- **Jill Drew,** Save Sharon Hospital
- **Christina McCulloch,** President of Sharon Hospital
- **Brenda Buchbinder,** LCSW at Natchaug Hospital
- **Lori Fedewa,** Director at CT Office of Rural Health
- **Daniel F. Keenan,** Regional Vice President Advocacy and Government Relations - Trinity Health Of New England
- **Lydia Kruge Moore,** Save Sharon Hospital
- **Nancy Heaton,** President and Chief Executive Officer of Foundation for Community Health
- **Victor Germack**, Save Sharon Hospital
- **Gina Burrows RN, MSN, APRN, NEA-BC,** Chief Operating Officer at Community Health & Wellness Center of Greater Torrington
- **Dr. David Kurish,** Sharon Hospital
- **Lisa Thomas,** Chair of the Coventry Town Council
- **Sean King,** Healthcare Advocate

Subcommittee Scope:

In May 2023, Comptroller Scanlon convened a summit with key stakeholders, legislators and health care leaders to discuss the challenges facing rural healthcare access. From that discussion, participants agreed that the healthcare landscape of rural Connecticut faces issues around transportation, workforce shortages, few locations to access care and dwindling resources.

Made up of healthcare providers, advocates from the Northwest Corner and Eastern Connecticut, and representatives from local and state government, the rural healthcare subcommittee focused on identifying rural Connecticut's barriers to care and worked to develop meaningful policy solutions.

The subcommittee's policy recommendations are a first step at expanding resources for those seeking care, creating better financial infrastructure so rural providers can afford to stay open, and supporting EMS systems to ensure that those who need emergency services can rely on rapid response times--no matter where they are in the state.

Key Issues Identified:

- **Insufficient Access:** Connecticut's rural regions often lack sufficient healthcare infrastructure, making it challenging for residents to access medical services promptly. A 2021 report from the Connecticut Office of Emergency Medical Services showed that callers in rural towns had an average EMS response time of 11.79 minutes. Urban towns had an average response time of 7.52 minutes and suburbs had an average of 8.38 minutes. 2021 OEMS Annual Report (ct.gov)

In a medical emergency – every second could mean the difference between life and death. While geographic constraints are unchangeable factors in access to care in rural Connecticut, anything we can do to shave seconds off EMS response time could save lives.

Staffing shortages have been a major impediment to rural healthcare access. The Governor's Workforce Council estimated that CT's registered nurse workforce was 50,000 strong – with a projected annual need of 3,000 new RNs and 2,500 certified nursing assistants. GWC_Handbook.indd (ct.gov)

Rural providers are also acutely feeling the shortages, which not only speak to our difficulties in recruiting medical professionals to move to Connecticut, but also our challenges in keeping them in state after they are done with their medical training. Connecticut only retains one in three medical professionals who are trained in-state – compare that to the national median of 45%. 2021SB-01087-R000329-CT State Medical Society-TMY.PDF

While there are community tools that connect struggling state residents with services such as rideshares for routine medical appointments, these resources are hard to access. The state can and should do more in consolidating and promoting the free resources that are available for people seeking healthcare, especially in rural Connecticut.

In December 2023, the Office of Health Strategy (OHS) approved the closure of labor and delivery at Windham Hospital in Willimantic, CT. This was a controversial decision – caused in part by a lack of financial resources. This closure further created challenges around accessing labor and delivery resources in eastern Connecticut. However, Sharon Hospital in the Northwest Corner – particularly the Labor and Delivery Ward - has also been a target of potential closures and cuts. Countless rural communities depend on Sharon Hospital throughout the region. For residents of Northwest Connecticut, the nearest labor and delivery wards are Charlotte Hungerford in Torrington, CT, Vassar Brothers Medical Center in Poughkeepsie. NY, or Danbury Hospital in Danbury, CT. This would require women in labor to drive upwards of an hour to deliver their children. The state must do everything in its power to support providers, while keeping essential services, like labor and delivery, open, accessible, and affordable for residents of rural Connecticut.

- **Affordability:** The Connecticut Office of the State Comptroller (OSC) and the OHS define affordable healthcare as whether "a family can reliably secure it to maintain good health and treat illnesses and injuries when they occur, without sacrificing the ability to meet all other basic needs including housing, food, transportation, childcare, taxes, and personal expenses or without sinking into debilitating debt."

Connecticut is among the state that spends the most on health care. According to a study from the Kaiser Family Foundation, Connecticut ranks 9th in the country for per person health care spending, equating to an average annual cost of $12,500 dollars while the national average is $10,000 dollars.

Rising health care costs in Connecticut can be confusing. Here's what experts say are causes and impacts. – Hartford Courant

The cost of living in rural Connecticut is already high and the Consumer Price Index, which is used for calculating inflation, only charts the cost of a basket of goods that would be typical for a resident of an urban or suburban community to purchase. However, it does not chart rural spending trends. Because of increased transportation needs, rural residents are far more likely to have to own and depend on a car, and therefore spend more money on car repairs and gas. Produce, as well as home heating and cooling, are also made more expensive because of the increased transportation cost.

By reducing the cost of healthcare in rural Connecticut, we can help make our state a more affordable place for all.

- **Equity:** Willimantic, the home of Windham Hospital, is almost 50% Hispanic, and 70% of people who gave birth at Windham were Hispanic.

  Best of 2022: As hospital systems grow in CT, rural patients lose services (ctmirror.org). As with other parts of the state, it's essential that translation services are present and accessible in the rural corners of Connecticut.

  For Medicaid patients, who are lower income, finding providers in rural Connecticut can also be a challenge. As such, rural providers who do accept Medicaid find themselves overwhelmed. At Day Kimball, a major provider in eastern Connecticut, 70% of the hospital patient revenue comes from Medicare and Medicaid. For Medicaid patients, the hospital loses anywhere between 40 cents to 60 cents on the dollar. This makes it cost prohibitive for providers to serve people who need it the most.

Legislative Policy Recommendations/Next Steps

1. Adjustment Medicaid Policy for Providers

- Create rates that reflect the cost of doing business.
- Ensure increases are done in a predictable, mutually agreed upon basis.
- Include "No later than.." language.
- Recommend additional support for rural hospitals, including increased reimbursements for Medicaid and Medicare patients, including a monthly facility fee to help address low volume and variations in demand.
- Close the gap between Medicaid reimbursements and the cost of care at FQHCs, where an average of 60% of patients are covered with Medicaid, creating a $75 million gap.
- Explore alternative revenue streams, including reimbursement for Community Health workers to perform SDOH risk assessments.
- Preserve the 340B program, which supports patients and patient programs.
- The 340B program has been a valuable source of payment for supporting patients and patient programs. However, it is currently at risk due to pharmaceutical company restrictions on contracted pharmacies.
- Increase Medicaid reimbursement for ambulance response in northeastern/northwestern CT, where double transportation is often required.

2. Create Incentives for Recent Graduates/Medical Professionals to Work for Providers in Underserved Areas

Primary care provider shortages in rural Connecticut are hurting the region's residents – and the problem has only grown worse since the pandemic. The state has only 9.52 nurses for every thousand residents, putting us squarely behind our neighboring states of Massachusetts, New York, and Rhode Island. The U.S. Nursing Shortage: A State-by-State Breakdown | NurseJournal

Connecticut nurses report feeling overworked, and our state's nursing students often leave after graduation. The issue is more pronounced in eastern and northwest CT. Even though several municipalities in both regions have seen noticeable population growth due to outmigration from NYC, it has traditionally been more difficult to attract young people to live and work in rural Connecticut.

A lack of medical professionals in rural areas leads to many of the previously mentioned disparities. Non-emergency primary care checkups – even if they aren't done annually – are some of the most effective means of detecting chronic illnesses like hypertension or depression that grow worse if untreated. They're also essential for conducting cancer screenings – where early detection is vital for treatment.

Routine Medical Checkups Have Important Health Benefits - News Center (northwestern.edu. Having an adequate number of providers and services in rural communities not only ensures that Connecticut's underserved residents get the medical care they need, but also enhances Connecticut's ability to attract new residents.

For this reason, it is essential that the state take action to incentivize medical professionals to work in rural Connecticut.

The state should consolidate already available loan forgiveness programs in a centralized database and strategically market these options to current and prospective medical students. While there are private scholarships available, they can be hard to locate and applicants can have a hard time in judging their credibility. Existing government loan forgiveness programs, ranging from the Public Service Loan Forgiveness Program and the National Health Service Corps Loan Repayment Program, are promoted in our state colleges and universities but more must be done to share these opportunities with students.

The 2022 state budget contained funds for tuition reimbursement programs, but no programs exist that are aimed at incentivizing medical students to practice in rural Connecticut. To that end, we propose that a program offering tuition reimbursement is offered to medical students who choose to work in an accredited rural healthcare provider for 8 years.

This proposal is a proactive step that Connecticut should take in order to attract out-of-state talent, retain in-state talent, and solve a shortage that is hurting our rural residents.

Program Title

Connecticut Rural Healthcare Scholars Program (CRHSP)

Objective

To address the critical shortage of healthcare providers in eastern and Northwest Connecticut by providing tuition reimbursement to recently graduated medical students in exchange for service in these areas.

Target Participants/ Eligibility Criteria

Medical students who have obtained degrees from accredited U.S institutions to become doctors, registered nurses (RNs), and other healthcare professions

Service Areas

Specifically designated healthcare facilities in the 77 municipalities designated as “rural” by the CT Office of Rural Health (CT ORH). The ORH defines rural as “all towns with a population census of 10,000 or less and a population density of 500 or less people per square mile.”

Facilities include hospitals, clinics, and community health centers in these regions.

Tuition Reimbursement Details

Full Reimbursement: 100% tuition reimbursement for an 8-year full-time service commitment.

Incremental Reimbursement

Reimbursement disbursed annually, contingent on continued service.

Partial Service Options:

Pro-rated reimbursement for service commitments less than 8 years (with a minimum required service period).

Service Commitment

Mandatory 8-year full-time service in designated rural areas post-graduation.
Service in primary care, emergency medicine, pediatrics, or other high-need specialties.

Support Mechanisms

Orientation programs in CT medical education institutions about rural healthcare challenges and

opportunities

Continuous professional development and training specific to rural healthcare needs.
Networking opportunities with other healthcare professionals in rural settings.

3. Consolidate and Create Better Efficiency for Rideshare Options from Community Organizations & Council of Governments (COGs).

Many organizations offer duplicative rideshare services throughout rural parts of the state, leaving residents wondering who they should call for non-emergency medical transportation (NEMT).

Residents of Connecticut's suburbs in cities can generally rely on services like Uber and Lyft, but the availability of rideshare drivers in rural Connecticut is extremely limited.

While MTM, a healthcare transportation company, is responsible for providing NEMT services for Medicaid patients in Connecticut, the options for non-HUSKY patients are harder to locate and less publicized. Private taxi services like M7, services like the United Way of Connecticut's 211 tool, and friends and neighbors fill this need for thousands of Connecticut residents, and more must be done to promote the existence of these services for those who need it.

Connecticut ought to take the lead in creating a centralized "Find A Ride" tool for those needing transportation to routine appointments or more critical procedures.

> "Our work as part of Comptroller Scanlon's Rural Health Task Force has been undertaken with these facts in mind and with an eye towards addressing issues of accessibility, equity, and affordability. Rural residents require and deserve access to appropriately distributed services on an equitable basis that is reasonably comparable to what exists in other regions. Services must also be affordable – appropriately costed and fairly reimbursed by payors. In rural areas, the triangle of accessibility, equity and affordability is often out of balance. Within our Task Force and in partnership with Comptroller Scanlon, we are working hard to change the balance."
>
> **CO-CHAIR KYLE KRAMER,**
> PRESIDENT AND CHIEF EXECUTIVE OFFICER AT DAY KIMBALL HEALTH

EQUITY & DISPARITIES

Committee Co-Chairs:

Co-Chair Ayesha R. Clarke, Executive Director at Health Equity Solutions, is a native of Hartford, CT. Ayesha has built a career centered on elevating the voices of those often left out around the city of Hartford. Ayesha Clarke holds a master's degree in social work with a policy practice concentration (UCONN) and public health (Benedictine University) with a healthcare institution concentration. She also holds a bachelor's in economics from the University of Connecticut with a concentration in business.; Ayesha has a passion for policy and advocacy work centered on health, criminal justice, and education. She currently works for Health Equity Solutions as the Executive Director, where they focus on residents of CT obtaining optimal health care regardless of race, ethnicity, or socioeconomic status by advancing health equity through anti-racist policies and practices. Ayesha also serves as the Co-Chair for the Commissions on Racial Equity in Public Health.

Co-Chair The Rev. Cecil "Ngoni" Tengatenga, is a minister in the Episcopal Church, an educator and health scientist. Cecil is the Associate Director of the Connecticut Area Health Education Center (CT AHEC), whose mission is to address health inequities through healthcare workforce development. This year we are proud to partner with the state to implement a student loan repayment program for all primary care providers working with underserved communities to address recruitment, retention, and diversity. work centered on health, criminal justice, and education.

> "The deliberations in our sub-committee were a vindication that health inequities are not just a public health threat but undermine our collective dignity. We cannot lose sight that eradicating them in Connecticut isn't just about making systems efficient. It is also about changing how we treat all people to steward the environment to achieve well-being."
>
> **-CO-CHAIR, THE REV. CECIL "NGONI" TENGATENGA**

Committee Members

- **Osama Abdelghany,** Executive Director, Oncology Pharmacy Services/Chair, Yale University Oncology Institutional Review Board
- **Chinenye Anyanwu,** Assistant Professor in the School of Pharmacy at UConn
- **Megan Baker,** the lead Asian American Pacific Islander policy analyst for the Commission on Women, Children, and Seniors.
- **Stephanie Burnham,** Director of Center for Equity at Hartford HealthCare
- **Linda Barry,** Associate Dean of Office of Multicultural Affairs at UConn School of Medicine and Associate Director at Health Disparities Institute
- **Maritza Bond,** Health Director for City of New Haven
- **Luke Bronin,** Mayor of Hartford
- **Juan Carlos,** Executive Director of the New Haven Pride Center
- **Pareesa Charmchi Goodwin,** Executive Director of the Commission on Racial Equity and Public Health
- **Debbie Chisolm,** Associate Director, Retail & Specialty Pharmacy Services
- **Darcey Cobbs-Lomax,** Executive Director Office of Health Equity and Community Impact, Yale New Haven Health System
- **Tiffany Donelson,** President Chief Executive Officer at CT Health Foundation
- **Shawn Frick,** Chief Executive Officer of Community Health Center Association in CT
- **Michelle Griswold,** Assistant Professor in the Department of Public Health at Southern CT State University
- **Chavon Hamilton-Burgess,** Founder and Executive Director of Hartford Health Initiative
- **Jeff Hines,** Chief Diversity Officer at UConn Health with faculty appointments in OBGYN and Public Health Sciences
- **Victoria Hummel,** Intern at Office of State Comptroller
- **Ebony Jackson-Shaheed,** Director of Health and Human Services at the City of Hartford
- **Julian Koruni,** Pharmacist/President of CT Pharmacist Association
- **Arielle Levin Becker,** Chief of Staff & Communications Director for CT Health Foundation
- **Luis Luna,** Coalition Manager Husky 4 Immigrants
- **Ala Ochumare,** Learning Institute Coordinator at the New Haven Pride Center
- **Deb Polun,** Chief Strategy Officer of Community Health Association in CT

- **David Reyes,** Director of Emergency Preparedness and Community Outreach for the City of Bridgeport
- **Melissa Santos,** Associate Professor of Pediatrics | Associate Chair for Diversity, Equity & Inclusion | University of Connecticut School of Medicine
- **Megan Smith,** Senior Director of Community Health Transformation at Connecticut Hospitals Association
- **Linda Sprague Martinez,** Professor at UConn Health and the School of Medicine and Director for the Health Disparities Institute at UConn Health
- **Michael Werner,** Legislative Policy Analyst, Commission on Women, Children, Seniors, Equity, and Opportunity
- **Antonio Espinoza,** Medical School Student, UST/AHEC Scholars, Connecticut Area Health Education Center
- **Bhavana Gunda,** Medical School Student, UST/AHEC Scholars, Connecticut Area Health Education Center

Subcommittee Scope:

In 2021, the State of Connecticut declared racism as a public health crisis, leading to the creation of the Commission on Racial Equity in Public Health (CREPH). The COVID-19 pandemic has further exposed healthcare disparities that negatively affect the health and quality of life of underserved communities, particularly communities of color. The Urban Healthcare: Equity and Disparities subcommittee was formed to address these issues by creating and submitting policy solutions to the legislature. The subcommittee aims to have meaningful conversations about the work to address these disparities and what needs to be done to close the gap.

Before the subcommittee began its work, they had to define health equity. Most members referred to the Centers for Disease Control and Prevention's definition, which states that health equity is when everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires ongoing societal efforts to address historical and contemporary injustices, overcome economic and social obstacles to health and healthcare, and eliminate preventable health issues.

Key Issues Identified

The subcommittee identified several critical issues related to healthcare equity gaps throughout Connecticut. Although there are many issues, the subcommittee prioritized the following two goals:

1. To create a more substantial incentive to create workforce diversity and strengthen the retention and recruitment pipeline, the subcommittee recommends that the state must start the pipeline for the healthcare workforce at a younger age (10-11) and progress by discussing these careers in greater detail during middle and high school years. The state must diversify the healthcare workforce and fund initiatives to avoid worsening healthcare access and outcomes disparities. For example, it can be difficult for people of color to locate a therapist with a shared cultural background. According to the Census Bureau, about 18 percent of people in the United States identify as Hispanic and 13 percent as Black. Still, an American Psychological Association report found that only 5 percent of psychologists are Hispanic, and 4 percent are Black — 86 percent are white. Failure to address these issues will worsen enduring healthcare access and outcomes disparities.

2. To create better statewide systems for planning, implementing, and evaluating public health programs, the subcommittee stresses the importance of collaboration and an open-door conversation between the state and those most impacted. Connecticut has coordinated healthcare initiatives through successful state programs, such as the Medicaid expansion, and other collaborative partnerships across state agencies. However, these initiatives have yet to address all the challenges that collaboration can solve better fully. The subcommittee recommends that Connecticut find ways to avoid siloed implementation of critical programs and encourage more statewide cooperation for a successful outcome. The subcommittee stresses the importance of convening other stakeholders to partner with outside state programs to meet public needs. This can be done by bringing the insurance industry to the table to discuss high-deductible health plans and working to address the malpractice laws in our state to make Connecticut more competitive. The subcommittee demands the implementation of these initiatives and stresses the importance of driving improved healthcare access, which improves healthcare outcomes.

Legislative Policy Recommendations/Next Steps

The subcommittee discussed priorities that they wish to see action taken on the upcoming legislative session.

1. **Better Collaboration Between Stakeholders:** The subcommittee discussed that to ensure good quality healthcare is provided for all residents of the state and important information is being thoughtfully disseminated, stakeholders need to find ways to collaborate more effectively and frequently.

   This requires all parties to effectively communicate with one another when decisions are being made. The subcommittee suggests that resources be brought to communities, which involves partnering with community organizations like faith-based communities, local non-profits, school and youth groups. Other examples include having community healthcare workers go to places where groups gather to make it easier for individuals navigating healthcare decision and to play a critical role in ensuring residents are meeting their own healthcare needs efficiently.

2. **Address Barriers to Access:** The cost of healthcare in Connecticut continues to rise relative to the cost of living, structural discrimination, and high deductibles. Employee benefit health insurance plans continue to decline for most individuals, and with changes in the marketplace, health coverage varies. Additionally, there should be efforts to communicate the availability of public assistance programs that can assist with the cost of healthcare and overcoming barriers.

   These high costs greatly impact the health of our residents, as people will put even basic care due to the cost. Another main contributor to health inequity is the heavy burden of Medical Debt. Medical debt disproportionately affects adults who live in communities where the majority of the population are people of color. These households are more likely to have medical debt, are dealing with medical debt in collections or have it reported in their credit reports, which results in financial instability, as well as putting off basic healthcare needs.

   The subcommittee asks that the Comptroller advocate for reducing the impact of medical debt by strengthening hospital financial assistance policies and regulating insurance companies with high deductible costs.

3. **Strengthen Workforce Pipeline, Specifically for People of Color:** The subcommittee discussed ways to improve the workforce pipeline, recruit and retain folks to enter the healthcare field. To strengthen the pipeline, the state must do so through:

   - Expanding and recognizing informal care givers beyond those working among elderly adults with dementias, or individuals with intellectual disabilities. Reforms should include expanding the existing Adult Family Living Program (AFLP) at the DSS to other vulnerable populations (immigrants, refugees, etc.), as well as including spousal and intergenerational support, as was done for IDD clients.
     - Introduce an hourly compensation for informal caregivers by matching the level of care they are providing to formal caregivers. The legislature should work with the Department of Social Services (DSS) and the Commissioner of the Department of Insurance (DOI) to leverage the Medicaid and Medicare program to expand reimbursement for informal care with private payers.
     - Provide funding for a Community Ombudsman Program, including Regional Ombudsman for each region of CT will help assure quality for older adults aging in place in the community and further the goals of Rebalancing. This office should ensure the implementation of Presumptive Eligibility (PE) for long-term services and supports applicants.

4. **Recruitment and Retention of Connecticut's Healthcare Workforce:** Subsidies for healthcare licensing and the financial burden associated with advanced degrees and training, as well as increased insurance billing rates, should increase the appeal of working in healthcare in Connecticut.

   Moreover, a reduction in staffing shortages in one area, for example nursing, will have a symbiotic impact on providers in other areas, for example physicians, who stand to have greater job satisfaction. Burnout is a primary driver of healthcare employee exodus, and alleviating staffing shortages can greatly increase satisfaction.

- **Bolstering Diversity of Connecticut's Healthcare Workforce:** Connecticut must diversify minority demographics in diagnosing and treating healthcare roles relative to their true population percentage. In expanding the financial incentive to include roles beyond diagnosis and treatment, Connecticut can ensure minority groups can also enjoy some financial benefit for keeping Connecticut healthy in other job roles. A reduction in costs of social worker and pipeline program licensing fees will also help to alleviate the financial barriers underrepresented minorities face when seeking healthcare certifications.

- **Financial Incentives for Minority Health Care Workers:** Through financial incentives, Connecticut can ensure that demographic disparities in health outcomes are not exacerbated by staffing shortages. It has been shown that staffing shortages contribute to poorer outcomes in minority patients who are overrepresented in hospital admissions. Strengthening Connecticut's healthcare workforce will improve healthcare outcomes, reduce patient financial burden, and, furthermore, reduce economic burden on Connecticut's healthcare system.

- **Student Loan Repayment (for non-clinicians):** The subcommittee also asks the Comptroller to consider advocating for incentivizes for students to take jobs in the healthcare field by offering a student loan repayment option for non-clinicians. This repayment option would be offered to respiratory therapists, medical billing and anyone who works "behind the scenes." These jobs are too facing a worker shortage crisis and having the student loan repayment option can help to recruit additional workers.

- **Medicaid Reimbursement Rates and Expansion of Medicaid:** The subcommittee asks that the Comptroller also advocate for a higher reimbursement rate for Medicaid, which have not been increased in roughly 15 years. For residents to be able to receive services, the gap of cost of services and reimbursement rates must be increased. The subcommittee also requests the Comptroller to advocate for the undocumented population to receive access to Medicaid. The 2020 census showed that 58% (65,000) of undocumented immigrants in Connecticut were uninsured in 2019. Not allowing undocumented immigrants access to Medicaid is a barrier that community faces when it comes to healthcare and results in putting off critical care due to cost.

> "Collaborating with inspiring like-minded individuals is truly invigorating. While Connecticut is recognized as one of the healthiest states in the U.S., a closer examination of the data reveals significant opportunities for collective action to address inequalities and disparities within our state. Together, we can embark on meaningful initiatives to make a positive impact and foster a healthier, more equitable Connecticut for all."
>
> **CO-CHAIR AYESHA R. CLARKE**

Committee Co-Chairs:

Co-Chair Gretchen Raffa, Vice President, Public Policy, Advocacy and Organization at Planned Parenthood of Southern New England has dedicated her professional career to advocating for reproductive freedom. Gretchen leads the strategic direction for legislative affairs and represents PPSNE on numerous coalitions and at the State Capitol. Gretchen leads a team across Connecticut and Rhode Island, developing strategies to advance PPSNE's organizing, advocacy, and policy priorities. Gretchen is a graduate from the University of Connecticut and received her MSW with a concentration in Policy Practice at University of Connecticut School of Social Work.

Co-Chair Meghan Scanlon, President and CEO of the Connecticut Coalition Against Domestic Violence, leads a statewide network focused on advocacy, outreach, and education. Working to transform political, economic, and social responses to end domestic violence in Connecticut. Prior to CCADV, Scanlon led Women & Family Life Center, a regional nonprofit serving women and families in crisis. Meghan has experience in the Connecticut nonprofit world and served as an aide to Senator Chris Murphy and Congresswoman Jahana Hayes. She is a graduate of the University of Connecticut and lives in Guilford with her husband Sean and sons Jack and Declan.

Co-Chair Janée Woods Weber, Executive Director of She Leads Justice, is an activist, advocate, facilitator and trainer for social justice issues, and a long-time Connecticut resident. Before joining She Leads Justice, Woods Weber served five years as the Director of Organizational Culture for the William Caspar Graustein Memorial Fund in Hamden, a family philanthropic organization with a focus on achieving equity in education. Prior, Woods Weber worked as the Program Director at Everyday Democracy, a national nonprofit in Hartford that helps communities across the country create action around important issues such as food security, community prosperity, immigration, education, and undoing racism. In 2019, Woods Weber was appointed to the Women's Policy Committee for the Lamont-Bysiewicz gubernatorial transition. Woods Weber attended Williams College and Pace University School of Law.

> "CCADV applauds Comptroller Scanlon for using his position to elevate the importance of women's health. At CCADV, we know that intimate partner violence is a preventable public health issue that has long-term health consequences for women and their families. We look forward to working with him to find ways to create more affordable and equitable access to services and educational opportunities across race, geography, and economic status." "
>
> **-CO-CHAIR, MEGHAN SCANLON,**
> PRESIDENT AND CEO OF THE CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE

Committee Members

- **Janet Stolfi Alfano, MSW, CFRE** – Chief Executive Office of The Diaper Bank of Connecticut
- **Cara Delaney, MD, MPH, FACOG** – Assistant Professor and Complex Family Planning Specialist | Department of Obstetrics and Gynecology | UConn Health and UConn School of Medicine
- **Christopher M. Morosky, MD, MS, FACOG** – Professor, Vice Chair for Education, Generalist Division Director | Department of Obstetrics and Gynecology | UConn Health and UConn School of Medicine
- **Shelly Nolan, MS, LPC** – Behavioral Health Clinical Director – Women's Services & Problem Gambling Services at the Department of Mental Health and Addiction Services
- **Selina A. Osei** – Director of Health Equity and Community Engagement at Connecticut Hospital Association
- **Lisa Thomas** - Chair of the Coventry Town Council
- **Amber Wilkes** - Fourth Year Medical Student at UConn School of Medicine

Subcommittee Scope:

In October 2023, the Comptroller held a Women's Healthcare Summit at UConn Health as part of a series discussing healthcare challenges and issues confronting various constituency groups. Following this discussion, the women's subcommittee was formed with a charge to examine women's health and identify potential ways to improve healthcare for all women.

Women face unique health concerns and conditions throughout different stages of their entire lives, which may affect their overall health and wellness. For many, especially those with families or who may be a single

provider, they are sometimes forced to put their family's needs and wellbeing ahead of their own. In order also achieve economic independence and security, women must be able to access quality and affordable care. This subcommittee emphasized that when looking closely at women's health, providers and policymakers must take a holistic approach by looking beyond women's physical health but also emotional, social, intellectual, environmental, and financial health.

Principles of the Subcommittee:

The Subcommittee began their work by thinking about women's health through both societal and systemic lenses. The subcommittee also wanted to look at opportunities to improve health outcomes and systems already in place. The areas of healthcare that the subcommittee chose to focus on included:

1. Economic Insecurity and Independence
2. Accessibility and Geographical Challenges
3. Issues Around Disparity
   a. Women of Color
   b. Women Living in Poverty
4. Maternal Healthcare
   c. Pre and Post Partum Mental Health & Intimate Partner Violence (IPV)
5. Holistic Approach to Women's Health and Overall Wellbeing
   a. Women Sacrificing Self Care in Place of Families

Key Issues Identified:

Create Holistic Health Care Approach: The importance of a holistic approach is critical when focusing on addressing the physical, mental, and emotional wellbeing of individuals, considering the whole person rather than isolated symptoms or conditions.

A holistic approach makes healthcare for women more comprehensive and patient-focused. Such an approach is also crucial, as it acknowledges and addresses reproductive health and gender-specific conditions. By prioritizing preventive care, providers can proactively address health issues, promote healthier habits, and ensure early detection of conditions such as breast and cervical cancer. Additionally, a holistic approach emphasizes psychosocial support, while recognizing the interconnected nature of physical and mental health.

Attract Practitioners with Diverse Expertise into Private Practices & Hospitals: Having practitioners with diverse expertise levels in practices and hospitals will aid in the pipeline challenges and shortages, while also providing the most appropriate and up-to-date care to individuals.

More experienced practitioners will be able to mentor and guide novice practitioners in the identification and treatment of illnesses. Novice practitioners may be more equipped to provide the types of care that have gained prominence in recent years, including gender-affirming and culturally-appropriate care. In workplace settings with diversity of expertise, health care workers of all levels will be able to learn from one another to provide optimal care. This will create an ongoing culture of mentorship that will aid in supporting the healthcare workforce pipeline, reduce shortages and burnout.

Ensure Reproductive Rights and Access to Healthcare for All: Recent national and state-level threats to accessing reproductive health care have put millions of women, plus more trans and nonbinary people, both in fear and at risk. Reproductive health care is health care, and in states like Connecticut, any decision about reproductive health, including abortion, can be safely made between a patient and their provider.

In light of the U.S. Supreme Court *Dobbs* decision ending the federal

> "Planned Parenthood of Southern New England provides access to critical health care services to people across Connecticut. We hear from our patients about the many barriers they face to accessing the care they need. The policies recommended by this subcommittee prioritize what women have said they need so that they and their families can thrive, creating a more equitable health care landscape for all people. Together, we will keep working towards a future where everyone is free to get the health care they need, including abortion, and can make their own personal decisions about their bodies, lives, and futures."
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> **-CO-CHAIR GRETCHEN RAFFA,** VICE PRESIDENT, PUBLIC POLICY, ADVOCACY AND ORGANIZING AT PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND

constitutional right to abortion, states are now charged with deciding whether to provide fair and equitable access to reproductive healthcare.
Currently 21 states have made the decision to limit or all out ban access to abortion, and Connecticut has been a national leader in expanding and protecting access to abortion care for residents in our state and for those who have to travel here to access the care they need. The subcommittee commends Connecticut's efforts and believes advocates and policymakers should continue to champion critical access to reproductive health care and invest in solutions that increase access to abortion and pregnancy-related care, and support the infrastructure and long term sustainability of abortion care providers in our state.

Legislative Policy Recommendations:

Intimate Partner Violence Resources: Data has shown that there is a lack of screening and education on the dangers and impact of intimate partner violence (IPV) prior to and following pregnancy. It is known that the risk of intimate partner violence is higher during pregnancy and up to one year postpartum. IPV can have serious negative health consequences for the child and the person who is giving birth. Providing IPV resources and education to every birthing person will ensure that healthy relationships are discussed and that each person leaves with knowledge of Connecticut's statewide hotline, CT Safe Connect. Ensuring that all birthing people leave with an IPV resource is a crucial step in improving health outcomes and reducing maternal morbidity and mortality in Connecticut.

Expand Medicaid to Cover Diapers: Diapers play a critical role in a baby's health and wellbeing. According to Healthline, babies need between six and 12 diapers each day, possibly more in the early weeks. The American Academy of Pediatrics shares that families may spend close to $936 on disposable diapers in the first year (about $18 per week). Having diapers covered under Medicaid will help ensure that families experiencing economic hardship can devote their limited funds towards other essentials, thus reducing the stress of having to choose between diapers and food. Diapers are crucial to a baby's health, as they decrease the risk of infection, skin sores, and numerous of medical conditions.

Expanding Paid Sick Days: In 2011, Connecticut became the first state in the nation to pass a paid sick days law. However, since then, several other states have surpassed us with more comprehensive policies, and the current law excludes 88% of Connecticut's workforce from the guaranteed right to paid sick days. The subcommittee recommends the expansion of paid sick leave to cover all employees regardless of their employer's size or industry, the reduction of the waiting period for workers to able to access accrued time off, a broadening of the definition of "family" by allowing workers take paid days off to care for a loved one that may not meet the current definition, and the extension of access to safe days, which are days that can be used to allow a worker to take care of a family member who may have experienced family violence or sexual assault.

Improving Fertility Care Coverage Laws: In October 2023, Comptroller Scanlon made a revision to the Connecticut State and Partnership Medical Benefit plans' infertility coverage to cover fertility services for plan members who are "unable to achieve a pregnancy as an individual or with a partner because the individual or couple does not have the necessary gametes to achieve a pregnancy." This change reinforced the importance of redefining fertility care coverage in existing state law to be inclusive of LGBTQ+ and single people, especially including protection against policies of refusal in hospital settings. It is essential to now expand fertility care coverage in public and private health insurance plans as well.

Telehealth: With the expiration of telehealth approaching in June 2024, the subcommittee recommends that state law be modified to cement telehealth as a form of healthcare in Connecticut. Telehealth benefits patients throughout Connecticut, especially those in rural communities and individuals who may be constrained by work or childcare challenges. Securing telehealth's position in Connecticut will lead to opportunities to expand access and payment streams.

Husky for Immigrants: The subcommittee also recommends expanding Husky (Medicaid) to income eligible individuals regardless of their immigration status. Healthcare advocates have consistently reaffirmed their belief that "healthcare is a human right," and one's immigration status should not determine the cost of n

> "Women's health and women's economic security are linked together. Access to affordable, high quality healthcare at all stages of our lives is a foundational element for individual wellbeing, thriving families, and community prosperity. Health care is a human right and every woman in Connecticut deserves the best care, regardless of racial or ethnic identity, citizenship status, class or wealth, or geographic location."
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> **-CO-CHAIR JANÉE WOODS WEBER,**
> EXECUTIVE DIRECTOR OF SHE LEADS JUSTICE