



2025 HEALTHCARE CABINET REPORT

Comptroller Sean Scanlon

165 Capitol Avenue, Hartford, Connecticut 06106 | (860) 702-3300

2025 Office of the State Comptroller Healthcare Cabinet

TABLE OF CONTENTS

Letter to the Cabinet.....	3
Executive Summary.....	4
2024 Healthcare Cabinet Recap.....	6
2025 Healthcare Cabinet Recommendations.....	8
Workforce Subcommittee.....	9
Women’s Subcommittee.....	13
Children’s Subcommittee.....	18
Mental Health Subcommittee.....	21
Urban Health Care: Affordability and Accessibility Subcommittee.....	27
Urban Health Care: Equity and Disparities Subcommittee.....	31
Rural Healthcare Subcommittee.....	36
LGBTQIA+ Subcommittee.....	43



LETTER TO THE CABINET

Dear Comptroller's Healthcare Cabinet Members,

The next iteration of the Comptroller's Healthcare Cabinet report, and the formation of the cabinet itself who helped write it, is a continued testament to the meaningful results that can be obtained through advocacy and action.

When I originally tasked the members of this cabinet, I asked them to delve deep into the healthcare challenges that uniquely face different groups of people throughout our state. Yes, I asked for a report that would do more than collect dust on a shelf, but one that would have ideas that would serve as the inception for policy changes that reverse some of our state's greatest healthcare disparities—and we did just that. Through this cabinet's efforts and vision, we successfully helped to implement changes and laws that will improve healthcare outcomes in our state.

Co-chairs and members collectively approached big issues with bold solutions. As meetings come to a close, this report begins the critical conversations we must have during the legislative process and the work that is ahead. We must ensure that every single person in our state has access to the quality and affordable care that they deserve.

The Cabinet and this report are meant to build on last year's progress and continue the conversation on how we best achieve that.

Thank you for reading and, hopefully, for joining us in the effort to improve healthcare and the quality of life in Connecticut.

A handwritten signature in black ink, appearing to read "Sean Scanlon".

Sean

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



EXECUTIVE SUMMARY

Following up on the successful passage of several pieces of healthcare legislation during the 2024 legislative session, the Comptroller's Healthcare Cabinet reconvened throughout 2024 to continue the collaborative development of future legislative initiatives. Comptroller Scanlon originally brought together key policymakers, stakeholders, practitioners, and advocates to discuss healthcare challenges facing various demographic populations across Connecticut. Within the Comptroller Healthcare Cabinet, subcommittees based on those population groups sought solutions to these challenges, which include potential legislation or restructuring of current efforts.

The cabinet is organized into eight different subcommittees, each charged with examining Connecticut's healthcare system under the lens of a particular issue or constituency group, identifying the issues facing them and lastly, developing ideas to confront the biggest healthcare challenges. These ideas have then been put forward 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 2024 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+

This year's report not only details systemic healthcare challenges facing people throughout Connecticut but also provides policy and funding recommendations to further address them. In today's shifting healthcare landscape, it is imperative more than ever that people can access quality and affordable healthcare. However, with continued rising costs and barriers more solutions are needed.

In addition to healthcare costs, many centers of healthcare, such as hospitals and clinics, continue to face shortages or worker fatigue. These ideas and proposals found within this report aim to address the affordability of healthcare and encourage the creation of better incentives to recruit and retain the workers we desperately need to care for Connecticut's communities.

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 remains 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, while the national average is \$10,000.

As the new legislative session begins, each of the subcommittees found consensus on the need for better Medicaid funding to address several systemic issues facing their respective constituency groups. They believe Connecticut must not only provide additional support for those in underserved communities, including increased reimbursements for Medicaid and Medicare patients, but also close 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, which has created a roughly \$75 million funding gap.

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

Connecticut has taken the lead on many key healthcare initiatives, including the pandemic response most recently, which has made Connecticut a more attractive state for young families and new businesses.

Connecticut's healthcare advocates, hospital leaders, and elected officials can come together to address some of the health needs facing Connecticut residents. These proposals and ideas, many of which will require a longer-term approach and continued collaboration, can help to close the gaps in care and ensure we strengthen and sustain care for current and future generations.

2024 HEALTHCARE CABINET RECAP

In 2023, Comptroller Sean Scanlon formally launched the Comptroller's Healthcare Cabinet in collaboration with community and healthcare leaders to examine challenges facing Connecticut's healthcare landscape.

Cabinet members were divided into eight subcommittees, with the Co-Chairs of each subcommittee tasked with thinking bold and big—and they did. Over the span of six months, subcommittee members worked to find solutions that would be turned into legislation that was aimed at improving healthcare outcomes for those in Connecticut. Prior to the start of the 2024 legislative session, each subcommittee shared their recommendations with legislative leaders and encouraged them to turn their ideas into meaningful policy.

Out of more than two dozen recommendations, ten recommendations received a public hearing and four were passed by the legislature and have been signed into law by the Governor.

Below is some of the progress that Healthcare Cabinet helped to create:

What passed in the 2024 Legislative Session:

- HB 5001: An Act Supporting Connecticut Seniors and the Improvement of Nursing and Home-Based Care
 - Testimony: [Testimony.2024.HB5001.pdf \(ct.gov\)](#)
- HB 5198 An Act Concerning Telehealth
 - Testimony: [Testimony.2024.HB5198.pdf \(ct.gov\)](#)
- The Distribution of Educational Materials Regarding Intimate Partner Violence Toward Pregnant and Postpartum Patients (passed in HB 5523)
 - Testimony: [Testimony.2024.HB5198.pdf \(ct.gov\)](#)
- Expanding Paid Sick Days in the State (passed in HB 5005)
 - Testimony: [Testimony.2024.SB7_.pdf \(ct.gov\)](#)

What concepts were heard during the 2024 Legislative Session:

- HB 5368 An Act Concerning Medicaid Coverage of Diapers
 - Testimony: [Testimony.2024-03-04.HB5368.pdf \(ct.gov\)](#)
- HB 5459 An Act Increasing Rates of Medicaid Reimbursement for Certain Providers
 - Testimony: [Testimony.2024.HB5459.pdf \(ct.gov\)](#)
- HB 5054 An Act Addressing Healthcare Affordability
 - Testimony: [Testimony.2024.HB5054.pdf \(ct.gov\)](#)
- HB 5378 An Act Concerning Health Insurance Coverage for the Diagnosis and Treatment of Infertility
- SB 402 An Act Concerning Mental Health Parity
 - Testimony: [Testimony.2024.SB402.pdf \(ct.gov\)](#)
- SB 1017 An Act Establishing a Task Force on the Shortage of Firefighters And Emergency and Medical Services Personnel In The State

Solutions we are seeking outside of the legislature:

- Workforce Subcommittee: Create a *Health Care Workforce State Manual*
- LGBTQIA+ Subcommittee: Create a Centralized Space for Resource/Recommendations
- Children's Subcommittee: We are working on a value-based care pilot specifically aimed at improving health and overall well-being outcomes for children and families.

2025 HEALTHCARE RECOMMENDATIONS

Healthcare Cabinet Universally Recommends Increasing Medicaid Provider Rates

Connecticut's Medicaid program connects over 1.2 million lower-income residents with critical healthcare services including primary care, behavioral and mental health services, and acute hospital care. The cost of the program is shared between the state and the federal government. In total, the program is estimated to cost \$8.5 billion in FY 2025, with \$3.5 billion funded by the State. These funds are used primarily to reimburse healthcare providers for the cost of care.

Unfortunately, the state's Medicaid program does not reimburse providers for the full cost of care. For example, a recent study by the Office of Healthcare Strategy determined that the program reimbursed for hospital services at sixty-two cents on the dollar in FY 2022. Similar shortfalls exist in reimbursing for services in other healthcare areas.

Providing inadequate Medicaid reimbursement rates leads to significant consequences for both patients and providers. When providers are not covered for the cost of care, the financial burden leads some to restrict access to Medicaid enrollees, limiting options for patients. Medicaid caseloads have trended upward in the last few years due to the pandemic and other drivers leading to an increase in share of patients whose costs are not fully covered. This leads to financial strain on our state's healthcare system.

Members of the Comptroller's Healthcare Cabinet including advocates, providers, patients, and nonprofits universally agree that it is time for Connecticut to increase Medicaid rates for the first time in 18 years. Healthcare costs have far outpaced inflation, and reimbursement rates have not sufficiently kept up to maintain a system that provides equitable, robust access to services for enrollees and financial stability for providers. While there have been targeted rate enhancements that have served to patch holes, it's time for a comprehensive investment that improves health outcomes. While the Cabinet understands increasing rates will require a significant financial investment from the State, being healthy is a foundation to increased opportunity and quality of life for the one-third of Connecticut residents relying on the state's ability to meet its Medicaid commitments.

The Cabinet stands ready to assist policymakers in solving this growing problem that has been decades in the making.

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
- **Anton Alerte, MD**, Associate Dean for Primary Care at University of Connecticut School of Medicine
- **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.
- **Phillip M. Boiselle, MD**, Dean for Frank H. Netter MD School of Medicine at Quinnipiac University
- **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
- **Shawn K. Frick**, Chief Executive Officer, Community Health Center Association of Connecticut
- **Layne Gakos**, Executive Director of the CT State Medical Society
- **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
- **Daniel F. Keenan, JD**, Regional Vice President Advocacy and Government Relations at Trinity 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
- **Stephen Traub, MD**, President and CEO, ProHealth Physicians
- **Peter Yoo**, Chief Academic Officer for Hartford Healthcare Corporation
- **Jennifer Widness**, President of the Connecticut Conference for Independent Colleges
- **Tracy Wodatch**, President and CEO of the CT Association for Healthcare at Home



“We ask our dedicated lawmakers to continue their strong support of Connecticut healthcare workers and consider these proposals, which will build on efforts under way at Connecticut hospitals – the largest collective employer in the state – to grow and sustain rewarding jobs and a diverse healthcare workforce. The future of healthcare in Connecticut requires a strong workforce, and collaboration remains crucial to build a healthy future for caregivers and patients alike.”

**CO-CHAIR KAREN-MARIE BUCKLEY,
VICE PRESIDENT OF ADVOCACY AT THE
CONNECTICUT HOSPITAL ASSOCIATION**

Subcommittee Scope:

In 2023, Comptroller Scanlon brought together a diverse group of industry experts, labor representatives, advocates, local leaders, and legislators to address one of the state's top priorities: attracting younger, well-trained talent while retaining the current workforce and incentivizing the next generation to pursue careers in healthcare.

Building on the progress from last year's legislative session and continuing the conversation, the subcommittee focused on expanding awareness of the wide range of healthcare careers beyond the more traditional roles of doctors and nurses. One of the subcommittee's key initiatives was the creation of a comprehensive *Healthcare Workforce State Manual*, designed to inform and inspire residents interested in pursuing careers in healthcare. While still in its early stages, this project marks an important step forward in educating young people about the diverse opportunities within the healthcare field.

2024 Key Issues and Policy Recommendations Recap:

Health Care Workforce State Manual: Many individuals interested in pursuing a career in healthcare may not know where to start, how to advance within their career if currently employed, or how to stay current with best practices and ongoing training. To address these challenges and provide better guidance, the subcommittee previously recommended the creation of a comprehensive resource that compiles essential information, including details on job responsibilities, educational and training requirements, necessary licenses, relevant professional organizations, and expected salary ranges. While a similar manual already exists, the subcommittee wants to collaborate with its authors to raise awareness of this resource and further build on it by incorporating more information to help residents determine if a career in healthcare is the right fit for them.



Legislative Fix for Direct Care Hire Fingerprinting: The subcommittee recommended a legislative solution to expand the locations where direct care workers in the long-term care sector—including those in nursing homes, assisted living facilities, and home healthcare—can have their digital fingerprints taken as part of the mandatory state-run background check process.

Last session, the legislature successfully passed a bill requiring the Commissioner of the Department of Emergency Services and Public Protection (DESPP) to implement a plan to expand fingerprinting locations across the state, making it more convenient for workers to complete this essential step in the hiring process.

Telehealth: Also during last year’s legislative session, a new law passed that implemented permanent changes to telehealth laws and regulations. These updates included allowing authorized telehealth providers to deliver services via audio-only telephone; prohibiting providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services; permitting authorized providers to offer telehealth services from any location to patients, regardless of their location, as long as state and federal requirements are met; and ensuring that health carriers cannot reduce reimbursements to telehealth providers for covered services that are appropriately provided through telehealth rather than in person.

Strengthen Pathway Programs: A key recommendation from the subcommittee last year was to explore ways to strengthen the pathway programs that support both prospective and current members of the healthcare workforce. These programs include *CT Health Horizons* and *Connecticut Career ConneCT*, both of which play a crucial role in addressing workforce needs.

- *CT Health Horizons* is a three-year higher education initiative developed in response to the statewide shortage of nursing and social work professionals. In partnership with public and private colleges, the program aims to alleviate this shortage by offering tuition assistance, expanding faculty positions, and creating career-based partnerships with healthcare providers. Aspiring nurses and social workers can receive up to \$10,000 in tuition support through this program.
- *Connecticut Career ConneCT*, administered by the Office of Workforce Strategy in collaboration with the Office of the Governor and the General Assembly, was established to assist workers impacted by the COVID-19 pandemic in re-entering the workforce. This program, which is free for eligible participants, provides training for entry-level and middle-skill jobs across various industries, including healthcare.

Although additional funding was not secured, strengthening these programs remains a top priority for the subcommittee. In 2024, the Comptroller hosted a roundtable discussion focused on the *CT Health Horizons* program to highlight its positive impact on students and universities and to showcase the ongoing success of the program.



2025 Legislative Priorities:

Tuition reimbursement/loan repayment:

Many Americans today are burdened by the overwhelming amount of student loan debt when pursuing a degree in higher education or job training. This financial strain is particularly acute in the context of the critical workforce shortage in healthcare, which has only been exacerbated by the COVID-19 pandemic. As students prepare to enter college and explore potential career paths, those interested in healthcare often face the challenge of additional schooling and the financial commitments that come with it.

One of the subcommittee’s key priorities is to offer students tuition reimbursement or loan repayment options, such as the [Connecticut Student Loan Repayment Program](#). By providing financial incentives like tuition assistance or loan repayment, Connecticut’s healthcare industry can help ease the burden of student debt, while also encouraging talented individuals to stay in the healthcare profession and address the workforce shortage. Funding for this initiative can be achieved through bonding or general fund dollars.

Healthcare Innovation Fund: Similar to the Manufacturing Innovation Fund, the Workforce Subcommittee proposes the creation of a Healthcare Innovation Fund, modeled after the successful structure of the [Manufacturing Innovation Fund](#). The request is for this fund to be allocated a dedicated line item in the state budget, with an initial investment of **\$100 million**.

Building off the success of the CT Health Horizons program, the Healthcare Innovation Fund would be to support the growth of Connecticut's healthcare workforce including but not limited to doctors, nurses, entry level (like CNA and group home workers), pharmacists, respiratory care, rad techs, EMS, etc. and stimulate job creation in the sector. The fund would be accessible to businesses, healthcare providers, and educational institutions, enabling them to invest in training programs for the workforce. It would be an ongoing, continuous resource, available to a wide range of organizations, including unions, union training funds, public and private universities, community colleges, and even organizations like American Medical Response (AMR) for workforce development programs. This fund would also help ensure a steady pipeline of skilled healthcare professionals to meet the needs of Connecticut's growing healthcare sector.

“Clearinghouse” for State Programs & Initiatives: A subcommittee recommendation that does not require legislative approval is the creation of a centralized “clearinghouse” to serve as a one-stop resource for information on all state programs available for healthcare careers. This would include details on initiatives such as CareerConneCT, CT Health Horizons, student loan repayment programs, and other relevant opportunities. Having a single, accessible location for this information would streamline the process for individuals seeking to explore and pursue healthcare occupations in the state.



“We have made significant progress in the state legislature in recent years to improve retention, with safe staffing and safety in the workplace legislation. Legislation alone, however, is only a part of the answer. There must be complete buy-in by all stakeholders in implementation of that legislation. To achieve that goal, this workforce has brought together industry, labor, academia, hospitals, home care, clinics, and multiple healthcare disciplines.”

CO-CHAIR JOHN BRADY,
EXECUTIVE VICE PRESIDENT FOR AFT CONNECTICUT

WOMEN'S SUBCOMMITTEE

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, formerly named Connecticut Women's Education and Legal Fund, a nonprofit that advocates for women and girls using a justice and equity lens. She currently serves on the Boards of Directors for Universal Health Care Foundation, the CT Paid Leave Authority, and Family Values at Work. Janée attended Williams College and Pace University School of Law.

Committee Members

- **Janet Stolfi Alfano, MSW, CFRE,** Chief Executive Officer 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
- **Liz Gustafson,** Connecticut State Director with Reproductive Equity Now
- **Beth Hamilton,** Executive Director of the Connecticut Alliance to End Sexual Violence.
- **Michele Harrison, LCSW,** Social Worker at UConn Health with a focus on the Perinatal population and covers the labor and delivery postpartum and outpatient clinic at UConn Health.
- **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, MD MBA MPH CHES,** Director of Health Equity and Community Engagement at Connecticut Hospital Association
- **Lisa Thomas,** Chairwoman of the Coventry Town Council and member of Windham United to Save Our Healthcare.



“During the last legislative session, advocates, community leaders and policymakers engaged in meaningful conversations about the challenges facing women’s healthcare and potential solutions to address those issues. From those conversations, several ideas and bills were proposed that eventually saw passage and will make a difference for women in Connecticut, including expanding Paid Sick Days for victims of sexual assault and improving fertility care coverage laws. CCADV was proud to again partner with Comptroller Scanlon’s Healthcare Cabinet and collaborate with the women’s subcommittee to further lift barriers to healthcare, preventing gender based violence and reforming our state’s Medicaid. We look forward to continuing our work and finding ways to better health outcomes and ensuring 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**



Subcommittee Scope:

Following the October 2023 Women's Healthcare Summit hosted by Comptroller Scanlon at UConn Health, the Women's Subcommittee was formed with the charge of evaluating women's health and exploring ways to enhance healthcare for all women.

Following up on the work of last year's subcommittee, which successfully saw passage and implementation of several key policy recommendations, the women's subcommittee again reconvened to continue a critical discussion around healthcare challenges and issues confronting women. Recently, women's healthcare and access has largely been shaped and impacted by evolving state and federal policies, even despite the significant progress Connecticut has made in safeguarding women's reproductive healthcare. Furthermore, socioeconomic conditions that sometimes disproportionately impact women have also played a factor in availability, affordability, and delivery of care, especially for those in low-income households. 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 to achieve economic independence and security, women must be able to access quality and affordable care.

2024 Key Issues and Policy Recommendations Recap:

During the 2024 legislative session, the Women's Subcommittee identified key issues and legislative priorities they saw as critical to addressing healthcare disparities and outcomes facing women. The subcommittee reported six legislative priorities, all of which were given a public hearing, with three ultimately seeing passage by the legislature before finally being signed by the Governor.

Those priorities include:

Providing Intimate Partner Violence Resources and Education:

This legislation provides IPV resources and education to every birthing person in Connecticut. These resources will ensure that healthy relationships are discussed, and that each person leaves with knowledge of Connecticut's statewide hotline, CT Safe Connect. In the 2024 legislative session, this issue received a public hearing and was passed by the legislature and signed by Governor Lamont.



Expand Medicaid to Cover Diapers: [HB 5368](#), An Act Concerning Medicaid Coverage of Diapers, which would have extended Medicaid coverage of diapers to children from birth to age three with certain health conditions, was introduced. After a public hearing, the bill passed through the Human Services Committee and moved to the Appropriations Committee. The bill was then added on to [HB 5367](#) and changed to a study, conducted by the Department of Social Services (DSS) to file a report, including analysis and recommendations concerning the following: (1) Federal requirements for Medicaid coverage of diapers for such children, (2) a summary of diaper coverage under Medicaid programs in other states, (3) clinical best practices, (4) operational and programmatic considerations, (5) opportunities to utilize the existing diaper coverage system for certain Medicaid recipients, (6) coverage options, and (7) fiscal impact to the state.

Expanding Paid Sick Days: Building on Connecticut's historic Paid Sick Days law from 2011, Governor Lamont signed legislation that strengthened the state's current law by expanding eligibility and broadening the definition of who qualifies as a family member, when the worker wants to use their sick days to care for their loved one. The [new law](#) takes effect January 1, 2025.

Telehealth: During last year’s session, the legislature passed a law that made permanent changes to the current telehealth requirements. The changes included allowing authorized telehealth providers to use audio-only telephone to provide services; prohibiting providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services; allowing authorized providers to provide telehealth services from any location to patients in any location subject to applicable state and federal requirements and prohibiting health carriers from reducing the reimbursement they pay to telehealth providers for covered services appropriately provided through telehealth instead of in person.

Improving Fertility Care Coverage Laws: In October 2023, Comptroller Scanlon revised the Connecticut State and Partnership Medical Benefit plans’ infertility coverage to include coverage for fertility services for 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 more inclusive of LGBTQ+ and single people, while also including protections against policies of refusal in hospital settings. The subcommittee’s priority was to pass a similar law that would expand fertility care coverage in public and private health insurance plans.



2025 Legislative Priorities:

Permanent Child Tax Credit: For many families facing affordability challenges, the Women’s Subcommittee believes a permanent Connecticut Child Tax Credit of \$600 per child can have an important financial impact in lifting them up. According to the United Way of Connecticut, nearly two out of five Connecticut households lacked the income to cover a realistic survival budget in 2022. With countless families living paycheck to paycheck, a permanent Child Tax Credit can ease the financial burden of raising children and put funds back in their pocket that can be used toward groceries, childcare or other pressing needs.

Medicaid Reform:

Medicaid Expansion for Diapers: According to Healthline, babies need between [six and 12 diapers](#) each day, possibly more in the early weeks. Diapers are crucial to a baby’s health, as they decrease the risk of infection, skin sores, and numerous medical conditions. The American Academy of Pediatrics shares that families may spend close to [\\$936 on disposable diapers](#) in the first year (about \$18 per week). By expanding Medicaid coverage to diapers, families experiencing economic hardship can devote their limited funds towards other essentials, without having to choose between diapers and food.

Expand Husky for Immigrants to Age 26. Medicaid, which is also known as HUSKY in Connecticut, currently provides coverage for all children ages 15 and under, regardless of immigration status, as long as their families meet the qualifying income limit. The Women’s subcommittee is asking the Legislature to pass a law that would expand HUSKY coverage to eligible individuals until age 26 regardless of immigration status, similar to the Affordable Care Act (ACA).

While this proposal did not receive a vote last session, the subcommittee continues to believe it is an important change in addressing better healthcare outcomes and removing healthcare obstacles.



“The health and economic wellbeing of women is dependent on the accessibility of affordable, high quality healthcare at all stages of their lives. However, in pursuing that prosperity and ensuring women can thrive and care for their families, many systemic healthcare barriers must be lifted. This committee firmly believes that 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. That is why we’re proud of work and proposals we’ve created, which will help us get closer to that reality.”

-CO-CHAIR JANÉE WOODS WEBER,
EXECUTIVE DIRECTOR OF SHE LEADS JUSTICE

Women’s Reproductive Health – Fertility and Maternity

Strengthening Fertility Care Coverage Laws: The Women’s subcommittee recommends passage of a law to expand coverage for fertility health care to align with the current medical standard of care which is inclusive of LGBTQ+ and single individuals. This would include language that protects fertility preservation coverage, in the case of medical procedures that could render someone infertile, which include oncology, gender-affirming care, or other procedures.

Prohibiting Adverse Actions Against Health Care Providers for Providing Certain Health Care Services: A priority of the Women’s Subcommittee is to pass a law that will work to protect healthcare providers in institutions with refusal policies, ensuring they can offer accurate medical information and pregnancy related care without facing disciplinary actions. Similar legislation was proposed last session, which the subcommittee recommends the Comptroller support if proposed again, in order to address gaps in emergency pregnancy related care and gender-affirming healthcare.

Supporting Freestanding Birthing Centers: In January 2024, Governor Lamont signed into law a bill that licenses free-standing birth centers and allows their operation in Connecticut. Free standing birth centers function independently and serve as an alternative to traditional hospitals for low-risk pregnancies and deliveries. For women of color, who are more likely to experience health related issues from pregnancy than White women, these centers provide a holistic and intimate birthing experience for those with lower risk pregnancies. While this alleviates travel and accessibility issues for those in places like rural communities, more support and resources are still needed to ensure the creation and continuity of these centers.

Enhancing Shield Law for Providers of Reproductive and Gender-Affirming Health Care: The Women’s Subcommittee recommends the Comptroller support legislation to enhance protections in the shield law (Reproductive Freedom Defense Act) for providers through telehealth, particularly those offering medication abortion or gender-affirming care to patients. Strengthening our shield laws offers health care providers an extra layer of protection to provide care to a patient regardless of their location.

Gender Based Violence

Anti-Discrimination Statutes: Currently, the only class of victims of crime that have protections under Connecticut's anti-discrimination statutes are victims who have explicitly suffered domestic or family violence. The Women's Subcommittee believes such protections should be broadened to also include victims of gender-based harassment including sexual assault, trafficking and stalking to the list of protected classes.

Sexual Assault Forensic Kits: The Women's Subcommittee recommends the Comptroller advocate for expansion of Sexual Assault Forensic Kits to include a third pathway for victims to have DNA evidence from their sexual assault kits be analyzed without having to report to police. The legislation would work to improve the process for victims, as well as improve case outcomes and accountability for offenders.

Female Genital Mutilation and Cutting: Connecticut is one of only nine states that currently does not have a law that prohibits female genital mutilation and cutting (FGM/C). The women's subcommittee is asking for legislation that would ban the practice of non-medical partial or total removal of external female genitalia of minors, while ensuring that survivors of domestic or sexual violence who are forced or coerced into procuring such practice are not criminalized



“As federal attacks on sexual and reproductive health care escalate, now is the time for the State of Connecticut to ensure that reproductive health providers like Planned Parenthood of Southern New England have the resources they need to continue providing essential care in our communities. The Medicaid reforms and other policy proposals 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.”

-CO-CHAIR GRETCHEN RAFFA
CHIEF POLICY AND ADVOCACY OFFICER
AT PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND

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
- **Dr. David Krol**, Medical Director of Connecticut Children's Care Network
- **Representative Jennifer Leeper**, 132nd House District serving Fairfield
- **Senator Ceci Maher**, 26th Senate District serving Darien, New Canaan, Redding, Ridgefield, Stamford, Weston, Westport, Wilton
- **Cynthia O'Sullivan**, Family Nurse Practitioner and Associate Dean of Academic Affairs and Global Nursing Programs at Sacred Heart University
- **Arden Parrish**, President of Connecticut Insulin4All
- **Janet Stolfi Alfano**, CEO of the Diaper Bank of Connecticut
- **Dr. Nicole Taylor**, Department of Children and Families Director of Pediatrics
- **Melanie Wilde-Lane**, Executive Director of the Connecticut Association of School-Based Health Centers



“Collaboration with OSC leadership confirmed and amplified the essential and feasible elements of a child health services value-based care pilot study for the State Employee Health Plan.

**-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 in 2023 to address obstacles pertinent to children accessing affordable, quality, and holistic healthcare. The health of children relies on the health of their families and communities, with a focus on providing children and youth with high needs wraparound services and a continuum of care. As a result, the subcommittee seeks policies that will strengthen work already underway in communities through increased systems building and enhanced communication.

2024 Policy Recommendations Recap:

The Children’s Subcommittee is currently working with the Office of the State Comptroller’s Healthcare Policy and Benefits Division to develop a value-based care model for children to pilot within the state employee plan. The model’s goal will be to improve overall quality of care by focusing on preventative care, care coordination, and patient and family experiences. Current planning is focusing on key content, quality measures, core competencies, and implementation strategies necessary for success. The subcommittee and OSC anticipate the pilot to launch in January 2026.

2025 Legislative Priorities:

Improve Data Collection and Analysis Among School-Based Health Centers:

While there are currently 325 school-based health centers (SBHCs) in Connecticut, there is no centralized system for data collection. Currently, the Connecticut Department of Public Health (DPH) collects data from the 92 SBHCs it oversees, leaving room to advance consistency and comprehensiveness. The subcommittee proposes legislation requiring data reporting to DPH among all SBHCs to improve the ability to advocate for additional resources and properly allocate existing funds.

This may involve additional training for SBHC staff on data collection standards and reporting protocols. Additionally, DPH should monitor the impact of funding adjustments and refine strategies as necessary. A joint report by the Connecticut Association of SBHCs and DPH could further demonstrate the efficacy of these centers, increasing their visibility and creating a valuable tool for legislative support in future funding requests.

Advance the Concept of a Meaningful, Impactful Children’s Cabinet:

The subcommittee proposes reviving or innovating a “Children’s Cabinet” to enable State agencies and their leaders to collaborate with advocacy groups and providers in system building that strengthens families and communities to engage all sectors relevant to advancing the health, development, and wellbeing of children and youth.



In 2023, [Governor Ned Lamont formed a “Kids Cabinet”](#) led by the Department of Children and Families (DCF). The goal of this cabinet was to bring together agencies responsible for children’s health, safety, and education. The Children’s Subcommittee would ask that Governor Lamont consider adding the Comptroller to the agencies involved, through which the subcommittee members will voice their concerns and recommendations.

Given the focus on cross-sector collaboration, advancing the goals of this cabinet could significantly enhance healthcare outcomes for children,



especially in mental health, social services, and housing support. By ensuring that these sectors work together, Connecticut can develop more holistic strategies for improving children's and families' health and well-being.

Increase Financial Support for Care Coordination Services:

Care coordination organizes and tracks a patient's healthcare services among multiple providers to ensure holistic care is delivered and wholly meets a patient's needs, especially for individuals with chronic conditions and/or disabilities. In the context of children's healthcare, care coordination aims to ensure that families have access to a range of services tailored to the child's needs and, potentially, other family members. This can include healthcare, social services, educational support, and more.



“The Subcommittee reinforced the importance of reforming Medicaid rates for behavioral health and child health services, given the deleterious impact on adequate staffing to meet current demands.”

-CO-CHAIR, DR. ALICE FORRESTER

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 serves on the boards of the Rotary Club, 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.

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 Department of Psychiatry, Stamford Health
- **Dr. 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
- **Heather Gates**, President and CEO of Community Health Resources (CHR)
- **Dr. Andrew Gerber**, President and Medical Director of Silver Hills Hospital
- **Leonardo Ghio**, Project Director at Northwest Hills Community Health Network of CT



“I am honored to continue as the co-chair the Comptroller’s mental health committee where we are building on the good work started last session. This thoughtful group is deeply committed to creating meaningful change in CT with proposals that will increase parity and shore up resources for the state’s most vulnerable patients.”

-CO-CHAIR MARIA COUTANT SKINNER,

CEO OF THE MCCALL BEHAVIORAL HEALTH NETWORK



- **Sarah Kiett**, State Representative, 134th House District
- **Jessica Marshall**, Owner and CEO of Behavioral Health and Wellness Solutions of CT
- **Melissa Meyers**, CEO of Generations Family Health Center
- **Dr. 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
- **Dr. Pernille Yilmam**, CEO and Founder of Mind Blossom

Subcommittee Scope:

The Mental Health Subcommittee, established under Comptroller Sean Scanlon’s Healthcare Cabinet, was tasked with addressing the critical challenges around adult mental health in Connecticut; while helping to develop tangible legislative recommendations for the 2025 legislative session. The subcommittee has also worked to find ways to strengthen the state’s mental health infrastructure through targeted, innovative solutions and through an emphasis on transparency, accountability, and systemic reforms. The subcommittee also concentrated its efforts on workforce sustainability, service accessibility, and addressing systemic inefficiencies.



A new tool, the subcommittee prioritized the creation of the **Mental Health Insurance Scorecard**, which is a new way to address ways to create greater transparency in mental health insurance coverage. Insufficient reimbursement rates, widespread non-compliance with state and federal parity laws, and limited accessibility to actionable data have contributed to mental health provider shortages and inequitable care, especially for those seeking it.

The scorecard is designed to empower consumers, promote accountability among insurers, and provide policymakers with vital data to inform decisions. By addressing these gaps, the subcommittee seeks to improve mental health insurance parity and ensure equitable access to services for all Connecticut residents.

In parallel, the subcommittee emphasized the need for **Behavioral Health System Alignment and Governance** to address the inefficiencies caused by fragmented oversight and overlapping advisory bodies. Current structures dilute focus, hinder reforms, and fail to meet the behavioral health needs of residents across the lifespan. By consolidating governance and adopting a lifespan-focused framework, the subcommittee aims to streamline decision-making, enhance accountability, and improve policy implementation. This approach balances immediate service delivery needs, such as reducing wait times and expanding access, with long-term reforms to create a cohesive and integrated behavioral health system.

By focusing on these two critical areas, the subcommittee has outlined a “roadmap” for addressing both immediate and systemic challenges. These efforts will provide the foundation for a more transparent, effective, and equitable mental health system in Connecticut, empowering residents, improving outcomes, and fostering sustainable progress in behavioral health care.

2024 Key Issues and Policy Recommendations Recap:

The 2024 Key Issues and Policy Recommendations from the Mental Health Subcommittee focused on two main areas:

1. Workforce Sustainability and Expansion:

Recommended affordable insurance solutions tailored for mental health professionals to reduce burnout and financial stress. This included exploring budget-friendly insurance plans modeled after programs like Husky, aiming to address high deductibles and copays. The goal was to improve the well-being of mental health professionals and enhance service delivery.



2. Holistic Behavioral Health Care Pilots:

Propose launching three interprofessional pilot programs to evaluate access, outcomes, and costs in communities with low access and high needs. These pilots targeted youth and early adults (ages 16-25) and focused on innovative service delivery models over 18-24 months, intending to inform future policies and develop a sustainable mental health care framework. sustainability of the mental health infrastructure.

2025 Legislative Priorities:

1. Mental Health Parity Compliance Scorecard

The Connecticut legislature should require the creation and publication of a mental health insurance scorecard to address the ongoing mental health crisis in the state. This scorecard should be easily accessible online and clearly display the level of total mental health reimbursement and adherence to parity for each government and commercial insurance plan offered in Connecticut. To create a meaningful mental health insurance scorecard for the entire state of Connecticut, the scorecard must include data from Medicaid and Medicare plans in addition to commercial insurance plans.

Rationale

A mental health insurance scorecard is recommended for Connecticut due to the urgent need for greater transparency and accountability in mental health insurance coverage. This need is driven by several interconnected factors: insufficient reimbursement rates contributing to mental health provider shortages, widespread non-compliance with parity laws, limited transparency and accessibility of data, strong public demand for transparency from advocacy groups, and support for increased transparency and policy changes from mental health experts within Comptroller Sean Scanlon's Healthcare Cabinet.

Implementation

The scorecard should include, but not be limited to, the following information for each plan:

- **Total Mental Health Reimbursement:** Provide clear and concise data on the total amount reimbursed for mental health services by each insurance plan. This data point can be further broken down by specific service categories, such as inpatient, outpatient, and medication management.

- **Parity Compliance Assessment:** Evaluate each plan's adherence to both state and federal parity laws, using a standardized methodology to assess compliance with both quantitative and non-quantitative treatment limitations.
- **Consumer Complaint Data:** Include aggregated and anonymized data on consumer complaints related to mental health coverage denials or barriers to accessing care.
- **Provider Network Adequacy:** Provide information on the size and geographic distribution of mental health providers in each plan's network. This should include metrics related to the availability of providers accepting new patients and wait times for appointments.

It is recommended that the Connecticut Insurance Department, Office of Health Strategy, or appropriate state agency be tasked with developing and maintaining the scorecard, ensuring its accessibility on their website. The assigned state agency should also establish clear guidelines for data collection and reporting to ensure accuracy and comparability across plans.

Impact and Benefits

The implementation of a mental health insurance scorecard in Connecticut has the potential to:

- **Empower Consumers:** Provide individuals and families with essential information to make informed decisions about their healthcare coverage, enabling them to select plans that adequately meet their mental health needs.
- **Promote Accountability:** Increase transparency and accountability among insurers, encouraging them to improve their mental health coverage and compliance with parity laws to avoid negative public perception and potential financial penalties.
- **Inform Policy Decisions:** Provide policymakers with valuable data to inform legislative and regulatory efforts aimed at strengthening parity enforcement, improving access to care, and addressing the mental health crisis in Connecticut.
- **Support Workforce Sustainability:** By highlighting reimbursement disparities and promoting parity compliance, the scorecard can contribute to creating a more sustainable and equitable payment environment for mental health providers, potentially aiding in recruitment and retention efforts.

By providing accessible and transparent data, the scorecard would promote accountability, empower consumers, and facilitate data-driven policy decisions. Ultimately, this initiative would be a significant step towards a more equitable and effective mental healthcare system in Connecticut.

2. Behavioral Health System Alignment and Governance

The behavioral health system in Connecticut currently operates with multiple overlapping advisory bodies and committees, creating significant redundancy and inefficiency. These fragmented structures dilute focus, hinder the implementation of systemic reforms, and make it difficult to address the full spectrum of behavioral health needs across the lifespan. Leadership gaps within state agencies further exacerbate these issues, as does the diminished authority of previously impactful bodies. Additionally, the lack of a cohesive integration framework prevents the system from fully addressing urgent service delivery needs while also planning for long-term reforms. Without action, the system will continue to face inefficiencies, delays in care, and unmet needs for individuals and families across the state.

Proposed Action Steps

- **Empower the Behavioral Health Advocate with a Clear Mandate:** The newly established Office of the Behavioral Health Advocate should be tasked with developing a comprehensive consolidation plan for the state's behavioral health oversight structure. This plan should focus on reducing redundancy, improving system-wide integration, and creating a governance framework that addresses behavioral health needs across the lifespan. The plan should also outline specific actions to streamline the functions of existing advisory bodies, ensuring that efforts are focused and resources are used efficiently.
- **Adopt a Lifespan-Focused Governance Framework:** The consolidated oversight structure should explicitly prioritize a lifespan-focused approach. This framework should ensure that behavioral health policies and programs address the unique needs of individuals at every stage of life, from children and adolescents to adults and seniors. Policies should be guided by evidence-based practices and informed by the expertise of stakeholders across the behavioral health continuum.
- **Address Immediate Service Delivery Needs While Implementing Long-Term Reforms:** Alongside systemic reforms, immediate efforts should focus on expanding access to care, reducing wait times, and enhancing the adequacy of provider networks. The Behavioral Health Advocate and other stakeholders should identify actionable, short-term solutions to improve service delivery outcomes while maintaining momentum on larger reforms.
- **Ensure Data-Driven Implementation and Evaluation:** The consolidation plan and subsequent governance reforms should be guided by measurable objectives, clear timelines, and specific benchmarks for success. Regular reporting and transparency should be prioritized to track progress, identify challenges, and make necessary adjustments.

Implementation

The Office of the Behavioral Health Advocate will lead the development of the consolidation plan, working in collaboration with state agencies, advisory boards, and community stakeholders. The consolidation plan will identify specific redundancies to be eliminated, outline the structure of the new governance framework, and provide detailed recommendations for integrating oversight functions. The plan should include a timeline for implementation and a strategy for evaluating the impact of the reforms. Additionally, the plan should highlight examples of best practices from other states and articulate how these can be adapted to Connecticut's unique needs.

Impact and Benefits

- **Better Outcomes for Individuals and Families:** By addressing fragmentation and inefficiencies, the reformed behavioral health system will ensure timely, high-quality, and coordinated care for individuals across the lifespan. Improved access and service delivery will lead to better health outcomes and enhanced quality of life for residents of Connecticut.
- **Enhanced Efficiency and Coordination:** Consolidating oversight and streamlining governance will eliminate redundancy, reduce administrative burdens, and allow resources to be directed where they are most needed. A unified structure will improve communication and coordination among stakeholders, ensuring that efforts are aligned and effective.
- **Improved Policy Development and Implementation:** A lifespan-focused governance framework will enable the development of policies that are more comprehensive and better aligned with the needs of individuals and families. A centralized entity will have greater capacity to oversee the implementation of these policies, ensuring that they translate into meaningful outcomes.
- **Increased Accountability and Transparency:** Clearly defined roles and responsibilities within the consolidated governance structure will enhance accountability at all levels. Regular reporting and stakeholder engagement will ensure transparency and build public trust.

- **Stronger Advocacy for System-Wide Improvements:** An empowered governance entity will be better positioned to advocate for necessary resources, including funding for workforce development, infrastructure improvements, and parity enforcement. The streamlined structure will allow for a stronger, unified voice in advocating for behavioral health reforms.

This policy recommendation provides a detailed roadmap for transforming Connecticut’s behavioral health system into an efficient, integrated, and lifespan-focused model. By empowering the Office of the Behavioral Health Advocate to lead a consolidation effort, the state can address long-standing challenges and create a system that is more responsive to the needs of individuals and families. Understanding that the mental health needs of children, teens, adults, and seniors are unique yet deeply connected, it’s essential to create a system that provides compassionate, high-quality care for every stage of life. A lifespan-focused approach not only meets people where they are, whether it’s a child struggling at school or a senior facing isolation, but also ensures they have the support and services they need to thrive throughout their journey. Through bold action and collaborative efforts, Connecticut has the opportunity to become a leader in behavioral health governance and service delivery.



“I am excited to be part of a group with Comptroller Scanlon because he is both bold and pragmatic. We’ve all spent too much time caught up in endless introspection—it’s time for real action and meaningful change. I am optimistic that our efforts will lead to concrete policy recommendations and make a genuine impact.”

-CO-CHAIR DR. JAVEED SUKHERA,
CHAIR OF PSYCHIATRY AT THE INSTITUTE OF LIVING (IOL)

Committee Co-Chairs:

Suzanne Lagarde MD, MBA, FACP, Chief Executive Officer at Fair Haven Community Health Care (FHCHC), helps provide comprehensive healthcare to over 34,000, primarily low income, minority patients. In this role, she oversees a staff of over 300 who provide care at 21 locations throughout southern CT. In her 11 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 7 consecutive years.

Trained as a gastroenterologist, Dr. Lagarde was a founding member of CT Gastroenterology Consultants, a large private practice in southern CT where she worked for many years prior to her current position. For most of her clinical career, 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. She has devoted her career to improving health care for the underserved. Following Hurricane Katrina, Dr. Lagarde obtained a license to practice medicine in Mississippi. For 5 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.

Dr. Lagarde advocates for the underserved at city, state and national levels. She has served on many key committees, including the Steering Committee of CT SIM (State Innovation Model) charged with healthcare reform in the state of CT. She currently serves on the Medical Assistance Program Oversight Council (MAPOC) for the state of CT, the agency with direct oversight of the Medicaid Program in CT. She has served on the Ambulatory Care Accreditation Advisory Council of The Joint Commission, the sole representative of FQHCs nationwide. She is the immediate past chair of the Board of Directors of The Connecticut Hospice in Branford CT and is the Chair of the Board of Directors of Community Health Network (CHN), the Ambulatory Services Organization (ASO) for CT Medicaid medical. She has served in various leadership roles at Connecticut's Primary Care Association, including Vice Chair and Treasurer of the Board.



“As a leader of one of the states’ largest urban-based community health centers, it has been both a pleasure and an honor to work with colleagues from across the state of CT who have brought diverse experiences, perspectives and expertise to propose initiatives that could improve the health and well-being of CT residents. Thank you!”

-CO-CHAIR MICHAEL R. TAYLOR,
CEO OF THE CORNELL SCOTT-HILL
HEALTH CENTER

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:

- **Osama Abdelghany**, Pharm D, MHA, BCOP, Executive Director of Oncology Pharmacy Services at the Smilow Cancer Center
- **Ariel Levin Becker**, Chief of Staff and Communications Director at the Connecticut Health Foundation
- **Justin Cahill**, Chair, Department of Emergency Medicine at Bridgeport Hospital
- **Darcey Combs-Lomax**, Yale New Haven Health System's Executive Director of the Office of Health Equity and Community Impact
- **Tiffany Donelson**, President & CEO of the Connecticut Health Foundation
- **Dr. Julian Koruni**, Pharm D, Healthcare Supervisor at Walgreens
- **Sean King**, Interim Healthcare Advocate
- **Campbell Mitchell**, Student at Yale School of Public Health
- **Joshua Mosdale**, Internist at Trinity Health of New England

Subcommittee Scope:

Comptroller Scanlon convened a group of hospital leaders, doctors, elected officials, and patient advocates to discuss ways to address equity and how urban disparities are often ignored. Urban healthcare disparities continue to persist across our state. For example, children born into urban settings face life expectancies that can be 14 years shorter than their suburban peers. These disparities in healthcare outcomes can come at both a personal and financial cost. Medicaid, a lifeline to healthcare for many in urban areas, has faced severe underfunding. An analysis by the Child Health and Development Institute found that for Connecticut's Medicaid rates to keep in pace for inflation, [they would have needed to increase 23% per year over the last decade.](#)

Over the past several months, patient advocates, state leaders, and providers gathered to continue a conversation on what's driving these disparities and what policy solutions and proposals can be created to ensure a healthier and affordable healthcare system where one's zip code does not determine their health outcomes, or life expectancy.

2024 Key Issues and Policy Recommendations Recap:

Needs Insecurity

In 2023, the Department of Social Services (DSS) was mandated by the General Assembly to conduct a two-phase study of Connecticut Medicaid premiums. DSS was mandated to undertake a study of CT Medicaid premiums, in two phases. Phase 1 looked at rates for physician specialists, dentists and behavioral health providers. The recommendations were due back to the legislature on Feb. 1, 2024. In it, the report detailed a [Medicaid system that was chronically underfunded and lagging behind the nation](#). Phase 1 compared Connecticut's Medicaid reimbursement rates to five "peer states" (Maine, Massachusetts, New Jersey, New York, and Oregon). Among services analyzed, 85% of Connecticut's Medicaid reimbursement rates lagged behind the peer states while 94% were less than Medicare benchmarks. With rates being last adjusted in 2007, these numbers will only inevitably deteriorate further.



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 2026 or worse, 2027 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.

2025 Key Issues:

Strained Resources and Funding Gaps: It is no secret that Connecticut's Medicaid system is underfunded. With no additional funding given during this past legislative session, there is an already projected [\\$210 million deficit for the Medicaid system this fiscal year](#). The cost of Medicaid can be effectively countered without compromising the quality of care given.

Primary Care Providers (PCPs) having to bill the state's Medicaid for services face an archaic infrastructure that is costlier and less efficient. Essentially, the PCP must conduct a traditional referral for a patient to see a specialist. Since there is no direct consultation between the parties, Medicaid can be billed for unnecessary tests that could have been resolved through this direct consultation. With a tight fiscal environment and rising costs to run our Medicaid systems, a lack of direct consultation works to impede a patient's access to essential services while pricing them out at the same time.

2025 Legislative Priorities:

Create an eConsult Policy for Connecticut Medicaid: 2024's HB 5459 as a Template

During the last legislative session, the subcommittee recommended the adoption of eConsults to better address Medicaid reimbursement. [HB 5459 § 8 \(An Act Increasing Medicaid Reimbursement for Certain Providers\)](#) would have directed DSS to draft a plan that would detail the specifics of an eConsult reimbursement platform, though it did pass out the Human Services Committee, it did not pass out of the Appropriations Committee. While an administrative step, it is nonetheless a necessary policy that would help begin the process of reducing costs for the Medicaid system.

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.

Why implement eConsults?

Without eConsults, 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.

eConsults provide impressive savings that can free up extra funds for our state’s cash-strapped Medicaid system. A [2018 analysis done by Health Affairs](#) showed statistically significant savings across the board when comparing the cost of sending a Medicaid patient to a traditional face-to-face referral versus the utilization of an eConsult. For example, the overall average total cost of a face-to-face referral was found to be \$157 while an eConsult of the same nature was nearly half that at \$74. In other specialized services, Connecticut [ranks 42nd in the nation](#) when it comes to Medicaid reimbursement for services other than Primary or Obstetric Care. The same 2018 study found large savings in these exact service areas when using eConsults rather than a face-to-face visit; there were average savings of 50%, 83%, and 73% when using eConsults for Endocrinology, Gastroenterology, and Orthopedic services respectively.

How should eConsults be implemented for Medicaid?

Historically speaking, Connecticut ran a limited trial for eConsult reimbursement for Federally Qualified Health Centers (FQHCs). [Before a December 2019 decision by DSS to discontinue eConsult reimbursements for FQHCs](#), the state used to cover a small portion of the cost of Medicaid codes 99451 and 99452. However, this pilot program was limited in its scope and received little funding and is not representative of what an actual implementation would look like. [A similar eConsult trial is now currently being run by DSS for the same Medicaid codes but excludes FQHCs and also possesses the same shortcomings as the 2019 pilot](#). Although a smaller subsection of the Medicaid system, the previous FQHC eConsult reimbursement infrastructure ran by DSS can be scaled up to accommodate the entire system. Such an eConsult platform would need to provide a considerably higher reimbursement rate for it to be viable. This would require an initial investment but as seen above, the resulting savings would pay dividends in improving the accessibility and affordability of services for Medicaid recipients.

Committee Co-Chairs:

Co-Chair Ayesha R. Clarke, Executive Director at Health Equity Solutions, is a dedicated leader and advocate for equity, specializing in dismantling systemic racism and addressing health disparities. As the Executive Director of Health Equity Solutions (HES), Ayesha leads efforts to center racial equity in policymaking and practice, with a mission to achieve health justice for all. Her work combines lived experience, academic insight, and professional expertise to build coalitions, influence policy, and engage communities in transformative conversations. Under her leadership, HES employs a race-forward and anti-racist approach, striving to eliminate the impact of white supremacy on health outcomes.

Ayesha’s career reflects a deep commitment to advancing social justice. From her work as Board Chair for Hartford Public Schools, where she advocated for equitable policies and budgets, to her leadership roles in organizations addressing youth violence and health inequities, Ayesha has consistently prioritized uplifting marginalized communities. Her contributions include spearheading community health initiatives, such as increasing COVID-19 vaccine awareness among Black and Hispanic populations and advocating for maternal health and financial assistance for underserved patients.

With a background in strategic planning, policy development, and operational leadership, Ayesha excels at creating sustainable solutions to complex challenges. She is pursuing a Doctorate in Public Health (DrPH), with a focus on the social and behavioral impact of inequities within Black and Brown communities. Ayesha’s leadership is guided by her belief in the power of community engagement and collective action to drive meaningful change.

Co-Chair The Rev. Cecil “Ngoni” Tengtenga, 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.



“Addressing urban health disparities requires the collective effort of diverse voices, and I am deeply grateful for the invaluable contributions of everyone in our subcommittee, especially the health professions students in the Urban Service Track program.

Our collective dedication and insights have been instrumental in shaping our recommendations on maternal morbidity and workforce development. These focus areas are critical for advancing urban health equity in Connecticut, ensuring that all communities have access to quality healthcare and the support they need for healthier futures. Birth is a major determinant of health outcomes, and, a robust workforce sustains health equity. It is to this vision of human flourishing we tailored our discussions and prioritization”

-CO-CHAIR, THE REV. CECIL “NGONI” TENGATENGA

Committee Members

- **Muna Abbas**, Associate Commission Analyst for Commission on Racial Equity in Public Health at Connecticut General Assembly
- **Osama Abdelghany**, Executive Director and Oncology Pharmacy Services Chair for Yale University Oncology Institutional Review Board
- **Chinenye Anyanwu**, Assistant Professor in the School of Pharmacy at UConn
- **Megan Baker**, Lead Asian American Pacific Islander Policy Analyst for the Commission on Women, Children, Seniors, Equity, and Opportunity
- **Linda Barry**, Associate Dean of Office of Multicultural Affairs at UConn School of Medicine and Associate Director at Health Disparities Institute
- **Arielle Levin Becker**, Chief of Staff & Communications Director for CT Health Foundation
- **Maritza Bond**, MPH, City of New Haven Director of Public Health
- **Camila Bortolletto**, Coalition Manager at Husky 4 Immigrants
- **Stephanie Burnham**, Director of Center for Equity at Hartford HealthCare
- **Darcey Cobbs-Lomax**, Executive Director at the Office of Health Equity and Community Impact in the Yale New Haven Health System
- **Tiffany Donelson**, President and Chief Executive Officer at the CT Health Foundation
- **Jeff Hines**, Chief Diversity Officer at UConn Health with faculty appointments in OBGYN and Public Health Sciences
- **Ebony Jackson-Shaheed**, Director of Health and Human Services at the City of Hartford
- **Rajakshmi Krishnamurthy**, Chief Population Health Officer for the Yale School of Medicine
- **Julian Koruni**, Pharmacist/President of CT Pharmacist Association
- **Linda Sprague Martinez**, Professor at UConn Health and the School of Medicine and Director for the Health Disparities Institute at UConn Health
- **Deb Polun**, Chief Strategy Officer of the CT Community Health Association
- **Melissa Santos**, Associate Professor of Pediatrics and Associate Chair for Diversity, Equity & Inclusion at the UConn School of Medicine
- **Gretchen Shugarts**, Commission Analyst for Commission on Racial Equity in Public Health at the Connecticut General Assembly
- **Athena Sofides**, MESC Candidate at the Yale School of the Environment
- **Michael Werner**, Legislative Policy Analyst for the Commission on Women, Children, Seniors, Equity, and Opportunity

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 further exposed healthcare disparities that negatively affect the health and quality of life of underserved communities, particularly communities of color. The Urban Equity and Disparities subcommittee was formed to address these issues by creating and submitting policy solutions to the legislature.

The subcommittee's focus revolved around six primary issue areas: Insurance and Medicaid Reimbursement Rates, Community Engagement in Data Analysis, Cultural Competency and Inclusion, Maternal Mortality and Health Equity, Workforce Diversity in Healthcare, and Disaggregated Data Utilization. The Subcommittee recognized a need for greater collaboration between critical stakeholders in the collection and processing of data as the current system is too siloed to facilitate effective collaboration. Similarly, the Subcommittee also believes in greater community input and involvement in the data collection process through engagement efforts. Cultural cognizance was another major theme that garnered considerable discussion. Many healthcare disparities persist within communities due a lack of cultural understanding between providers and patients. The subcommittee supports the state's efforts to continue funding the Long Term Care Ombudsman Program. Culturally cognizant outreach, funding, and coverage expansion efforts for oral care, especially for our state's AAPI populations, was another major area that the Subcommittee supported.

2024 Key Issues and Policy Recommendations Recap:

During the last legislative session, the subcommittee asked for better collaboration between stakeholders in terms of communication, addressing barriers to access by reducing the impact of medical debt and strengthening hospital financial policies, and strengthening the workforce pipeline for people of color.

Out of those ideas and recommendations, two were put forward as legislative measures. Systemic disparities within the community in terms of education, employment opportunities, and quality of life leave people of color more predisposed and disproportionately impacted by medical debt. Medical debt feeds into a vicious cycle where medical debt becomes an undue burden on one's credit scores. This in turn exacerbates inequities as financial opportunities are reduced and the



generational wealth gap is widened. This past legislative session saw the General Assembly successfully pass and the Governor sign SB 315 (PA 24-6), which bars the reporting of medical debt to credit agencies and also voids any existing medical debt that was previously reported. Additionally, the state also forgave \$30 million in medical debt for nearly 23,000 residents this past December. Both of these actions are a meaningful step towards reducing urban inequities.

The strengthening of hospital financial policies saw some legislative movement, but ultimately did not pass. There is a data gap currently when it comes to understanding a hospital's financial health and their spending practices. This prevents necessary scrutiny and oversight the

state can have on ensuring a hospital's ability to provide equitable healthcare. SB 9 § 6 would have required hospitals to submit quarterly reports to the Office of Health Strategy (OHS) that detail vendor invoices, amount of cash on hand, operating margins, unpaid rent/utilities, and any unpaid employee health insurance premiums. The bill passed out of committee but did not receive a vote.

2025 Key Issues:

Addressing Maternal Health Disparities: Maternal health disparities are a significant issue in Connecticut. Black women experience severe maternal morbidity nearly three times more often than White women. From 2015 to 2019, Connecticut recorded 62 pregnancy-associated deaths, with Black women disproportionately affected. Additionally, babies born to Black women are twice as likely to have low birthweight compared to those born to White women (12.5% vs. 6.3%). Research also indicates that Black and American Indian/Alaska Native women are more than [twice as likely to die from pregnancy-related causes compared to White women](#). Additionally, transgender and non-binary individuals face significant barriers in accessing maternal health care due to stigma and lack of provider knowledge.

Workforce Development for Medically Underserved Areas: Medically underserved areas in Connecticut face significant challenges in accessing primary care services, leading to poorer health outcomes and increased healthcare costs. Studies have shown that targeted education and training programs can significantly increase the number of healthcare professionals in these areas. Additionally, financial incentives such as loan repayment programs have proven effective in retaining healthcare providers in underserved regions. The 119K Commission report underscores the urgent need for investment in education and workforce development to address these systemic shortages.

2025 Legislative Priorities:

Expanding the Maternal Mortality Review Committee to Include Morbidity

Nationwide, there is currently a lack of strong reporting requirements to examine maternal morbidity. This has resulted in conflicting [epidemiological reports](#) that attempt to accurately measure the burden of maternal health outcomes/disparities. Our state has made incremental intervention to address these issues, particularly when the legislature [established](#) the Connecticut Maternal Mortality Review Program and the Maternal Mortality Review Committee (MMRC) under DPH in 2018. While steps are being made to effectively monitor maternal mortality, maternal morbidity (short- or long-term severe illness during and after pregnancy/childbirth) still remains understudied. Indeed, the burden of severe maternal morbidity poses health equity challenges for urban communities who disproportionately host minoritized communities. The disparity are stark across racial and ethnic lines, with some studies showing that black mothers are [2.1 times more likely](#) to be afflicted with severe maternal morbidity than their white counterparts. Our subcommittee believes that through an expansion of the MMRC's duties to include a review of morbidity, Connecticut can become a leader in the identification, monitoring, and eradication of maternal morbidity in the nation. Doing so would meaningfully improve the health outcomes of our state's most vulnerable birthing individuals.

Integrating Doulas Through the Development of Certification/Training Programs

Pregnancy and the postpartum period predispose birthing individuals to potential health outcomes disparities due to the impact of structural determinants of health. However, Doulas trained in providing emotional and physical support throughout pregnancy can greatly improve outcomes for both the birthing individual and newborn. They provide this level of specialized care and can serve as an essential aspect of maternal care. A large analysis of over 15,000 births showed that doulas had a [statistically significant effect](#) on reducing the length of labor, lowering the pain experienced during childbirth, and lessening the likelihood that a cesarian section or the use of forceps would be needed. During postpartum care, doulas can also provide individualized childcare services and be a helpful resource in educating birthing individuals on best practices for raising their newborns.

In Connecticut, there have been significant developments towards standardizing the role of doulas and approval in Husky to bill for these services. Additionally, two hospital systems, Hartford Health Care and Yale New Haven Health System, are implementing pilots project to demonstrate optimal models of doula integration into birth work. Inadvertently, the passage of [PA 22-58 § 40](#) established the Doula Advisory Committee to continually monitor and update these standards. However, there is no centralized resource to access doula training nor is this training widespread. We believe that a set of doula training/certification programs should be offered within the CSCU system, Area Health Education Center (AHEC) Network, and other centers who provide medical training. Along with an outreach campaign, increasing the accessibility and visibility of the doula profession will help to place more of these important individuals in underserved areas needing birthing assistance.

Establish Scholarships through CHESLA for Students Participating in Health Career Pipeline Programs

It is no secret that Connecticut is facing a shortage of healthcare workers fueled by demographic changes, economic conditions, and educational attainment gaps disproportionately affecting young adults from minoritized communities. [Reports indicate](#) that the state has an average annual deficit of 1,000 graduating nurses and 2,500 CNAs. The rising cost of tuition only adds to this shortage as people across the state are dissuaded from carrying a large debt burden and are also hesitant about the time commitments needed to enter the healthcare profession. It is important that the state develop programs that meaningfully address this healthcare worker

shortage and ensure that our distressed municipalities are prioritized. The Connecticut Area Health Education Center Network (CT AHEC) helps provide access to basic health care services in underserved communities and places students to train and work in these areas. CT AHEC has a statewide pipeline that begins in 9th grade through to health careers, especially for medically underserved communities in primary care. To date, the CT program alongside other UCONN health career exposure training programs provide mentoring, apprenticeship, and scholarship to attend UCONN, UCONN School of Medicine, and UCONN School Dental Medicine. However, there is more that could be done to increase funding for scholarship placements to supplement the partial commitment CT AHEC awards to one winner of its Junior Science and Humanities Symposium (CJSHS and the Health Career Opportunity (HCOP) initiatives. This can be done through the expansion of the CHESLA scholarship program and the DPH public health workforce internship at Yale University. As the state's primary student loan servicer, CHESLA possesses a large infrastructure that can be used to provide incentives. In tandem with its current scholarships, we believe that CHESLA would be a great platform to offer scholarships to students who are participating in the AHEC Network.

Expand CT Health Horizons

Connecticut's healthcare worker shortage also extends to specialists such as physicians/dentists. From 2008-2017, the state has only managed to retain [41.7%](#) of its physicians that have had their residency training in Connecticut. Likewise, fields such as dentistry are facing a [severe shortage](#) and massive [average debt burdens of ~\\$300,000](#). The state has recently made significant strides in easing the financial burden of higher education. Programs such as AHEC's [Connecticut Student Loan Repayment Program](#) and the Office of Higher Education's [Connecticut Student Loan Reimbursement Program](#) provide student loan forgiveness of up to \$50,000 and \$20,000 respectively provided that certain incentives are met. [CT Health Horizons](#) is another program that was created to provide targeted relief for the state's nursing and social worker shortage. The program provides up to \$10,000 (\$20,000 at some institutions) in tuition assistance to students who enroll in a qualifying BSN, MSN, Psych NP, and MSW program. Health Horizons was originally created via [SA 22-9](#) and is currently at a crossroads as it has been temporarily funded using ARPA money. Our subcommittee believes that expanding Health Horizons to include more healthcare fields along with proportional debt relief would be a powerful tool to recruit and retain more healthcare workers in distressed urban areas. Coupled with the other student loan relief programs, Connecticut can become an attractive hub for new medical professionals.



“The progress we’ve made is a testament to the power of collaboration and the collective effort of diverse voices. By breaking down silos and addressing systemic barriers, we’ve shaped solutions that prioritize health equity for all. If we continue to foster these connections and invest in critical areas like maternal health and workforce development, we can create a more equitable Connecticut—one where every community has access to quality care and the support needed for healthier futures.”

-CO-CHAIR, AYESHA R. CLARKE, MSW, MPH
EXECUTIVE DIRECTOR OF HEALTH EQUITY SOLUTIONS

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.

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,



“There is a simple reality that rural markets do not have the same level of availability of providers as urban/suburban markets, nor do they have the same levels of access to public or private transportation services. When contemplating Rural Social Determinants of Health, improvement in health status starts with access – access to an adequate supply of licensed clinical professionals via availability of reliable transportation.

– R. KYLE KRAMER,
CHIEF EXECUTIVE OFFICER, DAY
KIMBALL HEALTH

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:

- **Brenda Buchbinder**, LCSW Natchaug Hospital, Heath Chair of NAACP 2016, Cofounder of Windham United to Save Our Healthcare
- **Jill Drew**, Save Sharon Hospital
- **Lori Fedewa**, Director at CT Office of Rural Health
- **Leonard Ghio**, MBA, Project Director at Northwest Hills Council of Government
- **Nancy Heaton**, President and Chief Executive Officer of Foundation for Community Health
- **Daniel F. Keenan**, Regional Vice President Advocacy and Government Relations - Trinity Health Of New England
- **Sean King**, Healthcare Advocate
- **Dr. David Kurish**, Sharon Hospital
- **Lydia Moore**, Save Sharon Hospital
- **Christina McCulloch**, MBA, BSN, RN, President, Sharon Hospital, Nuvance Health
- **Melissa Meyers**, CEO at Generations Family Health Center

- **Lisa Thomas, JD**, Chairwoman, Coventry Town Council

Subcommittee Scope:

The Rural Subcommittee is composed of stakeholders and healthcare leaders who bring a unique background in confronting the challenges facing rural healthcare access and concurrently have a vested interest in ensuring that residents of rural areas have access to comprehensive care - locally (to the extent possible) and via access to tertiary and quaternary services in larger markets. The healthcare landscape of rural Connecticut faces ongoing issues of limited transportation - fixed route and ride-share, workforce (i.e., physician, nursing, EMT, etc.) shortages, limited locations to access care and dwindling resources. These issues are especially prevalent in the Northwest Corner and Eastern Connecticut. Discussions have focused on identifying rural Connecticut's barriers to care and continuing to develop meaningful policy solutions that elevate opportunities for access creation through increasing resources and improving transportation options.



The subcommittee's policy recommendations build on previous proposals that aim to expand resources for those seeking care, creating better financial infrastructure for rural providers that will better support their operations, and funding transportation systems (EMS and otherwise) to ensure that those who need emergency services can access them or be reached--no matter where they are in the state.

2024 Key Issues and Policy Recommendations Recap:

Key Issues:

1. Insufficient Access:

Connecticut's rural regions often lack adequate healthcare infrastructure. Infrastructure can be associated with total number of available providers who are accepting patients for care, wellness services such as "walk-in" clinics to address lower level health concerns, or transportation - EMS or otherwise. The general nature of rural areas suggests longer or more challenging distances between patients or providers. These factors can result in limitations to access to ride accessibility or longer EMS response times for more acute patients compared to urban and suburban areas. The average EMS response time in rural towns is 11.79 minutes, significantly higher than urban (7.52 minutes) and suburban (8.38 minutes) areas. Staffing shortages exacerbate these challenges, with Connecticut retaining only one in three medical professionals trained in-state. Moreover, the closure of labor and delivery services at Windham Hospital in Willimantic, Johnson Memorial Hospital in Stafford Springs, and potential cuts at Sharon Hospital further limit access to essential

services for rural residents.

2. Affordability:

Healthcare costs in Connecticut are among the highest in the country, with an average annual per person cost of \$12,500, compared to the national average of \$10,000. The high cost of living in rural areas, combined with increased transportation expenses, makes healthcare unaffordable for many residents. Reducing healthcare costs in rural Connecticut is crucial to making the state more affordable for all.

Concurrently, providers of healthcare services must be paid adequately for their efforts in providing care and wellness guidance to patients. In rural areas, where there is a greater propensity for individuals to be covered by State sponsored plans (i.e., Medicaid), the need for adequate reimbursement (cost coverage) is paramount as an incentive for attracting provider candidates to the market. For patients requiring hospital care, it is equally important that reimbursement for services under Medicaid cover basic costs.

3. Equity:

Ensuring equitable healthcare access in rural areas is essential, especially in diverse communities like Willimantic, where nearly 50% of the population is Hispanic. Medicaid patients in rural Connecticut face difficulties in finding providers, as hospitals like Day Kimball receive the majority of their revenue from Medicare and Medicaid. For care provided to Medicaid recipients, the hospital loses \$0.40 per dollar of cost. This financial strain makes it challenging for providers to serve those who need it most, especially in light of the fact that rural markets lack sufficient commercially insured business to offset the losses.

Legislative Priorities:

1. Adjust Medicaid Policy for Providers:

- Modify reimbursement strategies under Medicaid for rural geographies to ensure adequate cost coverage for critical services such as primary care, pediatrics, obstetrics, and behavioral health services. A cost-based model, derived from actual costs versus derived variations, should be contemplated to ensure that providers of access are able to serve the most vulnerable of the population without being concerned about suffering considerable losses. Ultimately, reimbursement rates should reflect the cost of doing business and be reflective of the modern practice of medicine.
- Recommend additional support for rural hospitals through increased reimbursements for Medicaid patients and a monthly facility fee to address low volume and variations in demand.
- Close the gap between Medicaid reimbursements and the cost of care at Federally Qualified Health Centers (FQHCs).
- Explore alternative revenue streams, including reimbursement for Community Health workers to perform Social Determinants of Health (SDOH) risk assessments.
- Preserve the 340B program, which supports patients and patient programs, despite current risks due to pharmaceutical company restrictions.
- Increase Medicaid reimbursement for ambulance responses in northeastern and northwestern Connecticut.



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

- Address primary care provider shortages exacerbated by the pandemic by creating incentives for medical professionals to work in rural Connecticut, which could include but not be limited to tax incentives, rural health stipends (through employer grants), as well as other novel programs that support providers who make the decision to serve rural markets.
- Consolidate existing loan forgiveness programs into a centralized database and market these opportunities to medical students and other licensed healthcare providers (i.e., Advanced Practice Registered Nurses, etc.).
- Propose the Connecticut Rural Healthcare Scholars Program (CRHSP), offering tuition reimbursement to medical students and/or advanced practice professionals who commit to eight years of service in designated rural areas.

3. Consolidate and Improve Efficiency for Rideshare Options:

- Address the limited availability of rideshare services in rural Connecticut by consolidating existing services offered by community organizations and the Council of Governments (COGs).
- Develop a centralized “Find A Ride” tool to help residents in rural areas find non-emergency medical transportation more efficiently.

2025 Key Issues & Legislative Priorities:

Key Issues:

The key issues identified by the Rural Subcommittee for 2024 remain similar to last year: insufficient access to healthcare due to qualified licensed provider shortages, limited transportation options, and longer EMS response times; high healthcare costs combined with the cost of living in rural areas, which make healthcare unaffordable for many residents; and the need for equitable healthcare access, particularly in diverse communities like Willimantic, where Medicaid patients struggle to find providers due to financial strains on hospitals.

Legislative Priorities:

1. Workforce – Increase incentives for market entry.

The committee recommends continued loan forgiveness for healthcare professionals who commit to serving in qualified rural markets, as this has proven to be an effective incentive for attracting and retaining medical personnel in underserved areas. While the Governor has reauthorized the State Loan Repayment Program for an additional two years, it remains unfunded beyond fiscal year 2026, highlighting the urgent need for sustained financial backing to ensure its longevity and success.

In addition, the committee proposes implementing a state tax credit for healthcare providers who establish permanent practices in rural communities, further incentivizing long-term service in these areas.

Leveraging and supporting the Eastern Connecticut Workforce Investment Board (EWIB) healthcare pipeline is crucial for developing a robust workforce capable of meeting the unique healthcare needs of rural populations. By strengthening these initiatives, the state can enhance access to quality healthcare in rural regions and address the critical healthcare disparities faced by these communities.

2. Expansion of “Connect” programs for persons identified with Chronic Conditions

The committee advocates for the expansion of “Connect” programs specifically designed for individuals diagnosed with chronic conditions such as asthma, heart failure, atrial fibrillation (A-Fib), chronic obstructive pulmonary disease (COPD), and diabetes. These programs are vital in providing continuous and integrated care to patients who require long-term management, as well as focusing on improving upon efforts to mitigate the risks of avoidable admissions to hospital facilities due to progressive exacerbation of symptoms.

A key component of this expansion is the support for remote patient monitoring, which plays a crucial role in enhancing compliance with prescribed care regimens. By utilizing technology to monitor patients’ health metrics remotely, healthcare providers can ensure timely interventions and personalized care adjustments, significantly improving health outcomes.

For state-insured individuals, the committee proposes the establishment of a discount program on essential medications required for the maintenance of chronic conditions. This initiative aims to alleviate the financial burden on patients, encouraging adherence to their medication regimens. To further promote compliance, the program includes deeper incentives for individuals who consistently demonstrate adherence to their prescribed treatment plans. By expanding these programs, those who need it will have access to comprehensive, accessible, and affordable care. This is especially important for individuals with chronic conditions, which will ultimately improve their quality of life and health outcomes.

3. Mobile Integrated Health (MIH) for Vulnerable Population(s)

The committee emphasizes the importance of leveraging EMT and paramedic training to enhance population health through Mobile Integrated Health (MIH) “Community Paramedicine” programs, particularly in rural areas. These programs utilize the expertise of EMTs and paramedics to provide proactive, community-based healthcare services, thereby addressing the healthcare needs of vulnerable populations more effectively. By combining Remote Patient Monitoring (RPM) with planned visits, these programs ensure continuous monitoring and timely interventions, improving overall health outcomes. The integration of RPM allows for real-time data collection and analysis, facilitating personalized care and early detection of potential health issues. Through planned visits, healthcare providers can deliver hands-on care and support, fostering a more comprehensive and accessible healthcare system for rural communities.

4. Leverage Section 5310 funding (DOT) to improve access to care and overall clinical services.

The committee recommends increasing available Section 5310 funding, and to consider implementing a rural funding track, to encourage rural areas to pursue the development or expansion of local healthcare transportation options, recognizing that public transportation in rural regions is limited.

Additionally, reconsidering the DOT livery license regulations for non-profit organizations will enable these entities to operate more efficiently and effectively, further facilitating access to essential healthcare services for rural populations. These measures aim to create a more integrated and responsive transportation network that supports the health and well-being of rural communities.

5. Increase funding to Rural Councils of Government for Elderly and Disabled Transportation System Improvements.

The committee recommends increasing state/federal operating funds to Rural Councils of Government (COGs) to implement transportation system improvements for residents who are ADA disabled and/or over 60 years of age. This funding request is aimed to enhance regional bus programs by addressing gaps in existing services and extending current routing schedules, thereby improving accessibility for residents in rural areas to access healthcare and other essential services.

Collaborating with state agencies, community service groups, and non-profit organizations to provide ridership programs will further enhance the transportation network and support vulnerable populations within the region. This increase in funding would significantly improve existing transportation infrastructure and mitigate mobility barriers within rural areas, ultimately enhancing the quality of life for its residents.

6. Identify Chronic Condition Patients in Rural Areas and connect them with Rideshare Programs to promote access.

The committee recommends identifying patients with chronic conditions in rural areas and connecting them with rideshare programs to enhance their access to healthcare services. Establishing a statewide dashboard will allow individuals to easily find and connect with available rideshare programs, streamlining the process and ensuring that transportation barriers do not prevent patients from receiving necessary care. By integrating these services, the state can significantly improve healthcare accessibility and outcomes for rural residents with chronic conditions.

LGBTQIA+ SUBCOMMITTEE

Committee Co-Chairs:

Co-Chair 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.

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 co-founder 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.

Committee Members:

- **Caroline Chadwick**, Head of Case Management & Public Policy at Anchor Health
- **David Grant**, Executive Director for The Health Collective, Co-Chair of the LGBTQ Justice & Opportunity Network.
- **Chrissy Hatfield**, is the Director of Pharmacy at Hartford Hospital
- **Representative Dominique Johnson**, 143rd House District, serving Norwalk.
- **Representative Sarah Keitt**, 134th House District serving Fairfield and Trumbull
- **Diana Lombardi**, Community Advocate, Founder of CT TransAdvocacy Coalition
- **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, and financial empowerment services. Co-Chair of the LGBTQ Justice & Opportunity Network.
- **Rebecca Petersen**, Program Manager for the Department of Mental Health and Addiction Services (DMHAS)
- **Gretchen Raffa**, Vice President of Public Policy, Advocacy, and Organizing with Planned Parenthood of Southern New England.

Subcommittee Scope:

Continuing the work of the subcommittee and furthering the progress from the last legislative session, the LGBTQIA+ Healthcare subcommittee reconvened with a mission to address the disparities that the LGBTQIA+ community faces when accessing healthcare needs. LGBTQIA+ individuals are more likely to face discrimination or delays in care/diagnosis because of obstacles to healthcare, which include issues such as low rates of health insurance coverage or lack of cultural competency, and strained resources.



“Comptroller Scanlon’s willingness to use the power of his office to convene advocates, industry experts, and community leaders to recommend common-sense reform is much needed.”

**-CO-CHAIR ANTHONY CRISCI,
PRESIDENT & CEO
OF CIRCLE CARE CENTER (CCC)**

2024 Key Issues and Policy Recommendations Recap:

Key Issues:

1. Gender Affirming Care:

- **Protection:** There is a critical need to safeguard individuals seeking gender-affirming services, including healthcare and mental health providers.
- **Advocacy:** Strong advocacy is essential to uphold the rights of individuals seeking gender-affirming care.
- **Funding:** Securing funding to support educational campaigns and raise awareness about gender-affirming care remains a challenge but is necessary.
- **Awareness and Education:** Educating various professionals, such as those in child protective services and healthcare, about gender-affirming care is crucial to ensure a broader understanding and acceptance. This includes training on best practices for sexual and gender minority populations.

2. Continuing Education Training for Healthcare Providers:

- Ongoing annual training for all healthcare professionals, including pharmacists, school counselors, and mental health providers, is vital to minimize health disparities within the LGBTQIA+ population.
- Required CEU (Continuing Education Unit) and CME (Continuing Medical Education) credits should include topics pertinent to LGBTQIA+ care, with clear policies on the expected level of training.
- Establishment of a safe space binder for resources to meet these training requirements and provide validated resources.

3. Accessible Resources:

- There is a lack of a centralized, accessible resource for LGBTQIA+ healthcare. A “one-stop shop” that provides information on where to receive care and where to report incidents of inadequate care is critically needed to ensure public access to necessary healthcare services.

Legislative Priorities:

1. Create a Centralized Space for Resources/Recommendations:

- **Objective:** Develop a centralized resource for healthcare providers to access best practices, continuing education credits, and a list of verified LGBTQIA+-affirming providers.
- **Implementation:** This “one-stop shop” could be a website maintained and updated annually, providing necessary information for those seeking LGBTQIA+ healthcare, referring patients to known resources, and housing information on training resources for providers.

2. Continuing Education Unit and Continuing Medical Education:

- **Objective:** Ensure providers stay current with best practices for LGBTQIA+ care by advocating for the inclusion of LGBTQIA+ trainings in CEU/CME requirements for state licensure.
- **Implementation:** Mandate training and licensure updates to ensure high-quality care for LGBTQIA+ individuals.



3. Protections for Patients and Providers:

- **Confidentiality Protection:** Implement stringent confidentiality measures to safeguard sensitive information, especially for LGBTQIA+ youth.
- **Harassment Prevention:** Establish policies to protect healthcare providers from harassment or discrimination based on their commitment to affirming care.
- **Interstate Legal Immunity:** Grant immunity to healthcare providers from other states to ensure they can offer inclusive care without fear of legal repercussions.

4. Supportive Concepts:

- **Support for the LGBTQ Justice and Opportunity Network:** Advocate for continued funding to support access and opportunity services for LGBTQ individuals.
- **Expanded Fertility Coverage:** Advocate for extending fertility coverage to all LGBTQIA+ individuals under both private and public health insurance plans, removing barriers to family planning.



2025 Key Issues & Legislative Priorities:

Key Issues:

1. Access to Life-Saving Treatments:

Ensuring and expanding access to essential treatments, particularly gender-affirming care and HIV treatment and prevention

2. Training for State Employees and Providers:

Addressing the inadequate training of state agency employees and licensed providers in working effectively with LGBTQ+ community members.

3. Public Funding for LGBTQ+ Programs:

Increasing public funding for LGBTQ+ programs and services, especially given the influx of individuals from other states seeking these resources in Connecticut.

Ensuring that patients, their caregivers, and their providers are protected to the fullest extent possible under state law to be free from persecution for the services they receive in our state.

4. Support for LGBTQ+ Seniors:

Tackling the heightened stigma and discrimination faced by LGBTQ+ seniors in long-term care facilities, senior centers, home care, and rehabilitation centers

5. Reproductive Health Rights:

Strengthening reproductive health rights and non-discrimination protections for marginalized communities.

2025 Recommendations:

1. Standards for Gender-Affirming Care:

Enact legislation to ensure that insurers, both public and private, and providers adhere to standards set by the World Professional Association for Transgender Health's Standards of Care (Version 8), stating that letters from mental health providers attesting to a patient's state of mind, for both youth and adults, should not be a requirement in accessing gender-affirming care or procedures.

2. HIV Treatment and Prevention Coverage:

Pass legislation mandating that insurers, both public and private, cover all FDA-approved forms of HIV treatment and prevention without requiring prior authorizations that may steer patients towards one treatment over another.

3. Funding for PrEP Assistance Program:

Allocate an adequate budget for the state's PrEP assistance program to ensure public access to these funds with proper administration.

4. LGBTQ+ Cultural Humility Training:

Implement legislation requiring all state agencies to mandate a minimum level of LGBTQ+ cultural humility training for their staff and healthcare professionals licensed by the agency.



5. Funding for LGBTQ+ Network:

Increase the budget for the LGBTQ+ Justice and Opportunity Network to support community services, statewide needs assessments, a network administrator, professional development training, tourism grants, and healthcare access funding.

6. Seniors' Bill of Rights:

Pass the Seniors' Bill of Rights to enhance non-discrimination protections for all marginalized groups, ensuring they can age peacefully without discrimination or harassment in their golden years.

7. Fertility Care Coverage:

Expand fertility care coverage to LGBTQ+ individuals and single persons by private and public insurers.