OFFICE *of the* STATE COMPTROLLER

2026 HEALTHCARE CABINET REPORT

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LETTER TO THE READER

Dear Reader,

At no time in our recent history has healthcare access been more at risk than it is right now.

From the loss of federal subsidies for those on the Access Health exchange to major changes to Medicaid and SNAP, the healthcare and well-being of hundreds of thousands of Connecticut residents—including children and the most vulnerable amongst us—are in jeopardy.

This report, the third from this Cabinet, is a roadmap for how we can accordingly fortify and protect Connecticut's healthcare ecosystem.

It's also a continued acknowledgement that problems within that ecosystem predate the current administration in Washington, especially when it comes to our historic underfunding of Medicaid for the last few decades.

This dual reality—significant policy changes coming from Washington and the need to make significant investments to our health care infrastructure—is the challenge we must face in 2026 and beyond if we want to protect and build on the progress we've made to make Connecticut a leading state for healthcare access and affordability.

I am ready for this challenge, and so are the members of this Cabinet who produced this report.

The question is: are you? Are you—the legislator, the provider, the hospital administrator, the advocate reading this—ready to be bold and creative to solve the challenges we face? I hope so.

Now, more than ever, that is what we must do on behalf of the people and families of this state. Let's do it.

Sean Scanlon
State Comptroller

EXECUTIVE SUMMARY

The Comptroller's Healthcare Cabinet reconvened throughout 2025 to continue the collaborative development of legislative and policy initiatives. 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 2025 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+

In today's shifting healthcare landscape, it is imperative more than ever that people can access quality and affordable healthcare regardless of their background. However, with continued rising costs and barriers, in addition to federal actions, more solutions are needed. Comptroller Scanlon convened the Cabinet beginning in 2023 to bring together people of diverse backgrounds and professions to tackle big issues and think bodly. This report is a culmination of that.

If you are interested in joining any of the Cabinet's subcommittees, email comptroller.scanlon@ct.gov.

2025 RECAP

Building on the momentum of the 2024 edition, the 2025 Comptroller's Healthcare Cabinet Report made 38 recommendations to improve healthcare access, equity, and affordability in Connecticut.

Of those, which did not all necessitate legislation, 15 recommendations received a public hearing and 7 were passed by the legislature and have been signed into law by the Governor.

- Establishing a Tuition Reimbursement/Loan Repayment Program: SB 1450: *An Act Concerning Recruitment and Retention of the Health Care Workforce*
- Enhancing Shield Law for Providers of Reproductive and Gender-Affirming Health Care: HB 7287: *An Act Concerning the State Budget for the Biennium Ending June 30, 2027, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget*
- Expanding Anti-Discrimination Statutes: HB 7236: A*n Act Concerning Human Trafficking and Sexual Assault Victims*
- Standards for Gender-Affirming Care: SB 1380: *An Act Prohibiting Discrimination by Health Care Providers in the Provision of Health Care Services in the State*
- Enacting a Senior Bill of Rights: HB 6913: *An Act Prohibiting Long-Term Care Facilities from Discriminating Against Long-Term Care Facility Residents*
- Raising Medicaid Rates: HB 7287
- Improving Data Collection and Analysis Among School Based Health Centers: HB 8004: *An Act Concerning Children's Behavioral Health, a Standard Self-Employment Expense Deduction for Temporary Family Assistance, the Telecommunications Surcharge To Support the Firefighters Cancer Relief Program, Courthouse Operations, Data Protection and Procedures for Redistricting and Correcting Districting Errors*

CHILDREN'S SUBCOMMITTEE

Subcommittee Co-chairs

Co-chair Dr. Paul Dworkin is a consultant in community child health to Connecticut Children's, 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. He recently retired from his role as executive vice president for community child health at Connecticut Children's.

Co-chair Dr. Alice Forrester is 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.

Subcommittee Memberss

- Dr. Matthew Bizzarro, Professor of Pediatrics, Vice Chair for Clinical Affairs, Pediatrics; Chief Medical Officer, Yale New Haven, Children's Hospital
- Jessica Cestaro, Service Area Director of Community Mental Health Affiliates
- Representative Sarah Keitt, 134th House District serving Fairfield and Trumbull
- Dr. David Krol, Medical Director of the Connecticut Children's Care Network
- TJ Nuccio, Children's Policy Analyst at the Connecticut Commission on Women, Children, Seniors, Equity & Opportunity
- Dr. Cynthia O'Sullivan, Family Nurse Practitioner and Associate Dean of Academic Affairs and Global Nursing Programs at Sacred Heart University
- Sierra Scott, Member of the Connecticut Council on Developmental Disabilities
- Janet Stolfi Alfano, CEO of the Diaper Bank of Connecticut
- Dr. Nicole Taylor, Director of Pediatrics at the Connecticut Department of Children and Families
- Melanie Wilde-Lane, Executive Director of the Connecticut Association of School-Based Health Centers

CHILDREN'S SUBCOMMITTEE

Background on Subcommittee

The Children's Subcommittee of Comptroller Scanlon's Healthcare Cabinet was formed to address obstacles pertinent to children accessing affordable, quality, and holistic healthcare. When the first summit was held at Sacred Heart University in September of 2023, it quickly became clear that the health of children relies on the health of their families and communities. Subsequent meetings continued to highlight this theme, as well as the need to serve all children and youth, with a focus on providing children and youth with high needs wraparound services and a continuum of care. As a result, the subcommittee sought to uplift and bolster work already underway in communities and to expand access to care for children and their families that promotes early intervention and prevention to produce long-term cost savings and improved health and life outcomes.

Policy Recommendations

Explore the Feasibility of Achieving Universal Healthcare for all Connecticut Children

Consistent access to healthcare throughout childhood and adolescence is fundamental to the long-term well-being of Connecticut's population. While the state continues to make progress in expanding coverage, access, and affordability, gaps remain that leave children without reliable access to care. Access to consistent primary and preventive care, for example, leads to delayed diagnoses, increased emergency room usage, and poorer long-term health outcomes. Access to healthcare for all children is sound public policy. It will improve school attendance, reduce long-term medical costs, and reduce stress placed on families. Achieving universal healthcare coverage for Connecticut's children requires a clear understanding of the fiscal and operational requirements, which is why the Subcommittee is proposing an analysis be done to estimate the population size and costs, identify potential funding sources, and project the savings that can be attributed to early, consistent access to care.

> "Comptroller Scanlon has a deep commitment for innovation and mission, and this workgroup has had the opportunity to look at alternatives to current practice and to design new pathways for navigation of health and wellness for all the children in Connecticut."
>
> **CO-CHAIR**
> **DR. ALICE FORRESTER**

Policy Recommendations, continued

Value-based Care Pilot on the State Employee Health Plan

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

CO-CHAIR
DR. PAUL DWORKIN

From the outset of its work, the Children's Subcommittee has recognized the opportunity to leverage many Connecticut-based resources to build a comprehensive, integrated system of supports and resources for the State's children and families.

The subcommittee continues to reinforce its priority to demonstrate the feasibility, utility, and efficacy of a meaningful value-based care plan for children in the State Employee Health Plan. While this will require an implemental approach, initial steps could focus on 2 opportunities:

- **Community-based care coordination/care navigation** to ensure referral and linkage in response to families' concerns and needs through such Connecticut resources as DPH Title V care coordination regional centers, the DPH Care Coordination Collaborative model, 2-1-1 Connecticut, 2-1-1 Child Development, Help Me Grow-Connecticut, home visiting programs, behavioral health services, and community health workers. The Subcommittee noted that a comprehensive, integrated, cross-sector approach to care coordination/care navigation has a clearly documented return-on-investment, with cost benefits and cost savings.
- **Anticipatory guidance, developmental promotion, and early detection** through models such as Healthy Steps and Help Me Grow-Connecticut. The Subcommittee's discussion emphasized the importance of developmentally-oriented counselling, as delineated in the American Academy of Pediatrics Bright Futures model, as well as the need for providers to consistently elicit opinions and concerns of parents and other caretakers, effectively

Policy Recommendations, continued

monitor development and behavior, periodically screen for delays and disorders, and facilitate the referral of children and families to both community-based programs and services to address concerns and, when indicated refer to specialized services such as early intervention (e.g., Birth to Three, Special Education) and ensure successful and impactful linkage.

Expand Education on and Coverage for Eating Disorders

Eating disorders pose one of the highest illness morality rates among youth and are, unfortunately, gaining prevalence, according to Johns Hopkins Medicine. Education, early intervention, and access to care are critical to supporting this population.

In collaboration with the Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO), the Subcommittee supports advancing comprehensive legislation to require schools to offer an evidence-based screening tool to support early identification of disordered eating behaviors and ensure timely follow up and pathways for referral; to expand protections for people with an eating disorder, we recommend establishing a clear, non-discriminatory insurance standard by prohibiting the use of BMI or weight-based thresholds to determine medical necessity or level of care for eating-disorder treatment, and increasing funding to expand community based non-clinical support networks that connect awareness, early engagement, and recovery of eating disorders. This strategy emphasizes early identification and intervention, as well as equitable access to consistent treatment and recovery supports.

WORKFORCE SUBCOMMITTEE

Subcommittee 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 and is a member of the Sterling Board of Education.

Subcommittee Memberss

- Anton Alerte, MD, Associate Dean for Primary Care at University of Connecticut School of Medicine
- Cindy Arpin, Director of Nursing and Allied Health at CT State Community College Three Rivers
- Matthew 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.
- Victoria Bozzuto, Executive Director for career and transfer readiness for Connecticut State Colleges and Universities System Office
- Montez Carter, FACHE, President and CEO of Trinity Health of New England
- Shawn K. Frick, Chief Executive Officer, Community Health Center Association of Connecticut
- Lisa Coplit, M.D, Dean Frank H. Netter MD School of Medicine at Quinnipiac University
- Chris Davis, Vice President Public Policy, CBIA
- Layne Gakos, Executive Director of the CT State Medical Society
- Kathlene Gerrity, Executive Director at Connecticut State Dental Association

WORKFORCE SUBCOMMITTEE

Subcommittee Members, continued

- Khuram R. Ghumman, MD, MPH, CPE, FAAFP, Clinical Professor of Family Medicine, Director of Primary Care Clerkship & Director of Family Medicine Sub Internship at Frank H Netter MD School of Medicine at Quinnipiac University
- Phil Hritcko, Dean and Clinical Professor of the University of Connecticut School of Pharmacy
- Stacey Hofmann, MLR, Chief Human Capital Officer, Community Mental Health Affiliates, Inc.
- 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
- Marjorie Lazarre, PharmD, MBA, VP and Chief Pharmacy Officer at Yale New Haven Health
- Stephen Magro, Policy and Research Director for SEIU District 1199, The New England Health Care Employees Union
- Mag Morelli, President for LeadingAge Connecticut
- Deb Polun, Chief Strategy Officer, Community Health Center Association of Connecticut
- John O'Keefe, Chief Nurse at Day Kimball Hospital
- Marie DeSanto Schweizer, Esq. Director, Government Relations for Health Affairs, UConn Health
- Jennifer Widness, President of the Connecticut Conference for Independent Colleges
- Tracy Wodatch, President and CEO of the CT Association for Healthcare at Home
- Peter S. Yoo, MD, FACS, Attending Surgeon Chief Academic Officer HealthCare Corporation

CO-CHAIR
KAREN-MARIE BUCKLEY

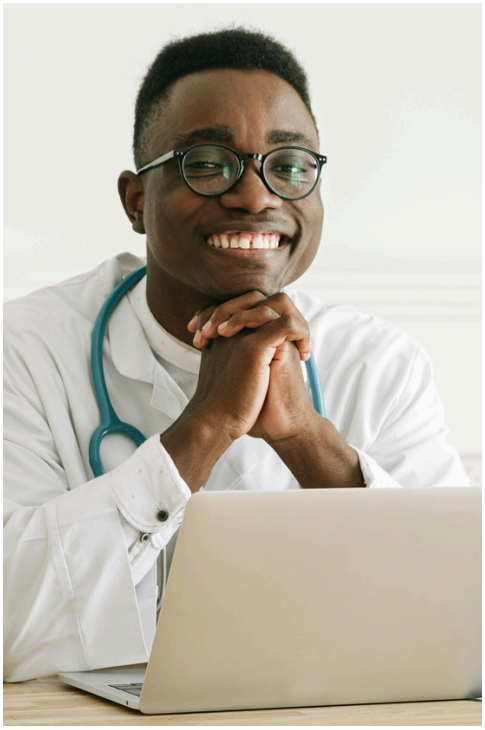
The strength of Connecticut's healthcare workforce is inseparable from the vitality of our entire healthcare delivery system. To sustain our workforce into the future, we urge lawmakers to continue advancing policies that uplift today's caregivers and foster tomorrow's.

WORKFORCE SUBCOMMITTEE

Background on Subcommittee

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.



Policy Recommendations

Healthcare Innovation Fund

The Workforce Subcommittee proposes the creation of a Healthcare Innovation Fund, modeled after the successful Manufacturing Innovation Fund. The subcommittee recommends establishing a dedicated line item in the state budget and bond authorizations with an initial $100 million investment to be spent over three years, with continued investment in subsequent years.

Building on the success of the CT Health Horizons initiative, the Healthcare Innovation Fund would support the growth and sustainability of Connecticut's healthcare workforce including doctors, nurses, entry-level roles (such as CNAs and group home workers), pharmacists, radiologic technologists, respiratory therapists, EMS personnel, surgical technologists, dentists, hygienists, dental assistants, dental lab technicians and oral health practice office roles and others. The fund would help stimulate job creation across the sector and help to offer stability for programs that may be impacted by federal policy changes.

Policy Recommendations, continued

The program would be accessible to businesses, healthcare providers, and educational institutions, allowing them to invest in workforce training and pipeline development including but not limited to from high school to post-secondary. It would serve as a continuous, long-term resource for a wide range of organizations, including unions, union training funds, public and private universities, community colleges, and organizations such as American Medical Response (AMR). Ultimately, this fund would help ensure a strong and steady pipeline of skilled healthcare professionals to meet the needs of Connecticut's growing healthcare sector, as well as a mechanism for investment in healthcare workforce retention.

Financial Aid and Workforce Pipeline

The Workforce Subcommittee supports the expansion of CHESLA's lending capacity for undergraduate and graduate students to provide affordable financing options for students to access various health profession programs, in response to recent changes in federal policy that will start July 1.

In particular, new caps will go into effect in the Parent Plus program, GradPLUS will be eliminated for new borrowers, and the majority of health professions programs will be excluded from new higher graduate lending caps afforded only to "professional degree" programs, as designated by the U.S. Department of Education. Additional federal changes require institutions to prorate annual federal loan amounts in direct proportion to the percent of full-time status the student is enrolled in, limiting federal Direct Loan access for part-time students.

> "Recruitment and retention continue to be a challenge. How we listen to, treat, and respect healthcare professionals is vitally important, and not something easily legislated."
>
> **CO-CHAIR JOHN BRADY**

Specifically, the subcommittee supports the CHESLA proposal to expand its lending portfolio to meet some of this need. CHESLA will require state resources to offer loans to students previously served by federal programs who may not meet the qualifications for a traditional CHESLA loan. Supporting a state solution to close this gap in lending with a state-

Policy Recommendations, continued

sponsored program will ensure continued equitable access to higher education and, in particular, graduate programs that fill a critical need in the health sciences.

Workforce Retention

The Workforce Subcommittee has identified the retention of healthcare workforce as a significant goal. The Workforce Subcommittee would encourage the state to fund initiatives to address barriers to the retention of healthcare workforce including increasing Medicaid rates to support enhanced employee wages and benefits and other initiatives targeted to address workplace injuries, incidents of workplace violence, transportation, childcare and staffing.

WOMEN'S SUBCOMMITTEE

Subcommittee Co-chairs

Co-Chair Gretchen Raffa, Chief Policy and Advocacy Officer 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.

> "The federal government has doubled down on their agenda to defund and dismantle access to sexual and reproductive healthcare nationwide. To combat this, the State of Connecticut must continue positioning itself as a leader in reproductive healthcare access by investing in providers."
>
> **CO-CHAIR GRETCHEN RAFFA**

Subcommittee 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

WOMEN'S SUBCOMMITTEE

Subcommittee Members, continued

- 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 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

Background on Subcommittee

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.

> "Our work aims to lift socio-economic barriers that prevent women from accessing the care they need, leading to better outcomes for them, their families, and their communities."
>
> **CO-CHAIR MEGHAN SCANLON**

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.

WOMEN'S SUBCOMMITTEE

Policy Recommendations

Strengthening Fertility Care Coverage Laws

The Women's subcommittee recommends passage of a law to expand coverage for fertility healthcare 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.

Supporting The Economic Foundation for Women and Children

The Women's Subcommittee strongly supports legislation that enhances the economic stability, health, and overall well-being of women and children. This commitment includes advancing comprehensive maternal health initiatives as well ensuring equitable labor and delivery care in Connecticut; continued state funding investments to ensure the long-term sustainability of reproductive healthcare providers/Planned Parenthood of Southern New England; protecting and expanding funding for critical supports such as SNAP benefits and housing assistance; and ensuring families have reliable access to essential resources. The Subcommittee also advocates establishing a permanent Child Tax Credit of $600 per child to ease financial strain on families. The subcommittee advocates for access to affordable, dependable health insurance coverage. In addition, the Subcommittee supports Bolstering Connecticut's shield law to protect licensed telehealth providers dedicated to providing reproductive and gender-affirming care, regardless of a patient's location. Together, these policies advance equity, reinforce economic security, and create sustainable, long-term opportunities for women and children.

CO-CHAIR
JANÉE WOODS WEBER

Every woman in Connecticut deserves the best care, regardless of racial and ethnic identity, ability, citizenship status, class or wealth, or geographic location because healthcare is a human right. When we invest in women's healthcare, our communities become more equitable, prosperous, and thriving.

MENTAL HEALTH SUBCOMMITTEE

Subcommittee Co-chairs

Co-chair Maria Coutant Skinner is the CEO of The McCall Behavioral Health Network and a licensed clinical social worker. She holds an MSW from the University of Connecticut and a BS in Psychology from Springfield College. Her career has focused on trauma-informed supports for children and families. In 2013, she co-founded and continues to co-chair the Litchfield County Opiate Task Force, a multidisciplinary collaborative working to reduce addiction and overdoses and advance education and policy and is viewed as the national model for collaborative approaches to complex community issues. Maria is a frequent presenter on issues related to trauma, mental health, addiction and police and public health partnerships.

Co-chair Dr. Javeed Sukhera is Associate Chief Academic Officer at Hartford HealthCare, Chair of Psychiatry at the Institute of Living, and Chief of Psychiatry at Hartford Hospital. He is also an Associate Clinical Professor of Psychiatry at Yale School of Medicine and an Associate Professor in the Department of Psychiatry at the UConn School of Medicine. In his Chair/Chief role, he advances the Institute of Living's clinical, research, and education missions, including training programs across psychiatry, psychology, social work, and nursing, and oversight of endowed research centers. He is an internationally recognized health professions education researcher whose work focuses on reducing stigma and bias among health professionals and includes cross-sector advocacy in education, policing, and community services.

Subcommittee Members

- Ana Allen, Executive Director, CT Keep the Promise Coalition
- Dr. Anita Arora, Associate Professor of Medicine, Yale School of Medicine
- Dr. Raviv Berlin, Chair of Psychiatry at Stamford Hospital
- Dr. Laura Curran, Dean of UConn School of Social Work
- Dr. Alice Forrester, CEO, Clifford Beers Community Health Partners
- Maryann Fusco-Rollins, Assistant Extension Educator, 4-H and Youth Development, UConn
- Heather Gates, President & CEO, Community Health Resources
- Dr. Andrew Gerber, President and Medical Director, Silver Hill Hospital
- Leonardo Ghio, Project Director at Northwest Hills Community Health Network of CT
- Representative Sarah Keitt, 134th House District serving Fairfield and Trumbull

MENTAL HEALTH SUBCOMMITTEE

Subcommittee Members, continued

- Jessica Marshall, Owner and CEO of Behavioral Health and Wellness Solutions of CT
- Allison Matthews-Wilson, Senior Director of Workforce and Clinical Policy, Connecticut Hospital Association
- Ben Metcalf, Senior Program Officer, CT Mental Health and Addiction Services Council
- Melissa Meyers, CEO of Generations Family Health Center
- Monika Nugent, Manager of Public Policy and Advocacy, CT Community Nonprofit Alliance
- Chris Porcher, COO, Connecticut Mental Health and Addiction Services Council
- Dr. Nate Rickles, Associate Dean and Professor of Pharmacy Practice at the UConn
- Dr. Vinay Sawant, Executive Director at Yale New Haven Health
- Jessica Smith, Program Manager, The Connection

Background on Subcommittee

The Mental Health Subcommittee, established under Comptroller Sean Scanlon's Healthcare Cabinet, convenes behavioral health providers, advocates, academic leaders, and policymakers to strengthen Connecticut's adult mental health system through pragmatic legislative recommendations. Building on prior work to improve accountability and access, the subcommittee focused on four connected pressure points identified through member discussion: Medicaid rate adequacy, workforce capacity and diversity, housing as a mental health intervention, and parity enforcement.

Members emphasized the importance of narrowing broad goals into actionable proposals suitable for a short session, including identifying specifics in Medicaid reimbursement and sustaining momentum on parity reforms.

CO-CHAIR
MARIA COUTANT SKINNER

> The intersection of policy and care delivery represents a critical opportunity for the Comptroller's Healthcare Cabinet to drive impact. Building on last year, our subcommittee is now advancing tangible changes that will significantly improve the mental health outcomes of Connecticut residents.

Policy Recommendations

Medicaid Behavioral Health Rate Adequacy and Targeted Investments

The Mental Health Subcommittee supports targeted Medicaid behavioral health rate adjustments that reflect real service costs and stabilize access across settings, with a specific focus on community-based behavioral health clinics that have experienced little to no meaningful rate movement. To support accountability, the subcommittee notes that DSS's Medicaid Rate Study Phase 1 recommended increasing Behavioral Health Clinic, Behavioral Health Clinician, and Psychologist rates up to the Five-State Comparison Rate as an initial phase, followed within two to three years by development of an independent rate model using provider cost data and scheduled rebasing (Connecticut Department of Social Services [DSS], 2024a). Connecticut's Office of Health Strategy (OHS) has documented that HUSKY (Medicaid) reimburses below commercial rates for many common outpatient behavioral health services, with one of the largest gaps in established patient office visits: HUSKY paid 49% and 47% of commercial rates for psychiatrists' 20–29 minute and 30–39 minute visits, respectively (Connecticut Office of Health Strategy, 2024).

The subcommittee recommends that Connecticut identify priority service lines and provider types where underpayment most directly limits providers' ability to hire and retain staff, expand appointment availability, and sustain services, and then pair rate updates with measurable expectations (e.g., improved access metrics, workforce retention targets, and geographic availability). This should include emerging access-lever service models (e.g., collaborative care and psychiatric e-consults) where inadequate reimbursement can limit adoption despite potential to expand capacity. This approach treats rate adequacy as an access strategy and supports a system where Medicaid reimbursement is aligned with the state's goals for timely, equitable care.

Workforce Pipeline and Workforce Diversity

The Mental Health Subcommittee supports policies that grow and stabilize the behavioral health workforce while directly addressing barriers that reduce workforce diversity. Members highlighted concerns that social work licensing exam requirement produces significant racial and language-based pass-rate disparities, which can limit diversity in Connecticut's pipeline (Association of Social Work Boards, 2022). These well-known disparities are of national concern and have led to licensing

Policy Recommendations, continued

reforms in a number of states, including neighboring Rhode Island, which no longer requires the national exam for its entry level social work license. The National Association of Social Workers, the Council of Social Work Education, and the National Association of Social Work Deans and Directors have called for its suspension, elimination, or use of alternatives. This concern is emphasized by broader evidence that standardized licensing exams can have large first-time pass-rate gaps by race and ethnicity, which in turn restricts entry into clinical practice and leadership roles. The subcommittee also recognizes that Connecticut's existing workforce demographics in behavioral health professions remain heavily skewed, with high percentages of workers identifying as White across multiple roles, including licensed clinical social workers (Professional Race & Ethnicity Charts, 2022).

In addition, the committee stresses that federal student loan changes are a near-term threat to graduate program enrollment and workforce supply, particularly for programs where students rely on federal borrowing to complete training. The subcommittee supports Connecticut strategies that protect the pipeline while also advancing licensure pathways that are fair, evidence-based, and aligned with workforce needs.

Hospital stakeholders have raised parallel concerns about how education and lending policy can constrain the pipeline. In a December 22, 2025 letter to the U.S. Department of Education, the American Hospital Association urged the department to include post-baccalaureate programs such as nursing, social work, physician assistants, and physical and occupational therapy in its forthcoming definition of "professional degree programs."

<u>Housing as Mental Health Care</u>

The Mental Health Subcommittee supports strengthening and expanding supportive housing and non-carceral housing options as core behavioral and mental health infrastructure. The committee

Policy Recommendations, continued

believes that mental health and housing are intrinsically interconnected issues. This is especially prevalent amid shifts and cuts in supportive housing resources, and urged building on community assets while expanding options that meet different levels of need.

The subcommittee recommends Connecticut prioritize scalable models that stabilize individuals and reduce avoidable higher-cost utilization, including supportive housing expansion, strengthened peer and crisis respite and respite-adjacent capacity, communication and comparative care analysis with national peer respites, and technical assistance supports that help communities implement effective programs. As one example of a community-based alternative, DMHAS reported 117 individuals served through FY2025 at The Gloria House peer respite program, with 18.8% of participants referred through hospital/emergency department pathways and 92.4% of tracked participants indicating crisis resolution by discharge (Connecticut DMHAS, 2025). The goal is to approach housing stability with preventative intervention, crisis avoidance, and long-term recovery support, improving outcomes while reducing strain across emergency departments, inpatient beds, and the justice system.

Parity Enforcement and Practical Consumer Transparency

The Mental Health Subcommittee supports continued strengthening of mental health parity enforcement and consumer-facing transparency. Members reaffirmed that parity enforcement remains a priority and emphasized sustaining momentum on reforms already underway, including new enforcement tools that allow the state to impose civil penalties of up to $625,000 annually for parity noncompliance and require public reporting to increase accountability.

> In my third year working with Comptroller Scanlon and this incredible team, I am enthusiastic about the tangible impact we can have leveraging legislation to improve lives on a human scale. Last year's success with parity feels like wind in our sails as we prepare to push for more meaningful change for individuals struggling with mental health challenges in Connecticut
>
> **CO-CHAIR**
> **JAVEED SUKHERA**

Policy Recommendations, continued

To further translate parity from a legal standard into measurable access, the subcommittee also looked to Illinois' recent parity reforms, which go beyond enforcement by directly targeting network adequacy and payment practices. Illinois' Public Act 104-0446 establishes a behavioral health reimbursement "rate floor," requires insurers to complete provider contracting and credentialing within 60 days, and limits more onerous documentation or audit practices for certain psychotherapy codes (Illinois General Assembly, 2026). Illinois is also viewed as a national leader in parity transparency; Illinois' Mental Health Parity Index uses commercial Transparency in Coverage data to compare mental health/substance use versus physical health network participation and reimbursement patterns. (American Medical Association, 2025; The Kennedy Forum). The subcommittee supports Connecticut exploring comparable parity reporting infrastructure to strengthen accountability and help translate enforcement into measurable access outcomes.

URBAN AFFORDABILITY & ACCESSIBILITY SUBCOMMITTEE

Subcommittee Co-chairs

Co-chair Suzanne Lagarde MD, MBA, FACP is the CEO at Fair Haven Community Health Care (FHCHC), helps provide comprehensive healthcare to over 38,000, primarily low income, minority patients. 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. She has devoted her career to improving healthcare for the underserved.

Co-chair Michael R. Taylor, serves as CEO of the Cornell Scott Hill Health Center. Prior to that, he was Founder and President of a healthcare consulting firm that served more than 200 community health centers nationally and held leadership positions with several national accounting and healthcare 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.

Subcommittee Members

- Ariel Levin Becker, Chief of Staff and Communications Director at the Connecticut Health Foundation
- Justin Cahill, Chair, Department of Emergency Medicine at Bridgeport Hospital
- Campbell Mitchell, Student at Yale School of Public Health
- Joshua Mosdale, Internist at Trinity Health of New England

> “It’s been an honor to work with colleagues from across connecticut to improve health outcomes and the well-being of Connecticut’s urban residents.”
>
> **CO-CHAIR MICHAEL R. TAYLOR**

URBAN AFFORDABILITY & ACCESSIBILITY SUBCOMMITTEE

Subcommittee Background

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 repeated attacks from federal legislation.

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.

Policy Recommendations

Extend Federal Response Reserve for Another Fiscal Year

The passage of HR 1 (OBBBA) and its imposition of work requirements has led to a disproportionate impact on Connecticut's urban areas. Over a quarter of HUSKY and SNAP recipients reside in our cities. Already facing tougher challenges with affordability and accessibility, these changes in federal law are projected to throw thousands of residents off their coverage.

> "We must continue to advocate for underserved communities at the city, state, and national levels."
>
> **CO-CHAIR SUZANNE LAGARDE**

In November 2025, Governor Lamont signed Special Act 25-1 into law, setting aside $500 million for responding to and mitigating funding reductions for various social and human services programs in Connecticut resulting from any action or inaction by the federal government.

As a portion of these funds has already been utilized, the subcommittee recommends the General Assembly extends the Federal Response Reserve for at least another fiscal year. The federal government will remain unreliable in fulfilling its funding obligations over the long term. The state has done a good job so far

Policy Recommendations, continued

in providing stability to this situation. However, it's important that we continue to provide funding for the reserve. Failure to do so will inevitably lead to severe cuts in many of our most important programs.

Create an eConsult Policy for Connecticut Medicaid

HB 5459 § 8 (*An Act Increasing Medicaid Reimbursement for Certain Providers*) from 2024 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.

An Electronic consultation ("eConsult") is a medical provider-to-provider conversation (also referred to as an "interprofessional consultation") typically conducted electronically through an internet-based secure messaging platform. The conversation is initiated by a primary-care provider and directed to a specialist to obtain guidance on a specific treatment plan for a patient. With eConsults, a primary-care provider can pose a question, attach clinical history to inform the specialist, and get a consult with recommendations within 24 hours if not sooner.

Without 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

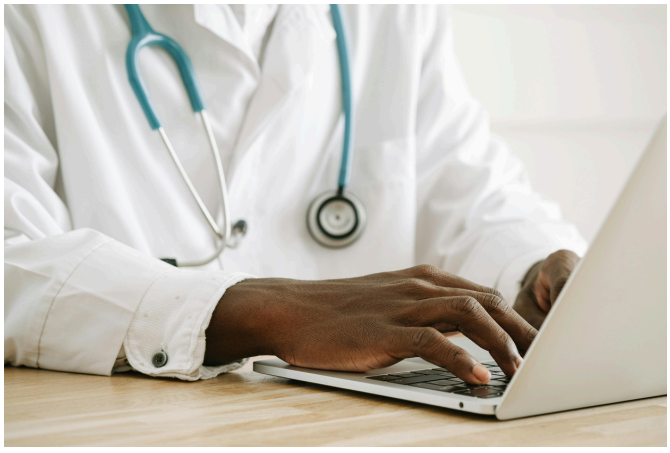
URBAN AFFORDABILITY & ACCESSIBILITY SUBCOMMITTEE

Policy Recommendations, continued

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.

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.



URBAN EQUITY & DISPARITIES SUBCOMMITTEE

Subcommittee Co-chairs

Co-chair Ayesha R. Clarke 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. 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.

Co-chair The Rev. Cecil "Ngoni" Tengatenga, is a minister in the Episcopal Church, an educator, and a 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, they were 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.

Subcommittee Members

- Mesk Alhammadi, Health Innovation Policy Fellow for the Commission on Women, Children, Seniors, Equity, and Opportunity
- Chinenye Anyanwu, Assistant Professor in the School of Pharmacy at UConn
- Megan Baker, Lead Asian American Pacific Islander Policy Analyst for CWCSEO
- Linda Barry, Associate Dean of Office of Multicultural Affairs at UConn School of Medicine and Associate Director at Health Disparities Institute
- Andy Beltrán, MD, Medical Director of Community Mental Health Affiliates
- Maritza Bond, MPH, City of New Haven Director of Public Health
- Stephanie Burnham, Director of Center for Equity at Hartford HealthCare
- Lena Esposito, member of the Connecticut State Council on Developmental Disabilities and the Executive Director of the CT Family Support Network
- Edward Ford, Performance Improvement Coordinator for Community Mental Health Affiliates

URBAN EQUITY & DISPARITIES SUBCOMMITTEE

Subcommittee Members, continued

- 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
- 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
- Sabrina Selk, Policy Director of CT Health
- 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
- Katherine Villeda, Coalition Director for HUSKY for Immigrants
- Michael Werner, Lead Aging Policy Analyst for the Commission on Women, Children, Seniors, Equity, and Opportunity

Background on Subcommittee

In 2021, 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 is committed to finding innovations in improving the equity between Connecticut's urban and non-urban populations through an asset-based approach.

For this year's subcommittee work, members converged on an urgent, cross cutting agenda to stabilize families, sustain workforce pipelines, and modernize health data systems in Connecticut's urban centers. The policy environment has shifted fast: statewide SNAP rules tightened in late 2025 and HUSKY D

CO-CHAIR
CECIL "NGONI" TENGATENGA

I am profoundly grateful for my colleagues on this subcommittee, including the new voices that rekindled our hope. Over this year, we have been tempered by a harsh political wind—and still we found our chorus.

Background on Subcommittee, continued

(Medicaid) work requirements began January 1, 2027—changes that raise documentation burdens and heighten the risk of improper terminations even though most recipients already work or qualify for exemptions. These changes will disproportionately impact our urban and immigrant communities.

Without explicit legislative coordination, collaborations remain fragmented and insufficiently tied to measurable equity outcomes. We recommend legislative action that integrates innovations within the Rural Health Transformation Program—already awarded to Connecticut—and the Connecticut Health Foundation's Maternal Health Equity Blueprint, ensuring urban families fully share in statewide improvements in prevention, chronic care, and equitable maternal health.

Create a Medicaid/SNAP Work Requirements Dashboard and Strong Communications/Compliance Infrastructure

The imposition of work requirements resulting from the passage of HR 1 (OBBBA) will result in thousands of Connecticut residents (especially in our urban areas) losing access to essential food and healthcare programs starting early next year. As of December 2025, 336,200 Connecticut residents are on SNAP (9.1% of overall population). Of this group, it is estimated that around 42,000 residents will be at risk of losing their SNAP benefits due to the new work requirements. A further 3,000 refugees, asylees, humanitarian parolees, and other immigrants have been estimated to lose their benefits due to the federal changes. The impacts on our state's healthcare programs have also been stark. A failure to renew Affordable Care Act subsidies on health insurance premiums will cost Access Health CT enrollees an extra $200-$10,000 a year. Finally, HR 1 also barred legal permanent residents [SG1] (green card holders) with incomes below 100% of the Federal Poverty Limit (FPL) from receiving health insurance subsidies. This has already led to a loss in coverage for an estimated 4,850 residents.

It is imperative that DSS develop and execute a comprehensive strategy that is aimed at mitigating these negative impacts. The subcommittee recommends that a centralized dashboard is created to

Policy Recommendations, continued

provide resources to the public while also mapping out areas that require the most assistance. Information such as opportunities to satisfy work requirements and what to do when benefits are lost would help to combat these federal changes. Additionally, DSS can collaborate with stakeholders to create local help centers that include Community Health Workers in cities to assist with reporting and paperwork.

To ensure adequate opportunities to remain in compliance, the Office of Workforce Strategy's (OWS's) CareerConneCT system can be leveraged to post relevant opportunities that will help to fulfill these requirements.

Create a Workforce Development Fund with Permanent Funding

Connecticut is home to several effective workforce programs with strong outcomes in urban areas. American Rescue Plan Act (ARPA)–funded initiatives like CareerConneCT have served 7,500+ residents, with 4,800+ completions and 3,200+ job placements, via via short-cycle training and wraparound supports. But as one-time stimulus, these benefits will fade without sustained funding. The Connecticut Student Loan Reimbursement Program, which provides up to $20,000 in relief, is likewise constrained by temporary appropriations. By contrast, the State Loan Repayment Program (SLRP) has delivered durable impact—supporting 188 providers across 60 health organizations and 140 practice sites in federally designated Health Professional Shortage Areas (HPSAs), generating an estimated $8–$12 million in annual savings from avoided turnover, and preparing to leverage $1 million in federal funds with braided match. This continuation braided funding will help implement Public Act 25-265 (endorsed by this committee last year) to strengthen this ecosystem by expanding the Connecticut Higher Education Supplemental Loan Authority (CHESLA) to offer subsidized loans to more health professions and to support employer-based repayment partnerships; yet without stable investment, these pipelines remain fragmented. Long-term coordination is essential so urban residents can access training and employers can reliably retain clinicians.

Policy Recommendations, continued

The subcommittee believes the state's workforce development impact should not be constrained by temporary funding. We recommend establishing a permanent, inflation-indexed Workforce Innovation & Sustainability (WISE) Fund, with a ≥40% urban set-aside. The WISE Fund should operate through an interagency consortium—including the Office of Higher Education, Connecticut Area Health Education Center (CT AHEC), Department of Public Health, Office of Health Strategy, the Student Loan Ombudsman, the Connecticut Student for a Dream (C4D), and the Office of the State Comptroller—to coordinate loan repayment, training capacity, and equitable placement.

Expand Data Captured by All Payer Claims Database (APCD)

Urban communities in Connecticut continue to lead in data-driven public health innovation. Hartford's Ryan White Part A and HOPWA programs have integrated CAREWare and CaseWorthy through a federally supported data-sharing initiative—one of the region's earliest efforts to unify public-health and clinical systems for epidemic control . The Hartford Data Collaborative, hosted by CT Data Collaborative, provides real-time, cross-sector data integration to strengthen policy and equity outcomes.

During the COVID-19 pandemic, both Yale University and UConn supported statewide efforts to build decentralized epidemiological tools that Tstrengthened local outbreak detection and supported more responsive interventions in urban communities

Connecticut is also expanding alternative crisis response models. In New Britain, integrated EMS–police collaborations have already demonstrated improved health outcomes. The city's partnership with EMS, police, hospitals, and community agencies for recovery coordination has also driven a 51% reduction in opioid-related deaths, underscoring the effectiveness of integrated crisis response systems.

The committee calls for leveraging the APCD's statewide infrastructure to integrate REL, SOGI, and SDOH indicators—pointing to New Haven's Centers for Medicare and Medicaid's (CMS)

URBAN EQUITY & DISPARITIES SUBCOMMITTEE

Policy Recommendations, continued

EMBRACE New Haven initiative as a model for high-quality data linkage and community-centered governance.

Improve Urban Dental Care by Allowing Home Visits, Reducing Licensing Burdens, and Improving Training

Connecticut regionally stands at a unique position; it contains the most diverse older adult population in New England and is the 7th oldest in the nation. Older individuals face extra challenges in dental care due to the presence of comorbid conditions and extra prescriptions. Also, urban residents face 20% higher difficulties in accessing dental care than suburban ones, mainly due to transportation issues. A shortage of dentists has also led to Connecticut currently having 24 urban Healthcare Professional Shortage Areas (HPSAs) for dental care. The subcommittee identified several ways the state can step in to close these gaps.

The state should update its general statues (CGS §19-490) to add a patient's "home" as a public health facility to allow Public Health Registered Dental Hygienists to better access patients in the community who may otherwise have difficulties getting into formal dental offices and forgo appointments.

Next, to attract more talent and further develop our dental professional workforce, Connecticut should join the interstate Dentist and Dental Hygienist Compact, which is an initiative of the Council of State Governments (CSG), The American Dental Association (ADA), and the American Dental Hygienists' Association (ADHA). Twelve states have already joined and ten more have pending legislation, including Massachusetts, Pennsylvania, New Hampshire and New Jersey.

> “Meaningful change—and achieving health equity—requires hard work, dedication, and commitment.”
>
> **CO-CHAIR AYESHA CLARKE**

Policy Recommendations, continued

Develop a Continuing Medical Education Credit Framework for Providers and Practitioners to Promote Cultural Cognizance

Connecticut's equity mandate is already in law: Public Act 21-35 declared racism a public health crisis and created the Commission on Racial Equity in Public Health (CREPH) to reduce the impact of racism on health across sectors. CREPH's biannual reports and guidance call for standardized training, agency equity plans, and policy review through a racial-equity lens. This recommendation operationalizes that statutory charge by establishing an accredited, statewide CME/CE framework that embeds equity science and civil-rights practice into publicly funded programs.

The subcommittee recommends using the UConn Health Disparities Institute (HDI) as the technical hub—leveraging its training and workforce development portfolio and the Winter Health Equity Research Symposium—and align participation with agency calendars; governance and standard-setting can be reinforced by UConn's Office for Inclusion and Civil Rights (OICR) and the Governor's cabinet-level Chief Equity and Opportunity Officer established by executive order in 2024 to coordinate equity strategy across agencies.

To maximize reach and avoid duplication, coordinate other academic providers (e.g., Yale, Quinnipiac University, the Connecticut State University, etc.) with municipal partners (local health departments, libraries, town halls) to host regional trainings and practicums for clinicians, CHWs, and small practices; require periodic culturally cognizant modules co-designed with community organizations, with special attention to Connecticut's fast-growing AAPI population, and deliver through a CME/CE requirement that already recognizes cultural competency for physician renewal under state guidance—tracking completions by provider type, geography, and priority population focus. Pair training with the use of equity impact assessments in program and policy development and support legislative efforts to enable CREPH to prepare Racial and Ethnic Impact Statements for bills, embedding analysis alongside implementation.

LGBTQIA+ SUBCOMMITTEE

Subcommittee Co-chairs

Co-Chair Siri Daulaire, MD, is an Emergency Medicine physician who has been practicing in Connecticut since 2012. Outside of her clinical work, she has educated colleges, graduate schools, healthcare service agencies, and hospital systems about LGBTQIA+ healthcare 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.

Co-Chair Colin Hosten is the Director of Development for the Norwalk Conservatory of the Arts, a nonprofit performing arts education organization. He also teaches part-time at Fairfield University, and currently serves as an at-large member of the Norwalk City Council. A longtime advocate for the LGBTQIA+ community, he serves as a Board Member of Lambda Legal and the Triangle Community Center, Board President of the Bridgeport Pride Center, and an Advisory Board Member of Equality Connecticut. He previously served as Executive Director of the Leonard Litz LGBTQ+ Foundation, which provides financial support for organizations advancing the interests and well-being of the LGBTQIA+ community.

Subcommittee Members

- Anthony Crisci, CEO, Circle Care Center
- Caroline Chadwick, Head of Case Management & Public Policy, Anchor Health
- Anthony DiLizia, Executive Director, The Health Collective
- Chrissy Hatfield, Director of Pharmacy, Hartford Hospital
- Representative Dominique Johnson, 143rd House District, serving Norwalk and Westport
- Representative Sarah Keitt, 134th House District, serving Fairfield and Trumbull
- Yamuna (Yam) Menon, General Counsel/Assistant State Comptroller, OSC
- John Merz, Chief Executive Officer, Advancing CT Together
- Rebecca Petersen, Program Manager, Department of Mental Health and Addiction Services
- Gretchen Raffa, Chief Policy and Advocacy Officer, Planned Parenthood of Southern New England
- Katy Tierney, Family Nurse Practitioner, Center for Gender Medicine and Wellness & Middlesex MultiSpeciality Group - Endocrinology
- Christy Olezeski, Associate Professor of Psychiatry, Yale School of Medicine

LGBTQIA+ SUBCOMMITTEE

Subcommittee Background

The LGBTQIA+ Subcommittee was convened to evaluate healthcare access, coverage, and system protections for LGBTQIA+ residents in Connecticut, with particular attention to patient privacy, provider protections, and persistent disparities in care. Building on the work of prior subcommittees, members focused on identifying targeted, actionable policy recommendations for the 2026 legislative session.

Recent federal actions and policy uncertainty have created new and evolving risks for LGBTQIA+ patients and providers, even as Connecticut has positioned itself as a national leader in protecting access to reproductive and gender-affirming care. These developments have heightened concerns related to patient data privacy, provider liability, and the continuity of care for populations that already experience disproportionate barriers to healthcare.

At a time of increasing federal uncertainty and heightened risk to LGBTQIA+ healthcare nationwide, it is more important than ever that Connecticut continue to serve as a national leader in protecting access to high-quality, affirming healthcare for LGBTQIA+ residents.

Policy Recommendations

CO-CHAIR
SIRI DAULAIRE

As LGBTQIA+ individuals face overt attacks from those in power, it becomes even more crucial to take action to protect and advance safe, affordable, and equitable healthcare access for all Connecticut residents.

Provider Protections and Patient Privacy

The Subcommittee recommends strengthening statutory protections for patients and providers delivering lawful, evidence-based care in Connecticut. This includes targeted reforms to the Prescription Drug Monitoring Program (PDMP) to limit the inclusion of medications prescribed for gender-affirming and other sensitive care where reporting does not advance patient safety and may increase privacy risks. The Subcommittee also supports updating electronic medical record privacy protections to more closely emulate Maryland's patient privacy framework, which defines gender-affirming treatment as legally protected healthcare and limits the disclosure of patient information, medical records, and electronically stored data in response to out-of-state subpoenas, investigations, or proceedings that conflict with state law. Additionally, the Subcommittee recommends refining Connecticut's existing shield law to clarify protections for providers, including those offering care via interstate telehealth, against licensure, legal, or professional discipline threats originating outside the state.

Policy Recommendations, continued

Stabilizing LGBTQIA+ Service Networks and Responding to Federal Funding Cuts

The Subcommittee strongly supports increased state investment in organizations serving the LGBTQIA+ community, particularly given ongoing and anticipated federal funding reductions and growing demand for services. Additional funding for the LGBTQ Justice & Opportunity Network is especially critical given the essential role its member organizations play in providing behavioral healthcare, HIV treatment and prevention services, housing supports, and culturally competent care for LGBTQIA+ residents, including youth, immigrants, and individuals who are uninsured or underinsured. Connecticut should also follow the example of Massachusetts in establishing a trust fund to support access to gender affirming care for state residents. In conjunction with broader investments, these initiatives would help stabilize critical service providers, ensure continuity of care, and reinforce Connecticut's role as a national leader in protecting and expanding access to LGBTQIA+ healthcare.

Protecting HIV Treatment and Prevention Coverage

The Subcommittee recommends reinforcing state-level protections to ensure uninterrupted access to HIV prevention and treatment services. Given federal uncertainty, Connecticut should require insurers to continue covering PrEP, PEP, associated laboratory services, and related clinical visits without cost-sharing and regardless of federal policy changes. The Subcommittee further supports reviewing Connecticut's essential health benefits framework to identify and address potential gaps that could expose HIV services to coverage erosion.

CO-CHAIR
COLIN HOSTEN

I've been grateful and honored to participate in this Cabinet. My thanks to Comptroller Scanlon for recognizing and affirming that healthcare is peace of mind, healthcare is economic justice, and healthcare is a human right.

RURAL SUBCOMMITTEE

Subcommittee Chair

Chair Kyle Kramer, President and Chief Executive Officer at Day Kimball Health (DKH) is a nationally recognized healthcare leader who joined DKH in 2020 . He brings a strong focus on physician/hospital alignment and strategic relationship development. 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.

Prior to joining Day Kimball, Kyle served as Principal/Partner with Pinnacle Healthcare Consulting. 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.

Subcommittee 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
- Kyle Keegan, Graduate Student, UConn
- 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

RURAL SUBCOMMITTEE

Background on Subcommittee

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.

Policy Recommendations

<u>Workforce : Increase Incentives for Market Entry</u>

The committee recommends continued and expanded 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

Policy Recommendations, continued

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.

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 remain 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.

Policy Recommendations, continued

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.

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.

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

Policy Recommendations, continued

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.

> **CHAIR**
> **KYLE KRAMER**
> Elevating health status in rural markets starts with access—access to an adequate supply of licensed clinical professionals via availability of reliable transportation.This challenge has the potential of being addressed and potentially remedied with funding from the federally appropriated Rural Health Transformation Funds that have come into Connecticut.

<u>Leverage Section 5310 funding (DOT) to improve access to care and overall clinical services</u>

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.