Healthcare Benchmark Initiative Steering Committee

"We collaborate, out of a shared concern and responsibility for all Connecticut residents, to develop consensus models that advance equity and consumer affordability of healthcare in our state."

Meeting Date	Meeting Time	Location
August 26, 2024	3:00 pm – 5:00 pm	Zoom Meeting: https://us02web.zoom.us/j/86419983822?pwd=Ymkzb0U4VFgxbFRVNERRNmVtSjc1Zz09

Participant Name and Attendance | Steering Committee Members					
Tim Archer	R	Paul Grady	R	Susan Millerick	R
Joanne Borduas	R	Angela Harris	R	Cassandra Murphy	X
Jim Cardon	R	Sean King	R	Lori Pasqualini	R
Ayesha Clarke	R	Gail Kosyla	R	Kathy Silard	R
Francois de Brantes	R	Paul Lombardo	R	Marie Smith	R
Tiffany Donelson	R	Chris Manzi	R	Stephen Traub	R
Judy Dowd	R	Andy Markowski	R	Chris Ulbrich	X
Lou Gianquinto	X	Chris Marsh	R	Kristen Whitney-Daniels	R
Deidre Gifford (Chair)	R	Mark Meador	R	Josh Wojcik	R
Tina Hyde, OHS	R	Mayda Capozzi, OHS	R	Michael Bailit, Bailit Health	R
Alex Reger, OHS	R	Lisa Sementilli, OHS	R	Matt Reynolds, Bailit Health	R
Wendy Fuchs, OHS	R	Patty Blodgett, OHS	R		
Olga Armah, OHS	R	**R** = Attended Remotely; **IP** = In Person; **X** = Did Not Attend			

Agenda

	Topic	Responsible Party	Time
1.	**Welcome, Roll Call, and Agenda Review**	**Deidre Gifford**	**3:00 pm**
	Deidre Gifford welcomed everyone to the August Steering Committee meeting. Deidre invited Matt Reynolds to conduct a roll call. There was a quorum present. Deidre then reviewed the agenda for the meeting.		
2.	**<u>Committee Action</u>: Approval of July 22, 2024 Minutes**	**Steering Committee Members**	**3:05 pm**
	Joanne Borduas motioned to approve the minutes. Tim Archer seconded the motion. Paul Grady abstained. There was no opposition. The minutes were approved.		
3.	**Implications of High Costs for Patients**	**Lisa Manzer**	**3:10 pm**
	Tiffany Donelson noted that the Connecticut Health Foundation had been working with OHS, the Office of the State Comptroller, and the Center for Women's Welfare at the University of Washington School of Social Work to develop the Connecticut Healthcare Affordability Index (CHAI). Tiffany provided the Steering Committee with background information on the rationale behind the CHAI's development. Lisa Manzer from the University of Washington explained the CHAI's methodology. Lisa shared that, per the CHAI, ~450,000 adults and ~260,000 children in Connecticut can't afford their basic needs. In 2022, 13% of Connecticut households couldn't afford their healthcare. Lisa noted that current projections appear to show these problems being even more pronounced in 2024 relative to the current 2022 data. Lisa added that the scheduled expiration of the federal premium tax credit expansion in 2025 will make it even harder for Connecticut families to afford their basic needs. • Michael Bailit asked how Connecticut trends look in comparison to other states. Lisa replied that she does not have healthcare affordability data for other states that use a comparable methodology. However, Lisa noted that other states have similar proportions of residents that are struggling to meet		

their basic needs. Lisa also added that states on both coasts are seeing increases in the proportion of residents who are having difficulty meeting their basic needs.

- A Steering Commitee member asked if the CHAI data can be stratified by demographics. Lisa replied that the online tool has this functionality, adding that the tool will be updated in September. Lisa explained that for geography, the underlying cost data can be assessed at the town level, while the underlying demographic information (such as race) is collected at the county level.
- Another member asked if the CHAI data reflect the impact of high deductible plans. Lisa replied that the CHAI assesses out-of-pocket costs but does not specifically assess the impact of high deductible plans.
- Two Steering Commitee members asked how the CHAI distinguishes the impact of rising healthcare costs vs increases in the costs of other basic needs on residents' ability to afford healthcare. Lisa replied that the Medicaid group acts somewhat as a control for the impact of increases in non-healthcare costs since the assumption is that healthcare affordability for those on Medicaid remains constant.

4.	**Technical Team**	**Deidre Gifford**	**3:45 pm**

Deidre Gifford noted that when OHS developed the cost growth benchmark program in 2020, OHS relied on a Technical Team of experts for guidance on the program design. Deidre noted that, in order to foster impartial perspectives, the Technical Team did not include organizations that would be measured against program benchmarks and targets. Deidre shared that OHS will convene a new Technical Team this fall to advise OHS on developing new benchmarks for 2026-2030. Deidre shared that OHS welcomed suggestions for members of this new body; submissions could be transmitted to Alexander.Reger@ct.gov. Deidre added that OHS is especially interested in economists, actuaries, benefits consultants, consumer advocates, and employer and labor union purchasers.

5.	**Steering Committee Policies of Interest: State Examples**	**Michael Bailit**	**3:50 pm**

Michael Bailit noted that during the July meeting, OHS solicited input from the Steering Committee on which policy strategies to include in this year's annual report to the General Assembly. In response to Steering Committee member requests, OHS committed to sharing examples of policies from other states related to cost growth benchmark enforcement, primary care spending target enforcement, and pharmacy cost mitigation strategies.

Michael first reviewed the cost growth benchmark enforcement mechanisms in place in other benchmark states. Michael asked members for any questions or reflections on whether Connecticut should pursue additional cost growth benchmark enforcement authority.

- A member of the Steering Committee said they thought it was premature to think about adding penalties when they believed that the data used by OHS are flawed. Deidre replied that OHS has been working on a document that she hopes will answer some of the questions and concerns that have been raised about the cost growth benchmark data.
- A member asked what would be required if Connecticut were to pursue greater enforcement authority. Deidre Gifford replied that legislation would be required if OHS were to be able to apply performance improvement plans or penalties.
- Another member asked about the effectiveness of other states' cost growth benchmark programs. Michael Bailit replied that Massachusetts is the only state that has had a program existing for enough years to assess impact. Michael noted that the first ~seven years of Massachusetts' program were effective in slowing commercial market spending growth, although Massachusetts' cost growth benchmark has been less effective in the most recent years, leading the state to consider stronger enforcement mechanisms.

Michael reviewed the enforcement mechanisms in place in other states with primary care spending targets. Michael again asked members for any questions or reflections on whether Connecticut should pursue additional enforcement authority.

- A member of the Steering Committee said they thought Connecticut should pursue enforcement authority for increasing primary care spending.
- A different member of the Committee said the state needed to look at primary care physician compensation to encourage more people to go into primary care, as supply is an issue for provider

	organizations across the state. Another member agreed about the need to incentivize more primary care physicians to practice in Connecticut. • A Steering Commitee member noted that increasing fee schedules for primary care physicians is doable and easy to monitor. The member added that how primary care expenses are defined matters, as a lot of money goes into primary care-related expenses that the state may not want to increase, such as emergency department and urgent care. Michael Bailit replied that Connecticut's definition of primary care, developed in 2020 by the Technical Team, does not include emergency department visits, urgent care, or care provided by OB/GYNs. Deidre Gifford noted that OHS could distribute its current definition of primary care with the meeting minutes. Finally, Michael reviewed examples in place in other states, where available, for each of the recommendations produced by the Pharmacy Cost Mitigation Strategies Work Group. Michael asked members for any questions or reflections on whether Connecticut should pursue any of the Pharmacy Cost Mitigation Strategies Work Group's recommendations. • A pharmaceutical manufacturer representative said that their company would oppose reference-based payment limits because of e concern that patients would not directly benefit. The representative added that for penalizing excessive pharmaceutical price increases and/or expanding the current state law definition of drug rebates, "the devil is in the details." The representative said that their company would generally support prohibiting spread pricing and exploring expanding PBM transparency and reporting requirements. The representative said they had no opinion on exploring opportunities for the state to provide capital investment to fund the development, production, and/or distribution of generic drugs. Finally, the pharmaceutical manufacturer representative noted that their company had been involved in successful approaches to including pharmacy expenses in total cost of care risk sharing contracts. • A member of the Steering Committee asked if members could provide additional feedback after taking more time to review the recommendations. Deidre replied that feedback could be shared with Alexander.Reger@ct.gov, adding that sharing feedback within 7-10 days would give OHS the best chance to take the feedback into consideration.		
6.	**Public Comment**	**Members of the Public**	**4:50 pm**
	Deidre Gifford offered the opportunity for public comment. There were no public comments.		
7.	**Wrap-up and Next Steps**	**Deidre Gifford**	**4:51 pm**
	Deidre Gifford shared that the next meeting was scheduled for September 23rd from 3-5 pm.		
8.	**Committee Action: Adjournment**	**Steering Committee Members**	**4:53 pm**
	The meeting concluded at 4:53 pm without a formal adjournment.		

All meeting information and materials are published on the OHS website located at:
https://portal.ct.gov/OHS/Pages/Healthcare-Benchmark-Initiative-Steering-Committee/Meeting-Agendas