

CHAIRPERSON: Representative Toni E.
Walker

SENATORS: Osten, Formica

REPRESENTATIVES: Walker, Lavielle,
Abercrombie, Baker, Betts,
Bolinsky, Dathan, Dillon,
Gilchrest, Horn, Johnson,
McCarty, Petit, Ryan,
Zupkus

REP. WALKER (93RD): Good afternoon. I'd like to call the -- I'd like to call the Appropriations Committee State Agency Budget presentations to order. First up we will have the Department of Public Health coming up. Thank you. Is the Commissioner coming? The Deputy Commissioner. Okay, just wanted to make sure because it's what I got that down here.

DEPUTY COMMISSIONER AARON: Good afternoon.

REP. WALKER (93RD): Good afternoon.

DEPUTY COMMISSIONER AARON: I am Heather Aaron, the Deputy Commissioner for the Department of Public Health. Good afternoon to Representative Walker and the members of the Appropriations Committee. I'd like to take just a couple minutes to just mention a few of the highlights for the Department of Public Health for the past year. We, at the Department of Public Health our mission is to provide the best health for those in Connecticut. With that in mind we have also improved on our -- on our technical ability to have less paperwork and become more

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electronic. With that we have purchased equipment for the lab that will allow us now to -- to process all our samples electronically allowing for a speedier return so samples that would normally take an hour will now take about 20 minutes and it will also be in a setup so that all our employees will be safer when they handle the specimens. We have also created electronic debt record so now all of that will be electronic and faster. We have worked with our HIT department who gets a bidirectional electronic program for immunizations so that hospitals and clinics can send information into us and we can send to them which will be very very helpful. We have also put together for preparedness all the licensed individuals and the states who are volunteers in the event of any emergency that we can contact people immediately and everybody would be on board much quicker. Again, getting rid of the paper. One of the huge items for us would be emergency medical systems and our ambulances. When they go on site, they must bring someone back to the hospital in order to get paid so they may go out to an individual who they have revived, and that individual has refused to come to the hospital. They will not get paid so we're hoping with this Public Act 19-118 that we'll be able to provide reimbursement for their services.

Upcoming events I think everyone has heard about PFAS. Those chemicals that over 4000 chemicals they have a very long-life span and is basically ubiquitous in our communities. They're in our bloodstream. They're in our packaging of food and most importantly they're in our water supply. So with that in mind the governor set up a task force that was led by the Department of Public Health

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Commissioner Renae Coleman-Mitchell and our DEEP Katie Dykes and out of that came out 48 recommendations. Primarily now we are going to be looking at setting up an advisory counsel that will be working to advise the Department of Public Health commissioner on the MCLs which is maximum contaminant levels that should be allowed in water and that is coming up shortly. With that in mind we are also keeping in mind right now that we have this coronavirus that's out there and we are working with the CDC daily in preparedness for that. We are also coming down, right now we are no longer in our peak for our flu season so we are on the other side of that but still we have proposed that going forward with the help of the federal government we currently only provide free vaccinations up to 59 months old. We'll be moving that to 18 years of age so that will improve the flu season outbreaks.

As far as the opioids, we have created an electronic format that allows us, it's called the OD map. It allows us to know where there are opioid overdoses are happening in a certain area in real time and allows us to deploy the necessary folks to handle any incidents. So that is a summary of what we have been doing. As far as the mid term adjustments, we are please with what we have received from the governor's bill. There are very few adjustments and we believe that the dollars we have received will in fact be workable and we will be able to continue to do the good work of the department. Thank you.

REP. WALKER (93RD): Thank you and thank you for your -- your testimony. I'm going to first ask about something that really I don't see on here and that's the FQHCs. How -- how do we determine the rate for our FQHCs out there in the field? Do you know?

DEPUTY COMMISSIONER AARON: Well I believe that is with the Department of Social Services.

REP. WALKER (93RD): Oh it is? Okay.

DEPUTY COMMISSIONER AARON: For setting the rates.

REP. WALKER (93RD): So for setting -- DPH has nothing to do with FQHCs as far as rate setting.

DEPUTY COMMISSIONER AARON: DPH not a budget setting.

REP. WALKER (93RD): All right then I will go to DSS because I got calls from a couple people about those. Going on to some of the things that are in your -- your -- in your budget. The first thing I'm going to ask about is the human resources and labor relations function. One of the things we're asking everybody is to find out one if any of your grants or federal grants that you require you to have human services in your agency in order for you to implement this grant, any of the grants.

DEPUTY COMMISSIONER AARON: All our grants require human resources services; however this will not affect it. We have historically separated indirect cost from a direct cost and that has been submitted with all our grants and has been acceptable, so we've already had the format in place.

REP. WALKER (93RD): Okay so none of these adjustments will affect your ability to acquire federal dollars?

DEPUTY COMMISSIONER AARON: No, none at all.

REP. WALKER (93RD): Okay and it has down here eight people going to DAS.

DEPUTY COMMISSIONER AARON: That's correct.

REP. WALKER (93RD): How many of them going to stay with you? Are all eight going to DAS?

DEPUTY COMMISSIONER AARON: All eight will be reporting to DAS. There will be the business manager will be on site and there will be a dual reporter to the commissioner's office and DAS.

REP. WALKER (93RD): Okay. Now when I look at the overview for your budget it says that you're reduced by four people, but it says under the transfer for human resources and labor relations that you're going to be losing eight people.

DEPUTY COMMISSIONER AARON: Well that's because included in the Peace Act Scholars, we are going to get additional FDEs, so this is a net.

REP. WALKER (93rd): Okay that answered that one. Let's see I'm going to come back to on residential homes. I will do that after I offer it to some of my colleagues. I'll be right back. God bless you. Senator Osten.

SENATOR OSTEN (19TH): Good afternoon. Thank you very much for coming. On the PFAS that where you're going to have three positions, how many -- do you know how many different products are going to be looked at in this complication of PFAS because it's not just the foam, correct?

DEPUTY COMMISSIONER AARON: Correct.

SENATOR OSTEN (19TH): Do you know how many products have PFAS in them?

DEPUTY COMMISSIONER AARON: We know there are multiple products. We don't have the exact number, but we know it's in our daily. It's in our

clothing. It's in our water supply. It's in our bloodstream. It's everywhere but the most important is looking at the water supply and that will be the first thing that will be tested.

SENATOR OSTEN (19TH): So, looking at the water supply besides the firefighting foams what else are you looking at that has contaminated the water supplies?

DEPUTY COMMISSIONER AARON: I mean the question we have private wells. We have public water systems. We have over 25,000 public water systems so we'll be endeavoring to look at it processed to get through to work with the water companies to do all the testing.

SENATOR OSTEN (19TH): And the private wells, if a private well comes back that's contaminated with PFAS, what is the Department of Public Health's role in that?

DEPUTY COMMISSIONER AARON: Our role is to advise the private well owner on what we believe recommendations should be.

SENATOR OSTEN (19TH): And would that process be free to the private owner?

DEPUTY COMMISSIONER AARON: At this time I am unaware of how the financial impact would be handled.

SENATOR OSTEN (19TH): So, if you could think about that piece because that will be very important for us as this rolls out. In particular if we end up with in one town a thousand wells that are contaminated with PFAS what are we -- what are we looking at doing you know how are we handling this particular problem and are we going to tell people

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that you can't stay there? Your well is too contaminated. What are we going to do?

DEPUTY COMMISSIONER AARON: Well historically, the DEEP was on litigation and has programs to work with individuals so I believe that there's a plan on how we go forward with that working with both departments.

SENATOR OSTEN (19TH): Just when you come to the subcommittee I'd like to have a broader understanding of what we're trying to do. I'm not opposed obviously to containment and removal of PFAS and I'd like to know how many products that you have identified. There was I happened to be at a CCM meeting where they had a presentation on PFAS and the number of chemicals that are identified as having PFAS in them were in the hundreds if not the thousands and so I'd like to understand what is our -- what are we doing?

On the residential care home, are you looking to do like an ombudsman sort of role here with the -- a lawyer or a staff attorney to accommodate residential care home protections?

DEPUTY COMMISSIONER AARON: Yes.

SENATOR OSTEN (19TH): And that person, would that person then be going to all of the residential care homes and would there be postings for them to reach this person? How is that going to happen?

DEPUTY COMMISSIONER AARON: The way this works and if I'm referring to it correctly, the additional legal person that will be added to our budget is to work in tandem with reimbursement in the even that there's a resident that needs legal assistance of

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either staying at the residential home or going to another facility. We -- our part in this in the Department of Public Health is when there is an emergency or when there's a request from a residential care home because there's some disturbance we work as assistance, legal assistance to the resident so that's DPHs role.

SENATOR OSTEN (19TH): And my last question is for the subcommittee. You have a number of minimum wage funding sources of \$152 dollars and \$435 dollars. If you could give me the number of people that this impacts and the number of hours that those people are working.

DEPUTY COMMISSIONER AARON: Those numbers I don't have with me. We will refer those through our working group.

SENATOR OSTEN (19TH): Yep just come back with the subcommittee with those. Thank you. Thank you very much madame chair.

REP. WALKER (93RD): Thank you ma'am. Senator Formica.

SENATOR FORMICA (20TH): Thank you very much. Senator Osten hit on most of my questions regarding that and if you're going to bring the product list or point us to where a product list would exist on this it's in the waterproofing too. Are you familiar with that?

DEPUTY COMMISSIONER AARON: Yeah.

SENATOR FORMICA (20TH): What is that? Spray waterproofing that they --

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DEPUTY COMMISSIONER AARON: For example on furniture you may have where the water will glide off and not stay on there so it's in the fabric.

SENATOR FORMICA (20TH): Okay I see. I see. I think we share the same interest in moving this forward. Thank you and I should have greeted you and said good afternoon. I'm sorry about that. Thank you. Thank you madame.

REP. WALKER (93RD): Next Representative Dillon.

REP. DILLON (92ND): Good afternoon. It's really good to see you Heather.

DEPUTY COMMISSIONER AARON: Good to see you.

REP. DILLON (92ND): A number of the questions have been anticipated but I wonder if you could provide more information at the -- for the work [Inaudible-00:15:07] on the reduction in screening dollars for TB.

DEPUTY COMMISSIONER AARON: As far as the reduction we do not anticipate that it will be a problem. Our numbers have been fairly flat, and the program people have worked very well in reaching the population that needs this care, so we do not have concern at this time regarding those numbers.

REP. DILLON (92ND): Well, as you know it's been a problem in a year receiving the recent arrivals or for people who are HIV positive, a tremendous threat. And so I would just like to see the timeline too. It would be -- I have no reason to doubt you necessarily. I would just like to see because once any kind of an infectious disease appears even when the numbers are small it can spread very quickly and so for that reason I'd

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really like to look at it before we take the dollars. Thank you.

DEPUTY COMMISSIONER AARON: Absolutely.

REP. WALKER (93RD): Thank you. Representative Lavielle.

REP. LAVIELLE (143RD): Thank you. Good afternoon. Thank you for being here. Just a question about PFAS which is clearly an issue. Are you involved -- every time I see -- let me take a step back? Every time I see the mission of the task force and so on I see testing and you know testing and more testing and evaluating how it should be tested and what the standards are. What I see less of or haven't really had intelligence on yet is the manner of disposing of it when it's found. If you're able to filter it out of water for example. If you have unused foam or used foam that's ready to be disposed of what happens to it? How do we deal with it and do you have -- is that part of your operation at all or is that strictly DEEP? How does that work?

DEPUTY COMMISSIONER AARON: The operation to mitigate is strictly DEEP but, I can tell you that it can be mitigated. The content can be contained in one area and put at very high temperatures to control it so we can mitigate it.

REP. LAVIELLE (143RD): Are we doing that currently?

DEPUTY COMMISSIONER AARON: What we are attempting to do right now is we have to decide. The EPA has set a standard of what we call 70 parts per trillion. We are indicating that that number is too high so what has to happen now is that we have to set a level. That's where the testing comes in. You have

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to set an MCL, maximum contaminant level. Once we set that level then we can move on to the testing and the mitigation.

REP. LAVIELLE (143RD): So even now when -- when there's just foam that hasn't been used because you don't have to measure that in the same way you would say if it were in water. How do we dispose of it? Do we burn it?

DEPUTY COMMISSIONER AARON: It can be -- it can be mitigated and I know that DEEP is working right now and they have been sending put aside to remove most of the foam and find some other methodology for the areas that use it because it's used to extinguish so they're looking and working very hard at moving what's there, working with the different emergency systems that use them and coming up with mitigation.

REP. LAVIELLE (143RD): Okay. Well thank you. I -- that is apparently I've heard in New York it's a very big concern because they've already been trying to do thing and there's concern about it getting out into the air and I think it's great that we're focused on it but if we find it and then we're not quite sure if we're getting rid of it properly we still have a problem.

DEPUTY COMMISSIONER AARON: I can assure you that the scientist we have, the toxicologist the individuals working with DEEP they are aware of the issue regarding containing it and disposing of it and are endeavoring to do so.

REP. LAVIELLE (143RD): All right thank you very much.

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REP. WALKER (93RD): Thank you. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you madame chair. Good afternoon. Thank you for being here today. Quick question. Does the Ryan White Funding fall under your agency?

DEPUTY COMMISSIONER AARON: Some of it can.

REP. ABERCROMBIE (83RD): Okay and where is that in your budget? What line does that fall under?

DEPUTY COMMISSIONER AARON: The specific line I don't know at this time. It's a federal --

REP. ABERCROMBIE (83RD): I know its federal right so where is it in your budget?

DEPUTY COMMISSIONER AARON: Federal funds are not in our state budget.

REP. ABERCROMBIE (83RD): Okay so if there's a decrease right, to provider's funding under that federal funding how do we -- how do you show for that?

DEPUTY COMMISSIONER AARON: We can if there's a specific program that's being asked about we can get that information and provide it to you.

REP. ABERCROMBIE (83RD): Okay so since it's a little outside of this conversation I'll ask you that offline. Thank you. Thank you madame chair.

REP. WALKER (93RD): Thank you. Representative Horn.

REP. HORN (64TH): Thank you madame chair. And again I think I'm on the other end over here. [Laughter] It's hard to keep track of us I know. Thank you for being here and for your very helpful testimony. I

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wanted to ask about a recent audit of DPH which had some criticisms of you know, adequate managerial oversight and staffing resources and it strikes me that remedying those could have or should have some sort of budgetary impact and so I wondered if you could address that.

DEPUTY COMMISSIONER AARON: Well first thing I would like to say if that audit is from fiscal year 16 and 17. We are currently reviewing that and working with the management team to address those issues. We have been -- we're new administrator and therefore we have to address it and we plan to. I don't necessarily know whether or not additional resources are required or better management in certain areas, but we expect to improve on those and have better outcomes.

REP. HORN (64TH): Do you have a timeframe for when you expect to be able to do that?

DEPUTY COMMISSIONER AARON: Well we're working it through the year and we're hoping our next audit shows great improvement.

REP. HORN (64TH): [Laughter] Thank you. Thank you madame chair.

REP. WALKER (93RD): Thank you. Representative McCarty.

REP. MCCARTY (38TH): Thank you madame chair and welcome commissioner. Good to see you. If I may I just have a couple of questions very quickly. I would like to follow up a little bit on what Representative Abercrombie just stated on the reduction of funding for the Ryan B. White Part B services because I do have last year's budget. In

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the carryover, the figure is the same from the budget previous up to this year's budget, so it has come to our attention that that line has been cut significantly. It is a line item in the overall state budget and that we understand that federal funding is flat so if you could just look into that for us so that we could get those figures. I know that in my district over 100 people will be impacted by those cuts and so I would really appreciate learning more about that, how that came about, and where that funding is for that Ryan B -- for Ryan White Part B. If you could do that.

And then if I may continue I'm so pleased to see Connecticut response I think that it's a great initiative going forward. We're short. Very short throughout the state with volunteers and I'm just hoping that your agency will be able to work with other agencies in this state because I know we have a tremendous shortage of volunteer in the Department of Aging and Rehabilitative Services so I just think it would be terrific in whatever you're finding and how it's working within your agency. If that could be shared with some of the other agencies. Certainly I'm looking at some of our nursing homes that are very short on volunteers and we used to have quite a robust program at one time and certainly anything that you find that's helping get more out volunteers to help us because they look like from your testimony that those would be professionals so that would be very much appreciated. And then if I may - - I think that's only one and a half. [Laughter]

REP. WALKER (93RD): If you want to ask two or three more go right ahead.

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REP. MCCARTY (38TH): Okay thank you. If I may just ask you if we could get a little more clarity of what you mean by guidance to the public schools on the virus. Coronavirus. You mentioned that you're going to be doing everything, but I would like to have a little more information if you would.

DEPUTY COMMISSIONER AARON: On a daily basis we work with the CDC. We are on conference calls and guidance we get from CDC we transfer down to local health and to the schools, so CDC has developed guidance for K through 12 and those guidance we help implement. We work as technical assist to local health and to the schools.

REP. MCCARTY (38TH): Thank you very much. Thank you.

REP. WALKER (93RD): You can go ahead -- did you have another question? Are there any other people -- any questions from any other members from the committee? Perfect timing. Thank you. Thank you very much. See you at working session. Okay next we have Office of Health Strategy. Vicki Veltri.

VICKI VELTRI: Well good afternoon everybody.

REP. WALKER (93RD): Good afternoon.

VICKI VELTRI: Representative Walker, Senator Osten was here. Representative Lavielle, Senator Formica. I'm Vicki Veltri. I'm the executive director of the Office of Health Strategy here today to support House Bill 5005 an Act Adjusting the State Budget for the Biennium and specifically to testify obviously about the Office of Health Strategy or as we like to call it OHS. So, I won't go in a ton of detail about what's in the testimony. I want to

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highlight a few things that have been going on in our office over the last year. I want to take the opportunity to thank our small but mighty staff --

REP. WALKER (93RD): Hold on one second. Please take the conversations out of the room. [Side conversation] [Laughter] Go right ahead.

VICKI VELTRI: I just wanted to make sure I really did thank our small and mighty staff because we are a small agency, but we work really really hard. The staff is tremendously dedicated and gets a lot done. So, just a couple highlights about the work of the last year. We launched a site called Health Score CT. You may have heard about this. We had a couple of announcements about this. It does two things. It allows people to compare the quality of networks, healthcare networks operating in the state of Connecticut and it also allows people to estimate the cost of healthcare services around the state, so it has two parts to it. We'd love for people to visit the site because we think it provides very useful information and it will continue to evolve over time. One of the things I'm most very proud of is the work that we did together with DPH, the legislature, and advocates around codifying the community healthcare worker bill last year and establishing a community health worker advisory body to set an advised DPH certification standards for those community health workers. That body, because I was allowed to designate someone as a chair I designated Tekisha Everette who is working very hard on that body with a couple of our staff people so very proud of that activity. In a couple of weeks we're going to issue a report associated with public act 1841 or at least a list on our website of the top drugs that are having an impact on the cost of

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care in Connecticut. You passed a bill in 2018 that authorized us to do this so we've been working very hard with the data from our [Inaudible-00:28:37] database with the comptroller's office, DSS in preparing that list for you so you can see what consumers are experiencing across the state of Connecticut with prescription drugs. One of the other things we're working on is healthcare affordability standard. We've been under this project with the Comptroller's office, so we updated the self sufficiency standard for the state of Connecticut. Many of you who have been in legislature for a while may remember this tool which predicts the rate of income that people need from very different family types for housing, shelter, healthcare. We're updating that. We updated, excuse me, that standard this year. Then we're going to update the healthcare affordability piece so people can see what consumers are really experiencing across the state with various forms of healthcare coverage and then what we can do so that we're not undertaking policy that exacerbates the affordability of healthcare across the state.

One of the other things that's going on is a very big initiative that's got hundreds and hundreds of people involved called health enhancement communities so we undertook this initiative last year and we've got nine different collaboratives of healthcare providers, consumer stakeholders, housing authorities, public health departments involved in designing target interventions in their geographic communities that can help prevent conditions from occurring that really drive ongoing healthcare costs down the road and part of what they're also doing is designing government structures for the

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collaboratives. It's a very -- it's a great activity and we're very happy to be partnering with communities because this is one of those initiatives that has to come from the community upward. One of the other things I would highlight is the health information alliance was formed. This is a non-profit entity. It was formed under authorization from a previous legislative act in 2017 that actually implements the health information exchange for the state of Connecticut. We launched that this year. OPM and Office of Health Strategy signed the paperwork to create that non-profit and it's undertaking that work. I think that Dr. Petit just left but he's one of our members of our Health Information Technologies Counsel, so he advises that work on an ongoing basis, so we're excited about that. We're continuing our CON work. Lots and lots of applications coming in but we've made a deliberate effort over the last two years to try to streamline that process, make it a little more welcome process as any regulatory process might be inviting people in to talk to us early and often before they come in with an application. So with that I will just say the budget as you know it gives us, at least it proposes to give us an additional \$577,000 dollars to help support executive order number five. So, in January -- January 22nd we made an announcement with the governor with a group of legislators on both sides of the isle which we really appreciate that to establish healthcare cost benchmark for the state of Connecticut and to also establish primary care targets to reorient our spending more towards primary care and to set up quality benchmarks for the state of Connecticut. We just spent about a year working on this proposal with stakeholders in healthcare. Stakeholders

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around the state with our colleagues from other states to do this work which is absolutely critical because it gives us an eye on overall healthcare spending across all the payers we have in the state and all the providers in the state and the goal there is for us to set a benchmark or set a rate of growth of healthcare costs that we think that healthcare cost should grow by every year. So we would be undertaking that work and actually we are going to be meeting the advisory board I think on Monday for this work, but it takes funding to do that work. However, I will say the funding that's outlined in this testimony and also in the budget should yield much more in savings and return to the residents of the state of Connecticut. When we undertook this we did deliberate modeling of this work with our Massachusetts colleagues, with our Delaware colleagues, our Rhode Island and Oregon colleagues that are already doing this work to make sure we were modeling it at a very reasonable and limited way in terms of spending but also knowing that we would be able to achieve our goals when we undertook this work. In Massachusetts which has been doing this for seven years they have saved \$5.5 billion dollars over the rate of cost growth they would have had if cost had kept going at the trajectory they were going at the time so we think it's a tremendously valuable undertaking and one that allows us to work with everyone around the table like most of our work. We engage hundreds and hundreds of people in our work every day of the week and we will continue to do that in this work, so we look forward to undertaking that executive order. As you know there's also a bill the governor or introduced into the legislature 5018 that codifies that executive order and that is also what we think

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will be a bi-partisan bill. It has been so far, and we hope it continues to be as we think healthcare should be a bipartisan issue. So with that I will take any questions that the committee has.

REP. WALKER (93RD): Thank you. Thank you for your testimony and thank you for all your work. Really I -- I had many occasions sending people to you on the healthcare advocacy and they always got some sort of answer. They got some sort of resolution, so I thank you for that and I expect Office of Health Strategy to have the same affect so thank you for that. Questions from the committee? Representative McCarty.

REP. MCCARTY (38th): Good afternoon. Nice to see you again. And I will take just one comment and then a question. I'm so happy to see everything you're doing with the community health workers and certification. It think that's really important as they get out into the communities and can really understand the individuals we are working with and understand the cultural competency and everything so congratulations on that's excellent. But, I do have a question so as you probably heard the other night we were at a very long hearing, 22 hour hearing and I learned something that was striking during that process that some of the primary care providers are denying individuals who come in because they may not be up to date on immunizations. Is your office -- what is being done for those individuals if they're not getting the primary care that they need? Where are they going? Is there an advice -- is there a transition piece in place and how is your office looking at that?

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VICKI VELTRI: That's a good question. We have a very high emphasis on primary care because we think that's the core of care delivery and needs to be emphasized more to prevent conditions from occurring and to actually bring healthcare costs down and improve quality. Regarding the immunizations, actually I did not know that. It's something I think I would want to talk to the DPH commissioner about. That it seems to be something that's more in the category of public health, but I would be happy to look into it. Just did not know that but thank you for bringing it to my attention.

REP. MCCARTY (38TH): Thank you very much. I appreciate that.

VICKI VELTRI: You're welcome.

REP. ZUPKUS (89TH): Thank you Madame Chair. I wanted to make a comment, but I'll just add one thing quickly to Representative McCarty. I was too was at that hearing and it even goes down to pediatricians so when you are going to making, having your conversation with the commissioner of DPH add that on as well because that was a comment we kept hearing over and over for pediatricians and primary care physicians.

VICKI VELTRI: So I guess what I should follow up on. I will follow up with the DPH commissioner but there have been some federal regulations that have passed that other people probably know better than I do around they're called conscience rules and providers are now allowed to in some circumstances to exercise their moral beliefs when they treat people so that may be what you're seeing but I think we need to check into it and follow up.

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REP. ZUPKUS (89TH): Right and that could be, and I remember there was one woman who she is on state assistance and she was getting turned away also but with that being aside I just really wanted to comment and say thank you. I actually call your office, I don't want to say a good bit but I do use your office and everyone has been wonderful and I'll just say to Damien he is super and but I do use them and everybody is very respondent and on it and calls back my constituents so thank you for doing that.

REP. WALKER (93RD): Thank you. Senator Osten.

SENATOR OSTEN (19TH): Thank you very much. I appreciate you coming in this afternoon. I have a question on the policy revisions revolving providing funding to develop a healthcare cost growth benchmark. And I see you have two full time healthcare analyst and contracts for economic actuality and data analytical support. Is this all brand-new funding?

VICK VELTRI: Yes it would be brand new funding.

SENATOR OSTEN (19TH): And does this come -- are you shaved from other contracts real dollars for like access or any of the other real dollars to support any of the funding for this benchmarking?

VICKI VELTRI: Oh yes. We're very lean if you look at what we spend in our office. We're incredibly lean for the work we do so very diligent about ensuring that when we undertake contracts we scrutinize the spending under those contracts but also for this one as I was saying as I said earlier I think that and correct me if I'm wrong please. We did some modeling of this initiative, very detailed modeling about what we thought it would take to

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achieve this goal and my initial goal was actually higher than this but I went back and trimmed a lot off so we could do it in the least amount of funding possible for the initiative so I think we're in good shape to keep this very lean but still get the job done.

SENATOR OSTEN (19TH): So can -- can you bring to the subcommittee that modeling or give us an outline of what this how you got to this number.

VICKI VELTRI: Sure.

SENATOR OSTEN (19TH): Okay thank you very much. Thank you madame chair.

REP. WALKER (93RD): Thank you. Representative Dathan.

REP. DATHAN (142ND): Thank you madame chair and thank you so much Victoria or Vicki.

VICKI VELTRI: Vicki is fine. [Laughter]

REP. DATHAN (142ND): This is really wonderful. I sit in insurance and real estate and this is something that you know I'm hearing from my constituents that the rising cost of healthcare is going crazy and we're all hearing it every day. Just out of curiosity once you get this benchmark report how in other states have they been able to control cost? I mean you have the data but how are you able to really have the effect to providers' insurance companies and how are other states doing this in practice?

VICKI VELTRI: So there are I think four other states doing this. What -- what has been very successful is transparency so what this initiative does is

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create a level of transparency that's unprecedented in the state of Connecticut in terms of what healthcare costs are, where they are, by whom across the state and that's presented via public hearings, through cost trends report that would be issued annually about what we're seeing. Most of the savings, believe it or not has come from the transparency side but what is happening in Mass and what we're starting to see in Delaware is that people realize this is an issue and they've taken ownership over the issue because of the transparency level so have undertaken initiative that they might not have undertaken without this level of scrutiny coming. The other piece I will say has happened in Mass is when you start to see the detail about the level of cost and where it's coming from that allows us to target initiatives better to address those costs so if we see inappropriate cost or we see let's say for example high incidence of what people often refer to as low value care so access, five MRIs when you could have had one, something like that. You can pull that out of the system and you can really get into talking to people behind the scenes whether it's providers or the carriers about hey we you know we need to do a better job of controlling this and what kind of processes we're going to undertake to make sure we're really getting a handle on that. Believe it or not that kind of just discussion as opposed to a hammer has really worked very well and so we're stating the same thing here. I mean so far in our discussions with the healthcare industry stakeholders has been very positive in terms of willingness to work together to try to drive these costs down, so it's mostly been about the transparency.

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REP. DATHAN (142ND): Okay that's really useful. I have two other questions. In that benchmarking are you also going to be addressing accessibility because I know certain remote parts of the state may not have people who are experts in their field and if you live in a remote area you need a special type of doctor. Are you going to be addressing that?

VICKI VELTRI: Yes. Short answer is yes. I expect we will be doing that. Seeing data which we already see now where there are gaps in services. Some will get addressed in certain kinds of certificate of medical transactions but beyond that I think by having this board made up of such a broad stakeholder base that's from around the state we're going to be addressing, looking at behavioral health expenditures and access, primary care access, sometimes specialty access so I think by again just looking in detail of where these services are we can kind of drive initiatives to improve that. One of the things I think we're going to be exploring a lot and a way to lower costs is a better use of telemedicine, appropriate but better use in certain circumstances so we're going to be exploring all those kinds of issues in the work.

REP. DATHAN (142ND): That's a good segway to my last question I promise. Is you know I feel like in Connecticut, and I've been approached by constituents on this and I've also seen it you know appropriate levels of people administering care? I know for example like MAs doctor's offices aren't allowed to give injections whether it's an immunization or whatever it is where in 49 other states MAs are allowed to do this. It's part of their training. I did submit a bill to public health asking them to take this up a session but I

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think that is one area that we could look at where making healthcare more affordable because currently you have nurses and nurse practitioners that are responsible for doing that level of service and they are a much higher builds and the MAs have the training. 49 other states are allowed to do it but not here in Connecticut and I would really hope that we could address that issue because I think that's one small area that we could help lower healthcare cost for our state.

VICKI VELTRI: And that's one area where we would work hand and hand with DPH on. We've been exploring primary care expanded care teams and frankly what we see a lot in primary care is A. we have to prepare for a potential shortage of certain kinds of providers so we want to make sure we're recruiting the kind of providers we need but also docs are doing best what docs do that APRNs are doing best what APRNs do and that we expand these care teams to address the full range of the need of the patients. That was something that we've been focusing on for a few years and I think you'll see that continue because we put in for this executive order this primary care target. And the reason we put that in there as I said is to ensure that we are appropriately spending more on primary care but also so that we can develop initiatives that help us to achieve that target and one of them could be the expanded care teams. It may be looking at scope of practice with DPH for certain kinds of providers so that's why this is such a big project to be working on so thank you for the question.

REP. DATHAN (142ND): I commend you on your work and thank you so much for coming this afternoon. Thank you madame chair.

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REP. WALKER (93RD): Representative Johnson.

REP. JOHNSON (49TH): Thank you so much Madame Chair. Thank you for your work and your testimony today. I just want to applaud the work you're doing trying to figure out what's going on statewide with respect to cost. I think that's just such an important thing that you're doing, and I see that the models that you're running at this point and time to see how that's being done. My question has to do with eastern Connecticut and the cost and I'm sure you've heard this before that the providers in eastern Connecticut are generally receiving a reimbursement rate from Medicaid that is lower than what the average would be in other parts of the state. It's probably historic but I'm wondering if the models that you're running would take into account those differences and whether or not those differences should be continued.

VICKI VALTRI: I think that will be part of our work. Medicaid and Department of Social Services is going to be on this board with us because Medicaid is part of this benchmark work as is the state counselor's office so that we're not cutting out the public pairs that we have in this program so I can fully anticipate that kind of discussion happening. Some of the data that we have can be stratified by geographic area, by the risk of the population that the providers are serving, by the rates of this day and language. That's the kind of work that has to be undertaken that the state hasn't really spent a ton of time doing and I think that will help us adjust the kinds of issues you're talking about because you really need to know who's getting these services and what kind of services these are to set the appropriate reimbursement and to deliver

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services better so fully anticipate that DSSs participation is going to lend its experience to this process so it will be a good process.

REP. JOHNSON (49TH): That would be wonderful. The other aspect is some of the hospital mergers. It may have brought up cost as opposed to bringing them down or there may shifting of services and I don't know from the hospital that may receive a higher reimbursement rate under Medicaid and/or Medicare program so the services would be shifted even thought they may not be a necessity to shift them I don't know if that's going to be part of those.

VICKI VELTRI: That is definitely going to be part of the discussion. The you know Medicaid financing is probably a better question for Kate McEvoy and Chris Levine but there's a lot that goes into that including risk adjustment and things about the kind of patients that you're seeing. You have to adjust for those kinds of patients. And some of the CON transactions that have been before our office with mergers and acquisitions we have included some price caps as part of the negotiating process and we've had a good negotiation with the folks that have come in whether it's a merger or an acquisition of some sort so I think that you'll see that continue but my hope is by having the benchmark it's a fuller view of the landscape. The thing with CON is that it's isolated transactions but you do have to look at the full healthcare landscape of the state at once. That's one of the main reasons we need this benchmark to move forward.

REP. JOHNSON (49TH): That's very exciting. Thank you so much for your work. Thank you madame chair.

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REP. WALKER (93RD): Thank you. Dr. Petit. I'm sorry, Representative Petit.

REP. PETIT (22ND): Good afternoon. How are you young lady? Thank you for your position on MAs. As my colleague suggested there's 49 states that do that and hopefully we'll be able to get that through this year. My question was on a general question on health score CT because they come up as a sidebar in a public health screening meeting and that has to do with some people talking about the complexities in keeping track of the costs plus facility feeds plus outside fees plus consulting so we all know that if we've looked at an EOB going in for a simple procedure could be pages and pages of charges so the question is do you have enough staff real people in IT capacity to be able to keep up with the changes in the budget given that I suspect that these charges change on a monthly basis.

VICKI VELTRI: Yeah I mean the short answer is yes. I mean we have a relationship with Yukon AIMS, Yukon's Analytics and Information Management Services because we have to have an acronym when it's healthcare. It always has to be an acronym. But in any case they are contracted or partnered with us because they're another state agency on keeping that information up. One of the things we did a deliberate job of is we looked at the health score and we know how complicated healthcare is so we kind of revised it and looked at the shoppable services because frankly people don't shop, most people don't shop anyway for healthcare but the extent you're going to shop it's going to be things like MRIs and just the things that don't require you to go inpatient or maybe outpatient to where you know your doctor is and that got complicated fast.

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So, we redesigned the side a little bit so we could combine these charges together but I think is what you're going to see in the next couple of months is we have two or three focus groups that we're undertaking with our consumer engagement unit to design that site to be the most appropriate per consumers who are looking at it so we'll back into how best to support that work but I do think we have enough IT support on that site. That site is populated based on the [Inaudible-00:51:48] database that is under the Office of Health Strategy and the claims come in every quarter and it's up to date so it doesn't take much to update it now because it's fully updated to the last calendar year so I think we'll be okay.

REP. WALKER (93RD): Thank you. And thank you for your answers and your testimony and that's that.

VICKI VELTRI: Okay thank you very much.

REP. WALKER (93RD): That concludes the agency portion of today's appropriations committee. We will reconvene at 4:00 p.m. for the public health subcommittee public presentation.