

# Connecticut

## 2021 Healthcare Affordability Policy Checklist

### KEY

-  = implemented by state
-  = the state has implemented policies, but could improve
-  = not implemented by state

polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This checklist identifies areas where Connecticut is doing well and areas where it can improve.

### 1. CURB EXCESS HEALTHCARE PRICES:

- Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices. 
- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization. 
- Create a permanently convened health spending oversight entity. 
- Create all-payer healthcare spending and quality benchmarks for the state.<sup>1</sup> 

### 2. REDUCE LOW-VALUE CARE:

- Require validated patient-safety reporting for hospitals.<sup>2</sup> 
- Universally implement antibiotic stewardship programs using CDC's 7 Core Elements.<sup>3</sup> 
- Analyze claims and EHR data to understand how much is spent on low- and no-value services. 

### 3. EXTEND COVERAGE TO ALL RESIDENTS:

- Expand Medicaid to cover adults up to 138% of the federal poverty level. 
- Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.<sup>4</sup> 
- Provide options for immigrants that don't qualify for the coverage above.<sup>5</sup> 
- Conduct strong rate review of fully insured, private market options.<sup>6</sup> 

### 4. MAKE OUT-OF-POCKET COSTS AFFORDABLE:

- Protect patients from inadvertent surprise out-of-network medical bills.<sup>7,8</sup> 
- Limit the availability of short-term, limited-duration health plans.<sup>9</sup> 
- Waive or reduce cost-sharing for high-value services.<sup>10</sup> 
- Require insurers in a state-based exchange to offer evidence-based standard plan designs.<sup>11</sup> 

UPDATED OCTOBER 2021

Additional detail is available at:

[WWW.HEALTHCAREVALUEHUB.ORG/AFFORDABILITY-SCORECARD/CONNECTICUT](http://WWW.HEALTHCAREVALUEHUB.ORG/AFFORDABILITY-SCORECARD/CONNECTICUT)

## NOTES

1. Legislation passed in 2020 directs the OHS to develop annual healthcare cost benchmarks for calendar years 2021-2025. OHS must also set targets for increased primary care spending as a percentage of total healthcare spending, to reach 10% by 2025, and develop quality benchmarks across all public and private payers beginning in 2022.
2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Connecticut mandates patient safety reporting for CLABSI/CAUTI but does not require validation. For more information, see: [https://www.cdc.gov/hai/data/portal/progress-report.html#Data\\_tables](https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables).
3. 94% of CT hospitals have adopted antibiotic stewardship. For more information, see: <https://www.cdc.gov/antibiotic-use/stewardship-report/current.html>.
4. Beginning July 1, 2021, the Covered CT Program will pay premiums and all cost-sharing amounts for certain CT residents. Plans to provide coverage for dental and medical transportation have been approved but not implemented.
5. CT provides Medicaid coverage for eligible lawfully residing immigrant pregnant women and children without a 5-year wait. CT does not offer Medicaid coverage for undocumented children/pregnant people/adults. Looking ahead: In 2021, CT passed legislation allowing children eight years old and younger, regardless of their immigration status, to qualify for Connecticut's Medicaid program beginning Jan. 1, 2023. The measure also extends prenatal care and up to a year of postpartum care for income-qualified women regardless of immigration status.
6. CT law requires the Department of Insurance's approval before insurance companies may increase premiums for people covered by non-group health plans. The Department can ask an insurer for more information, approve a smaller increase or reject the increase that has been proposed. This authority does not apply to rate increases for large group health plans.
7. CT has comprehensive protections against surprise medical billing. 'Comprehensive' surprise medical billing protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/ prevent balance billing and adopt adequate payment standard or dispute resolution process. States with only some of these policies have 'partial' protections. For more information, see: <https://www.commonwealthfund.org/publications/maps-and-interactives/2021/feb/state-balance-billing-protections>.
8. The federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills for consumers. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 44% of ground ambulance rides in CT charged to commercial insurance plans had the potential for surprise medical billing.
9. CT has heavily regulated short-term, limited-duration health plans and there are none for sale in the state.
10. CT limits cost-sharing in most plans for certain high-value services and limits the number of services subject to co-insurance. Standardized benefit plans include pre-deductible services with low to moderate copay amounts, including: non-preventive primary care; specialty care; mental health and substance use disorder treatment; and urgent care services. CT also mandates separate prescription drug deductibles to lower financial barriers to needed medication. Beginning Jan. 1, 2022, CT will cap the monthly cost for insulin and non-insulin diabetes medication at \$25 and \$100 for devices and equipment.
11. Ibid.



### ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures and the Robert Wood Johnson Foundation, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

**Contact the Hub:** 2000 M Street, NW, Suite 400, Washington, DC 20036  
(202) 828-5100 | [www.HealthcareValueHub.org](http://www.HealthcareValueHub.org) | [@HealthValueHub](https://twitter.com/HealthValueHub)