



COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

CONNECTICUT GENERAL ASSEMBLY

Co-Chair: Ayesha Clarke, Executive Director, Health Equity Solutions

Full Commission Meeting

Thursday, February 1st, 2024

10:00 AM – 11:30 AM

Hybrid Meeting

Members Present: Co-Chair Ayesha Clarke (HES), Dr. Douglas Brugge (UConn Health), Carline Charmelus (PSC), Dr. Robert Cotto (Trinity), Samantha Haun (for Tiffany Donelson) (CHF), Chavon Hamilton-Burgess (racial equity nonprofit rep), Leonard Jahad (violence intervention rep), Dr. Faryal Mirza (UConn Health), Dr. Anuli Njoku (ECSU), Dr. Melissa Santos (CCMC),

Commission Staff Present: Pareesa Charmchi Goodwin, Muna Abbas, Gretchen Shugarts

Members Absent: N/A

Opening Remarks from the Co-Chair

Co-chair Clarke called the meeting to order at 10:07am.

Muna Abbas, CREPH Associate Commission Analyst, called the roll.

Introductions for Newly Appointed Members

Dr. Faryal Mirza is an endocrinologist at UConn Health. Has been involved in DEI within the Department of Medicine at UConn Health.

Dr. Anuli Njoku is an associate professor in the Department of Public Health at Southern Connecticut State University. Her interests include maternal and child health disparities, and racial equity as it relates to environmental justice. She has also conducted research on COVID disparities.

Meeting Minutes Approval

Motion to accept April 2023 and December 2023 minutes made by Carline Charmelus and seconded by Chavon Hamilton-Burgess.

Voice vote to approve April 2023 and December 2023 meeting minutes. No nays or abstentions. Minutes approved.

Bylaws

Co-chair Clarke provided an overview of the draft bylaws. Motion to accept bylaws made by Dr. Douglas

Brugge, seconded by Samantha Haun. Brugge asked clarifying question regarding the section pertaining to accepting gifts, donations, or bequests. CREPH Executive Director Pareesa Charmchi Goodwin explained that that clause is in statute and allows the commission to set up an account where it can receive funds for purposes that further CREPH's mission.

ED Charmchi Goodwin called attention to the proxy designation and proxy termination forms that accompany the bylaws. These forms were created in response to conversations had by the commission in 2023. Charmelus asked a clarifying question pertaining to the proxy designation/termination forms. ED Charmchi Goodwin explained that once a proxy designation form is completed, that proxy remains in effect until a proxy termination form is completed.

Haun asked a question concerning language in the bylaws that refers to goals of a 70% reduction in inequities and inquired if there was a specific time parameter for achieving that goal. ED Charmchi Goodwin clarified that the language in question comes directly from statute and there is no time frame in the statute aligned with that goal.

No further questions. Voice vote to approve bylaws. No nays or abstentions. Bylaws are approved.

Public Comments

- None

Overview of CREPH Focus Area for 2024 – ED Charmchi Goodwin (CREPH)

- Focus areas for 2024 Session:
 - Dismantling structural racism in state government charge. Report was released in December. ED Charmchi Goodwin discussed the origins of the report and provided an overview of the report.
 - Health insurance affordability and equity. Small businesses and non-profits are facing increasing costs in health insurance. ED Charmchi Goodwin explained that the commission has become involved in this area because there are some problematic issues that were not being discussed, specifically setting premiums based on health status due to race-based health inequities in CT.
- Community-based participatory research (CBPR) and strategic planning process.
 - RFP is pending. ED Charmchi Goodwin expects it to be finalized this month.
 - The plan is to engage the community in research to inform the strategic plan which will include collaboration with the Advisory Body, as well as stakeholders and state agencies.
 - The project is expected to be 18 months and may be a recurring project.
- Questions:
 - Brugge wanted further detail on the selection and contracting process for the CBPR. ED Charmchi Goodwin explained that the funding for the project is coming from CREPH's already appropriated budget. After consulting with the Community Engagement Advisors, the commission moved forward with an RFP. There was an RFP Review Committee which consisted of four members. There was consensus among the four members on who to award the contract to. The Committee was looking for a contractor with CBPR experience who could funnel the research findings into the strategic planning

process and into a set of policy recommendations. The contract is expected to be executed very soon.

- Charmelus requested clarity on the targeted 18-months – will that timeline be just for the CBPR or both CBPR and strategic planning? ED Charmchi Goodwin explained that it is for both the CBPR and strategic planning. She also explained that the 18-months is based on the state budget cycle, although the vision is for this to be a continuous project.
- Charmelus inquired if CREPH would put together materials for distribution to make people aware of the Commission's policy priorities for this year. ED Charmchi Goodwin stated that CREPH has been drafting materials and would circulate them to members once they are finalized.
- Co-chair Clarke took a point of privilege to ask ED Charmchi Goodwin to discuss the recent symposium hosted by CREPH.
 - ED Charmchi Goodwin stated that the symposium was a full-day symposium held on January 19th, 2024. It was co-hosted with the Commission on Human Rights and Opportunities where both commissions co-launched their completed reports. The symposium was extremely well attended, mostly by policy makers and commission leaders from state agencies with all three branches of government in attendance.
- ED Charmchi Goodwin discussed an upcoming Advisory Body survey. The survey will include different activities and options for advisory body members to be involved with commission activities.

Good of the Order

- None

Small Group Market Health Insurance Presentation

Sabrina Corlette, Research Professor, Founder, and Co-Director of the Center on Health Insurance Reforms at the McCourt School of Public Policy, Georgetown University, provided a presentation on Connecticut's small group market. Corlette's presentation provided an overview of the following:

- In examining the small group market in CT, Corlette looks at three key issues:
 - What are the trends in numbers of employers offering insurance?
 - What are the trends with premiums? Are they on track with healthcare cost growth over time?
 - Is there a balanced risk pool?
- CT's market for small employers facing choppy waters
 - Claims and premiums have been on an upward trajectory
 - Claims and premiums are a reflection of the overall health of the risk pool. Premiums are a combination of:
 - The prices that insurance companies are paying to hospitals, drug companies, and providers
 - An assessment of overall utilization (the morbidity of the risk pool- is it getting sicker over time?)
 - Trends suggest that either morbidity is getting worse, prices are getting more expensive, or some combination of the two.

- Overview of the Affordable Care Act (ACA) – Everyone in the same pool operating by the same set of rules and regulations, regardless of health status.
- Alternative Vision – Each small employer group is rated on its own potential risk to the insurance company
 - The small employer group goes through underwriting, including a health risk assessment of employees, and a premium is set based on that assessment.
 - Small employers with more disabled or higher-health-risk workers could have higher premiums in markets that allow for health-status rating. BIPOC communities have higher rates of chronic disease, thus small employers with more BIPOC employees could be charged higher premiums.
- CT's market is facing two major problems
 - Risk Pool Segmentation
 - Level-funded Plans (exempt from ACA rules)
 - Association Health Plans (exempt from ACA rules)
 - Commercial Market Prices- prices health insurance companies are paying for hospital and physician services, and prescription drugs

Advisory Body members discussed the presentation and asked Corlette about the policy solutions to protect from the harms of market segmentation. Corlette recommended not allowing rate-setting by health status, also known as medical underwriting. Corlette also recommended policy levers used in other states to regulate level-funded plans and minimize damage to the fully-insured small group market.

Adjournment

Co-chair Clarke adjourned the meeting at 11:32am.