



Connecticut Health Insurance Exchange Board of Directors Regular Meeting

Remote Meeting

Thursday, September 18, 2025
Meeting Minutes

Members Present:

Charles Klippel (Chair); Paul Philpott (Vice-Chair); Grant Ritter; Thomas McNeill; Dina Berlyn; Kathleen Holt - Office of the Healthcare Advocate (OHA); Claudio Gualtieri on behalf of Jeffrey Beckham, Secretary – Office of Policy and Management (OPM); Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Alexander Borkowski on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID); Commissioner Andrea Barton Reeves, Department of Social Services (DSS)

Other Participants: Wanchin Chou, Chief Insurance Actuary and Assistant Deputy Commissioner at the Connecticut Insurance Department (CID)

Access Health CT (AHCT) Staff: James Michel; Jeanna Walsh; Holly Zwick; Rebekah McLear; Susan Rich-Bye; Caroline Ruwet; John Carbone; Glenn Jurgen; Marquese Davis; Marcin Olechowski

A. Call to Order and Introductions

The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:00 a.m.

Chair Charles Klippel called the meeting to order at 9:00 a.m.
Attendance roll call was taken.

B. Public Comment

No public comment was submitted.

C. Votes

Chair Charles Klippel requested a motion to approve the June 18, 2025 Regular Meeting Minutes. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was taken. **Motion passed unanimously.**

D. CEO Report

James Michel, Chief Executive Officer (CEO), presented the CEO Report. Mr. Michel provided a summary of the internship program instituted during the summer which included nine higher education students to work at the organization over the summer.

Mr. Michel discussed the significant impact of the recent major legislation signed into law by the President on July 4th, as well as other federal regulatory changes. The AHCT team has been closely monitoring this legislation throughout the summer, consistently updating the Board on the final outcome. Additionally, information was shared regarding the Final Rule on Marketplace Integrity and Affordability issued by the Department of Health and Human Services in June.

Mr. Michel discussed the Enhanced Premium Tax Credits (ePTCs) created under the American Rescue Plan Act of 2021, which are set to expire at the end of the year. The AHCT team has been collaborating extensively with colleagues nationwide to advocate for an extension of these credits. Although discussions are ongoing behind the scenes, there are no definitive outcomes to be shared at this time. The organization is currently preparing for the possibility that the credits will not be extended, planning accordingly for the worst-case scenario.

If the federal changes proceed as anticipated, it is estimated that 30 to 35 percent of currently enrolled AHCT customers could become uninsured by 2034, primarily due to increased health insurance costs and affordability challenges.

Mr. Michel outlined the meeting agenda, which includes, among other items, the rate review conducted by Connecticut Insurance Department.

Andrea Barton Reeves inquired whether AHCT has specific numbers of individuals year by year who will be uninsured. Mr. Michel answered that the decline will be gradual, and the total number of the uninsured will most likely go back to the times before the ePTCs were instituted.

Claudio Gualtieri noted that some individuals losing coverage fall into two groups: those above 400% of the Federal Poverty Level (FPL) affected by the ACA benefits cliff, and those below 100% FPL who lose subsidies while waiting five years to qualify for Medicaid.

Mr. Gualtieri added that there's interest in working with Commissioner Barton Reeves to fast-track Medicaid enrollment for the latter group and preparations are underway to ease their transition into Medicaid once eligible. Questions remain about the demographics of those losing coverage, whether the 30-35% loss involves mostly healthy individuals, and the risk profile of those remaining on the Exchange.

Mr. Michel stated that there are around 28,000 consumers whose incomes are over 400 percent of the FPL; AHCT has limited information on them as to whether they are high utilizers of services. In addition, there are about 5,300 consumers with income below 100 percent of the FPL on the Exchange. AHCT likewise does not have claims information on this group.

AHCT will follow-up with the carriers as to whether they have done actuarial work regarding risk shift.

Mr. Gualtieri pointed out that a key irony is that individuals below 100% FPL lose all subsidies, while earning just above 100% FPL would qualify them for subsidies. Beyond addressing the five-year Medicaid wait, a potential strategy is to assess how close these individuals are to surpassing 100% FPL and explore connecting them to work opportunities to help them qualify sooner.

Mr. Michel AHCT will meet with DSS and OPM representatives regarding these issues. Additional discussion followed pertaining to the potential expiration of the ePTCs.

E. Connecticut Insurance Department Presentation: 2026 Rate Review

Wanchin Chou, Chief Insurance Actuary and Assistant Deputy Commissioner, from the Connecticut Insurance Department (CID) presented the 2026 Health Insurance Rates Review. Mr. Chou noted that the scope of the review included 7 companies, 8 rate filings on individual and small group markets and approximately 224,000 covered lives in Connecticut.

Mr. Chou noted that Annual Trend (medical Inflation) is a factor that accounts for rising health care costs, including the cost of prescription drugs, the increased demand for medical services and the severity of future claims. Health insurance premiums are affected by several key factors. Medical costs have surged by 6-10%, and prescription expenses have risen by approximately 9-15%. These increases are primarily driven by higher healthcare utilization and greater disease severity, which lead to advanced-stage treatments and an overall increase in healthcare spending.

Mr. Chou added that an experience adjustment is necessary to reflect deteriorating claim experience from the prior rating period to the current rating period. Mr. Chou enumerated

other factors, such as legislative initiatives, including the impact of the federal enhanced subsidies expiring on 12/31/2025.

Various elements of the on-Exchange individual market rate requests for the three on-Exchange insurance carriers were reviewed. The average request increase for the Anthem Health Plans was 18.6 percent while the approved average was 13.6 percent with close to 83,790 covered lives.

Mr. Chou added that the average increase request for ConnectiCare Benefits Inc. was 28.5 percent while the approved average was 20.6 percent with almost 70,160 covered lives.

Mr. Chou pointed out that for ConnectiCare Insurance Company Inc. the average rate increase request was 34.5 percent, and the approved average rate was 20.3 percent with close to 3700 covered lives.

Mr. Chou provided information on the on/off Exchange Small Group market for the Anthem Health Plans which had an average request of 13.2 percent. CID approved an average of 11.2 percent with over 48,466 covered lives.

Mr. Chou continued with information for the off-Exchange individual market with ConnectiCare Inc.'s average request being 5.9 percent. CID approved an average of 7.7 percent with 738 covered lives.

Mr. Chou provided information on the off-Exchange small group market rates that include three insurance carriers with an average rate request spanning from 12.8 percent to 13.1 percent and the rate approved by the CID averaging from 6.7 percent to 17.6 percent.

E. Federal Changes and AHCT Response

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the summary of Federal Changes and their impact to Connecticut residents.

Ms. Rich-Bye stated that numerous changes have been enacted including the One Big Beautiful Bill Act and the Final Rule on Marketplace Integrity and Affordability. In addition, the likely expiration of the Enhanced Premium Tax Credits (ePTC) also adds to the mix of changes.

There are major changes that will affect Medicaid and Qualified Health Plan (QHP) consumers resulting from the new law. Changes that will affect QHP consumers will start in 2026 and continues for the following two years. Ms. Rich-Bye also mentioned the stay order in a case that seeks to challenge some provisions in the Final Rule.

The following change was made for 2026 in the One Big Beautiful Bill Act: eliminating eligibility for Financial Assistance (FA) for individuals who are lawfully present but ineligible for Medicaid due to Immigration status.

The Final Rule eliminates Deferred Action for Childhood Arrivals (DACA) eligibility in 2025, and AHCT will be terminating coverage for this group on September 30. Communications are being sent to those impacted consumers.

The Rule also included a provision that would allow carriers to require consumers to satisfy debt for past-due-premiums before effectuating coverage in a new plan year but this provision is subject to the stay; it eliminates the Special Enrollment Period (SEP) for customers with income smaller than 150 percent of the Federal Poverty Level (FPL) and shortens the 150-day income verification deadline to 90 days.

The effects of the likely expiration of the ePTCs was discussed. It would mean less financial help for AHCT customers receiving tax credits. It is noted however, that not all FA will expire – the original Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSR) will remain in place.

The likely expiration of the ePTCs will reinstate the 400 percent cliff where customers with income over 400 percent of FPL will lose all FA. It will also increase the cost for the State of Connecticut for the Covered CT Program.

Approximately 28,000 customers have an annual income over 400 percent of the FPL, and they will lose all the FA. The messaging that AHCT is using emphasizes that the original subsidies will remain in place. Further coordination with DSS and OPM regarding messaging will take place.

Claudio Gualtieri mentioned an irony: people earning just below 100% of the Federal Poverty Level (FPL) will receive no subsidies, but if they earn slightly more (101% of FPL), they qualify. He suggested a strategy to help this group temporarily—possibly by connecting them to work—to raise their income above the threshold and gain access to subsidies.

Ms. Rich-Bye indicated that AHCT estimates that the potential expiration of the ePTCs, along with the Final Rule and the One Big Beautiful Bill Act, could possibly lead to 30 percent to 35 percent of the currently enrolled population being uninsured by 2034. Ms. Rich-Bye emphasized that there are currently over 141,000 customers enrolled receiving FA, and over 50,000 of these enrollees are in the Covered CT Program.

Customers who are lawfully present but are ineligible for Medicaid due to immigration status with the income below 100 percent of the FPL, will no longer be eligible for FA for a QHP. Based on the current enrollment, it is estimated to be around 5000 customers.

Ms. Rich-Bye continued with AHCT's Action Plan surrounding those federal Changes with information about outreach, marketing and operations along with technology changes. Mr. Michel added that this Action Plan includes working to address those vulnerable populations who may be hesitant to enroll in person. Brief discussion took place about the catastrophic plans.

Claudio Gualtieri expressed his appreciation to AHCT for its proactive leadership in navigating federal policy changes, particularly around expiring enhanced subsidies. He commended AHCT for keeping the Board informed, advocating with Congressional Delegates, supporting OPM and DSS with strategic planning, and sharing insights on other states' approaches and operational challenges. AHCT is recognized as a trusted, factual, and collaborative partner during a time of uncertainty.

F. Open Enrollment 13 Readiness Update

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), provided Open Enrollment (OE) 13 Readiness Update.

The OE period will be of the same duration as last year, from November 1, 2025 to January 15, 2026. In addition to usual activities, AHCT is preparing for changes due to the One Big Beautiful Bill Act and the 2025 Marketplace Integrity and Affordability Final Rule.

Ms. Hearn outlined technology system changes and provided a timeline for the deployment. Various changes on the federal level that will affect consumers will be included in the scheduled Integrated Eligibility System release.

Information about renewal notices for both, dental and medical plans were outlined. On Saturday, November 1, 2025, consumers will be able to start purchasing plans. Ms. Hearn provided a timeline of initiatives being undertaken by AHCT prior to the OE.

Marketing and outreach initiatives regarding Federal Changes and specific Open Enrollment information were reviewed. Those initiatives include changes to the landing webpage, direct-to-consumer communications and stakeholder communications. Information was provided about OE advertising as well as health equity and outreach activities, which includes, among others, expanding in-person support.

In addition, the Annual Community Partner Conference will take place on October 8. Claudio Gualtieri asked what will happen if the extension of ePTC occurs late in the cycle. For example, could options like extending the OE period or establishing a Special Enrollment Period (SEP) be considered? Mr. Michel noted that all necessary processes would need to be in place—such as carrier re-filings and other requirements. AHCT would

also need to implement a strong outreach and communication effort. Timing would be critical, and any adjustments would be made in a way that best supports consumers.

G. BusinessPlus (ICHRA) Update

John Carbone, Director of Small Business, Broker Support and Product Development, provided the BusinessPlus Update. Mr. Carbone noted that since launching the BusinessPlus on July 1, the focus has shifted from development to adoption, platform refinement, and long-term growth.

Mr. Carbone noted that over 250 brokers have been trained, with 350 more scheduled this year. Early quoting activity is strong, especially among nonprofits and small businesses facing rising premiums. The goal is to reach 5,000 members through the system by the end of 2026.

Marketing efforts prioritize nonprofits through partnerships, webinars, training, and case studies. Operations are streamlined with dedicated support teams and brokers routing to simplify the complex ICHRA model for small employers.

National collaboration efforts include demonstrations with CMS and other state-based marketplaces.

In the next 90 days, priorities include launching savings-focused quoting tools, piloting a carrier portal, expanding nonprofit outreach, and completing broker training sessions.

Due to time constraints, Chair Charles Klippel requested a conclusion to this meeting's proceedings.

H. Adjournment

Chair Charles Klippel requested a motion to adjourn. Motion was made by Paul Philpott and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:01 a.m.