



Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting

Meeting Minutes

Wednesday, August 27, 2025
Remote

Members Present: Sean King (Chair); Deborah Polun; Maria Matos; Sheldon Toubman; Elisa Neira; Jacqueline Sanchez; Melissa Roberts (On behalf of Gerard O'Sullivan-Subject Matter Expert – SME)

Access Health CT (AHCT): James Michel; Susan Rich-Bye; Tammy Hendricks; Holly Zwick; Glenn Jurgen; Karen Perez; Jessi Ewart; Elynn Laramie; Marcin Olechowski

A. Call to Order and Introductions

Chair Sean King called the meeting to order at 10:00 a.m. Roll call for attendance was taken. Chair welcomed new members to the Committee: Elisa Neira, Maria Matos and Jacqueline Sanchez.

B. Public Comment

No public comment was submitted.

C. Review and Approval of Minutes

A motion was requested to approve the April 24, 2025, Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting Minutes. Motion was made by Deborah Polun and seconded by Sean King. Roll call vote was ordered. Elisa Neira abstained. **Motion passed.**

D. Health Equity and Outreach Department Update

Tammy Hendricks, Director of Health Equity and Outreach (HEO), presented the departmental update. Ms. Hendricks noted that AHCT is expanding the outreach team by hiring 4 new Mobile Enrollment Specialists who are currently in training. They will be working out in the field offering consistent in-person enrollment support to communities throughout the state bridging access gaps.

Over the years, the Department has established over 2000 community partner contacts throughout Connecticut; the Navigator program also grew significantly. AHCT expanded its ability to meet consumers where they are, with a special emphasis on underserved populations.

Brief discussion ensued about scheduling events and presentations by the HEO department to various community partner organizations. James Michel, CEO, added that due to the developments on the Federal Level since the enactment of the One Big Beautiful Bill Act, the need to reach the underserved populations is even higher.

E. Community Conference

Ms. Hendricks provided information on the upcoming 2025 Community Conference. The Community Conference is an annual event designed to bring together partners, community leaders, and brokers to focus on networking, collaboration, and preparation for Open Enrollment. It serves as a platform for education, resource sharing, and community engagement and to prepare stakeholders for upcoming changes in health coverage and enrollment processes. Awards are also presented at the conference to recognize contributions from community partners. Other elements include breakout sessions covering topics like BusinessPlus, Open Enrollment updates, community collaboration, strategies to combat misinformation, and Medicaid renewals/redeterminations. It also allows for networking opportunities. This conference is a critical event for aligning stakeholders and ensuring readiness for Open Enrollment and other health coverage changes.

F. Broker Academy Update

Tammy Hendricks, Director of Health Equity and Outreach, provided the Broker Academy Update. Fifty students participated in the program this year. Twenty-nine students passed the State Exam, which is the highest number of students who satisfied the State of Connecticut requirements since the launch of the program.

The current cohort of students is in the mentorship phase, working closely with experienced brokers to gain hands-on experience in enrollment and outreach.

Graduation is set for late October 2025, aligning with the start of Open Enrollment. Following their graduation, they will be immediately ready to assist consumers during Open Enrollment. All students will participate in in-person events, adding capacity during the busiest enrollment season.

The Broker Academy plays a vital role in strengthening outreach efforts and ensuring consumers receive the support they need during Open Enrollment.

G. Open Enrollment 13 Readiness Update

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO) provided the Open Enrollment Period (OE) 13 Readiness Update. The dates for OE will be of the same as for last year, from November 1, 2025 to January 15, 2026. In addition to usual activities, AHCT is preparing for changes due to H.R.1 – One Big Beautiful Bill Act and the 2025 Marketplace Integrity and Affordability Final Rule issued by the Centers for Medicare and Medicaid Services (CMS). Ms. Hearn outlined system technology changes and provided a timeline for 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 for 2026.

Marketing and outreach initiatives regarding the 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 on the OE advertising campaign was also reviewed.

H. Federal Changes – Impact to Connecticut Residents

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the summary of Federal Changes and the 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. The major changes that will affect Medicaid and Qualified Health Plan (QHP) consumers resulting from the new law were reviewed. Changes that will affect the QHP consumers will start in 2026 and continue for the following two years. Ms. Rich-Bye also mentioned the court case challenging some provisions in the Final Rule and the stay issued by the court.

The following changes were 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 with income below 100% of the Federal Poverty Level (FPL). The Final Rule eliminated eligibility for Deferred Action for Childhood Arrivals (DACA) recipients beginning in Plan Year (PY) 2025; allows carriers to require satisfying debt for past-due-premiums (subject to the court's stay); eliminates of the Special Enrollment Period (SEP) for customers with income lower than 150 percent of the FPL and shortens the 150-day income verification deadline to 90 days. Information on the effects of the likely expiration of the EPTCs was provided. If the ePTCs expire, there will be less financial help for AHCT customers receiving tax credits. However, not all FA will expire – the original Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSR) will remain in place. Ms. Rich-Bye added that the likely expiration of the ePTCs will reinstate the 400 percent FPL cliff where customers with income above 400 percent of FPL will lose all FA. It will also increase the cost for the State of Connecticut to fund the Covered CT Program.

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. Approximately 28,000 customers have annual income over 400 percent of the FPL and they will lose all of the FA.

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 QHP. Based on the current enrollment, it is estimated to be around 5,000 customers.

Information on the Final Rule's new Premium Adjustment Percentage (PAP) methodology was also presented. The increased maximum out-of-pocket limits that flow from the change to the PAP represent a 15 percent increase compared to the 2025 limits. The AHCT standard plans at Bronze, Silver and Gold all have lower maximum out-of-pocket limits using the original PAP that was in place before the Final Rule was issued in June.

The new law eliminates the IRS repayment caps for excess APTCs starting for tax/plan year 2026, regardless of income level. Any customers who receive excess APTC amounts for Plan/Tax Year 2026 will be responsible for paying the entire amount of excess premium to the IRS when filing return in 2027 for tax year 2026.

AHCT has an Action Plan regarding those federal changes to share the information through outreach and marketing channels, as AHCT makes the required operations and technology changes.

Brief discussion ensued around the upcoming changes with members of the Committee expressing their concerns about the negative impact it will have on consumers. Covered CT was also discussed.

I. Strategic Initiatives

James Michel, CEO, provided brief information about strategic initiatives, which includes the requirement for the call center to deploy new technology to make it easier and efficient for consumers, which became effective in July. The BusinessPlus Platform, with ICHRA functionality was also discussed. AHCT is also developing a new SHOP Platform for small businesses. AHCT's main initiative is the Ten Clicks Project.

J. Adjournment

Chair Sean King requested a motion to adjourn. Motion was made by Elisa Neira and was seconded by Matos. Roll call vote was ordered. Motion passed unanimously. Meeting adjourned at 10:58 a.m.