

February 15, 2022

Honorable Matthew Ritter  
Speaker of the House  
Legislative Office Building  
Room 4106  
Hartford, CT 06106

Honorable Martin Looney  
Senate President  
Legislative Office Building  
Room 3300  
Hartford, CT 06106

Honorable Vincent Candelora  
House Minority Leader  
Legislative Office Building  
Room 4200  
Hartford, CT 06106

Honorable Kevin Kelly  
Senate Minority Leader  
Legislative Office Building  
Room 3400  
Hartford, CT 06106

**Re: “Primary Care Roadmap” Threatening Access to Healthcare for Connecticut Residents**

Dear Speaker Ritter, Senate President Looney, Minority Leader Candelora and Minority Leader Kelly:

As advocates for Connecticut health consumers, we urge your immediate attention to a troubling proposal from the Connecticut Office of Health Strategy, the [“Roadmap for Strengthening and Sustaining Primary Care”](#) (or “Primary Care Roadmap”), which would radically alter delivery of health care in the state, ultimately **redirecting \$3.9 billion/year of health care dollars**, all without public hearings or meaningful public input. While billed as a proposal to improve access to primary care, this proposal, supported by corporate primary care providers which stand to gain financially, would redirect money away from critical areas of health care such as behavioral health. It would also radically alter primary care payment using a failed model that incentivizes the denial even of primary care. We respectfully request that you urge the executive branch to drop this untested experiment on our healthcare and that you schedule an open public hearing on the proposal.

The Roadmap’s goals are to: (1) shift emphasis from specialty care to primary care; (2) increase primary care physician incomes; and (3) address primary care provider burnout. To achieve these goals, the Roadmap proposes to change the way primary care physicians are paid from fee-for-service, where they are paid as they provide care to patients, to “capitation,” where they are paid a fixed amount per patient per month, regardless of whether they provide care to that patient.

While there is room for improvement, CT residents already have far better access to primary care than most Americans. Primary care providers per capita are up to 47% higher in Connecticut than the U.S. average. Five out of six CT adults report that they have a personal relationship with a doctor/healthcare provider, ranking Connecticut tenth best among states. The Roadmap’s proposal to shift billions of dollars away from specialists and other health care

toward primary care providers, and to push primary care toward a capitated payment system, will make access to care worse for **all** care.

First, capitation has not worked to lower costs, improve access, or enhance quality in Medicare despite years and considerable investments in the model. Capitation incentivizes providers to take on more patients, as they are paid to have more patients on their panel, but not to see them and instead to send them out to specialists. This, combined with the likely cuts to specialist spending, will exacerbate the strain on specialist care. This will make access worse for everyone, but particularly for patients with complex medical conditions, people with disabilities and Black and brown patients, exacerbating health disparities, which the legislature has recently committed to addressing in Public Act 21-35. To accept the financial risk of capitated payments, more primary care providers will also have to leave independent practice and join large health systems.

Second, through the related Cost Cap project, OHS proposes to **reduce** health care spending growth in CT while simultaneously raising pay for primary care specialists by \$3.9 billion/year. This will necessarily force cuts in other health care expenditures, likely including behavioral health services. The legislature is wisely focusing right now on the behavioral health crisis, which has been exacerbated by the pandemic, and is resulting in children ending up in hospitals for lack of community services, and long stays in hospital Emergency Departments. The legislature has recognized that a key cause of this problem is lack of behavioral health providers specifically due to inadequate reimbursement for these providers—not a lack of primary care providers. We believe that decisions about where to focus investments should be based on demonstrated need and public input.

We also note that OHS has not been transparent in developing this narrowly supported proposal. Despite a promise to do so, OHS has failed to post the public comments it received regarding the Roadmap. We understand that there were well over 100 comments submitted in opposition to this proposal. OHS says that these comments “will be published on the [OHS] [website](#)” only “once the final version of the Primary Care Roadmap is complete.” This is not the way public comment is supposed to work; submitted legislative testimony is released immediately after hearings, if not before they begin, not when a bill passes. In the past, OHS has posted public comments immediately after they have been submitted.

Thank you for acting on this matter and for scheduling a hearing where the public can finally express concerns with this radical proposal developed with little outside scrutiny. If you have any questions, please contact us through Maryanne Cosgrove at [Maryanne.Cosgrove@disrightsct.org](mailto:Maryanne.Cosgrove@disrightsct.org) or 860-297-4300.

Respectfully yours,

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Christina Calabro  
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cc: Honorable Ned Lamont  
Chief of Staff Paul Mounds  
Chief Operating Officer Michelle Gilman  
OPM Secretary Melissa McCaw  
Commissioner Deidre Gifford  
Office of Health Strategy Executive Director Victoria Veltri  
State Healthcare Advocate Ted Doolittle  
Senator Catherine Osten  
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