

**July 2009**  
SustiNet Board is formed

**5 Committees & 3 Task Forces** begin work

**End of 2009**  
If nat'l health care reform enacted, the **SustiNet Board** submits recommendations to the legislature within 60 days

**July 1, 2010**  
Task Forces and Committees report to General Assembly

**December 1, 2010**  
Office of Healthcare Advocate reports to SustiNet Board on model benefits packages

**January 1, 2011**  
SustiNet Board submits draft legislation to the General Assembly

**July 1, 2012**  
Enrollment begins in the SustiNet public health insurance plan

## 2009-2011

SustiNet Board works on implementation plan for SustiNet, Connecticut's public health insurance choice.

REPRESENTATIVE of NURSING/ ALLIED HEALTH

PRIMARY CARE PHYSICIAN

REPRESENTATIVE of ORGANIZED LABOR

EXPERT in EMPLOYEE HEALTH BENEFITS

EXPERT in HEALTH ECONOMICS

EXPERT in HEALTH INFORMATION TECHNOLOGY

EXPERT in ACTUARIAL SCIENCES or INSURANCE UNDERWRITING

EXPERT in REDUCTION of RACIAL and ETHNIC HEALTH INEQUITIES

EXPERT in MULTI-CULTURAL COMPETENCY in HEALTH CARE DELIVERY

STATE COMPTROLLER co-chair

STATE HEALTHCARE ADVOCATE co-chair

## January 1, 2011

The SustiNet Health Partnership Board submits a bill to the legislature detailing the implementation of the SustiNet Plan and addressing how best to:

- Design the SustiNet Plan to improve health, quality of care, and access to care; and to slow the growth of health care spending
- Establish action plans for the effective management of chronic illness and implementation of preventive care, and the reduction of racial and ethnic disparities
- Assure adequate provider networks so that SustiNet Plan members have timely access to high quality care
- Set payment methods for health care providers that promote access to care and patient health and cover the cost of care
- Establish a range of benefit, premium and cost-sharing options for SustiNet Plan members
- Evaluate options for ensuring that both healthy and sick people will have access to affordable coverage
- Structure governance and administration for the oversight and implementation of the SustiNet Plan
- Secure private and public revenue sources, including how to maximize federal reimbursement

## July 1, 2012

The following groups will be able to join the SustiNet Plan:

- Small businesses employees
- Nonprofit employees
- Municipalities
- Retirees
- Dependents
- Those who are not offered employer sponsored insurance
- HUSKY Plan Parts A & B
- Medicaid
- SAGA

The SustiNet Board will also develop recommendations to ensure that employers can choose to participate in the SustiNet Plan, as well as individuals who have unaffordable or inadequate employer sponsored insurance.



UNIVERSAL HEALTH CARE FOUNDATION OF CONNECTICUT



### Information Technology Committee

to make a plan for developing, acquiring, financing, leasing, or purchasing fully interoperable electronic medical records software and hardware packages for subscribing providers.

### Medical Home Advisory Committee

composed of physicians, nurses, consumer representatives, and other qualified individuals chosen by the board. The committee must develop recommended internal procedures and proposed regulations for the administration of medical homes for SustiNet Plan members.

### Health Care Quality Committee

to establish a health care provider committee to develop clinical care and safety guidelines for use by SustiNet providers. The committee must choose from existing nationally and internationally recognized care guidelines. It must continually assess the quality of evidence, the relevant costs, and the risks and benefits of treatments. The committee must have provider and consumer members.

### Preventive Health Care Committee

to establish a preventive health care committee that uses evolving medical research to make recommendations to improve health outcomes for SustiNet Plan members in areas of nutrition, physical exercise, tobacco use, addictive substances, and sleep. The committee must have provider and consumer members.

### Health Disparities & Equity Committee

to recommend how the SustiNet Plan shall reduce health disparities and inequities. The committee is composed of consumers, health care providers, leaders of community-based service organizations and philanthropic institutions, public health and academic experts and is racially, ethnically, gender and geographically diverse.

**Obesity Task Force** The bill establishes a task force to study childhood and adult obesity. It must examine evidence-based strategies for preventing and reducing obesity and develop a comprehensive plan that will result in a reduction in obesity.

**Tobacco Use Task Force** The bill establishes a task force to study tobacco use by children and adults. It must examine evidence-based strategies for preventing and reducing tobacco use and developing a comprehensive plan to reduce tobacco use.

**Health Care Workforce Task Force** The bill establishes a task force to study the state's health care workforce. It must develop a comprehensive plan for preventing and remedying state-wide, regional, and local shortages of necessary medical personnel.

- Committee work is informed by Task Forces
- All Committees and Task Forces forward their conclusions and recommendations to the SustiNet Board of Directors
- All Task Force work ends on January 1, 2011, when bill is introduced
- The SustiNet Board will identify public and private funding to support SustiNet mission and operations
- The SustiNet Board will make optimum use of opportunities created by new federal funding

**Landmark universal health care reform that controls costs, promotes good health and delivers a quality, affordable health care choice to Connecticut residents.**