



# COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

CONNECTICUT GENERAL ASSEMBLY

## July 2026 Report to the Connecticut General Assembly's Public Health and Appropriations Committees and to the Office of Policy and Management

### Commission Activities January 1 – June 30, 2026

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## Strategic Plan Dissemination Updates

The strategic planning contract with the University of Connecticut Health Disparities Institute (HDI) was extended until November 2026. The extension allows the Commission and HDI to continue their community engagement work, specifically relating to the dissemination of the strategic plan. Along with HDI and their team of Community Dissemination Champions (CDC), HDI has enlisted the expertise of Health Equity Solutions (HES) and Indelible Impressions as partners in the dissemination.

### Dissemination Events and Resources

#### Lunch & Learn Equity Roundtable

On March 19<sup>th</sup>, Gretchen Shugarts, Commission Analyst, joined HDI as a speaker at a UConn Health event entitled *“The Connecticut Strategic Plan to Advance Racial Equity in Public Health: The Value of Resident Engagement in State Health Equity Planning.”* Shugarts and the HDI team discussed the strategic plan, as well as the need for, and ways in which, healthcare professionals can engage with the plan and the Commission.

#### Health Equity Roundtable

On April 7<sup>th</sup>, during Health Equity Week, the Commission cohosted an [event](#) along with HES, HDI, and Indelible Impressions. The event, entitled *“Health at What Cost? How Racial Inequity Prices CT Residents Out,”* featured remarks by Acting Director Muna Abbas, followed by a panel discussion in which local experts discussed how rising costs – in housing, childcare, and healthcare – intersect with racial inequities to make health and wellbeing increasingly unattainable for many Connecticut residents.

#### Panelists:

- **Yvonne M. Alston**, Founder of Indelible Impressions, *Moderator*
- **Carline Charmelus**, Operations & Equity Director at the Partnership for Strong Communities and Commission Advisory Body member
- **Ayesha Clarke**, Executive Director of Health Equity Solutions and Commission Co-Chair
- **James Jeter**, Director of the Full Citizen’s Coalition
- **Eva Bermúdez Zimmerman**, Coalition Director and Co-Founder of Child Care for Connecticut

The panel discussion was grounded in the Commission’s Strategic Plan, which outlined actionable strategies to address structural inequities and improve health outcomes for communities of color. **Cecil Tengtenga** of the Connecticut Area Health Education Center provided closing remarks.



### Stand Up Against Racism Event

On May 22<sup>nd</sup>, HDI and HES presented at an event hosted by The Village for Families and Children entitled “*Stand Up Against Racism.*” With approximately 100 participants in attendance, the event allowed community members to learn more about the Commission’s strategic plan. Feedback from attendees included appreciation for the work being done in Connecticut and highlighted the value of learning about inequities, as well as actions individuals and organizations can take to advance equity.

### Health Equity Legislative Toolkit

HDI is currently working with the Commission to create a health equity legislative toolkit. The goal of this toolkit is to further engage community members in the legislative process. It is expected to be completed by late summer and will be posted on the Commission website.

### Pilot of Racial and Ethnic Impact Statements

In preparation for the formal rollout in 2027, the Commission completed a Racial and Ethnic Impact Statement (REIS) pilot program during the 2026 legislative session. Two informational drop-in sessions were held on February 26<sup>th</sup> and March 4<sup>th</sup> to encourage legislators and staff to learn more about REIS and the process for requesting a statement. During the pilot, the Commission received five requests along with one request for a supplemental analysis. All requests were deemed feasible; however, one was withdrawn before a feasibility determination could be made. REIS were requested on the following bills:

- [SB 4: An Act Concerning Consumer Privacy and Protection](#) (Withdrawn)
- [SB 5: An Act Concerning Online Safety](#) – Sections 7-14 only
- [SB 6: An Act Concerning Supports for Children and Families](#) –Section 1 only (plus supplemental)
- [HB 5109: An Act Replacing the Cannabis Total THC Tax with an Excise Tax](#)
- [HB 5347: An Act Requiring a Plan for the Translation and Review of Forms and Applications Required to Access State Agency Services or Benefits by Limited-English Proficient Individuals](#)

### Data Requests from State Agencies

In preparing a REIS, the Commission explores publicly available data including from federal and state agencies. Furthermore, [Public Act 25-27](#) establishes timeframes for state and quasi-public agencies to respond to Commission requests for data. During the REIS pilot, the Commission requested data from the Departments of Administrative Services, Economic and Community Development, Revenue Services, and the Social Equity Council. All agencies provided data within the statutory timeframes.

### Findings from the REIS Pilot

The Commission found the draft procedures were appropriate for fulfilling REIS within the expected timeframes. Bills become eligible for a request after a favorable committee vote – however, many legislators registered their interest in a REIS earlier in the process. During this time, the REIS team tracked requested bills and engaged in preliminary research and analysis. While legislators have 10 days after the committee deadline to submit a request, the Commission will continue to encourage legislators who wish to request a REIS to engage with the team earlier in session to discuss a specific bill or topic.

Additionally, the REIS team found that REIS requests could evolve over the course of the session. The Commission determined that continued communication between the REIS team and requesting legislator(s) could facilitate identifying alternatives should a REIS become infeasible due to the bill’s inability to move through the committee process, data availability, or other factors.

## Healthcare Affordability Workgroup

During Fall 2025, the Commission convened a Healthcare Affordability Workgroup, which included representatives from the Office of the Healthcare Advocate, Office of Policy and Management, healthcare advocates, partners in philanthropy, and legislators. Technical assistance was provided by national experts with support from the Robert Wood Johnson Foundation's State Health & Value Strategies program.

Throughout this year, the Commission has remained steadfast in its commitment to exploring healthcare options for Connecticut residents. Workgroup discussions highlighted the need for a landscape analysis and modeling which could inform policies being discussed by legislative and executive branch leaders. With assistance from the Urban Institute, and through generous funding provided by the Connecticut Project and the Connecticut Health Foundation, the workgroup continues to meet as they seek to identify and come to consensus on three options to model.

In April 2026, Urban Institute produced an initial modeling report of the Basic Health Program (BHP) which helped inform key decision makers in the legislative and executive branch as to the projected costs to the state, if any, for its implementation. The workgroup prioritized the initial BHP modeling to support legislative efforts which arose during session to authorize the state's submission of a Blueprint Application to the federal government. Using Urban Institute's Health Insurance Policy Simulation Model, the report showed that implementing a BHP could improve insurance access and affordability in Connecticut.

Next, Urban will produce a landscape analysis report summarizing actions other states have taken to support affordability in the marketplace and to mitigate recent federal changes. The report is expected by late Summer 2026.

Lastly, Urban will deliver a report that will build on their initial BHP modeling and incorporate two additional options into their analysis. The workgroup last met in early June to explore modeling options and discuss parameters that could inform the plan designs to be included in the analysis. An iterative process will inform the final modeling options and parameters.

The final report is expected to detail how the selected options may affect insurance coverage, healthcare access, and consumer affordability. The report will also address legal and policy considerations and explore any potential interactions with the current federal policy landscape, while focusing on how people of color could be impacted by the proposed solutions. The report is expected to be released in Fall 2026 in preparation for the 2027 legislative session.<sup>1</sup>

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<sup>1</sup> The timeline of the report will be dependent on the length of the iterative process.

## 2026 Legislative Session Updates

As part of our charge and mission to make recommendations that decrease racial disparities in public health while also remaining responsive to the community-based recommendations of our Strategic Plan, the Commission focused on providing testimony in the areas of accessibility and affordability, particularly in healthcare and childcare.

### Healthcare Access and Affordability

Due to increasing concerns relating to healthcare access and affordability, the Commission focused on legislation that sought to mitigate the expected impacts of federal changes.

#### Basic Health Program

The Commission testified in person and [in writing](#) in support of [SB 3: An Act Concerning Healthcare Affordability](#) which sought to support efforts to make healthcare more affordable and mitigate the effects of federal cuts to healthcare premium subsidies and Medicaid. A key focus of the Commission was on getting BHP written into statute to allow for the state to submit a Blueprint Application to the federal government.

A BHP is an optional provision under Section 1331 of the Affordable Care Act which allows states to establish a health insurance program for low-income residents who are ineligible for Medicaid. We are pleased that BHP language was included in sections 454-455 of [the budget](#). DSS is now authorized to develop the Blueprint Application in the coming months, allowing the agency to be prepared should Covered CT not be renewed by July 2027.

The Commission also supported studying a “Connecticut Option.” The budget allocated \$1 million to the Office of Policy and Management (OPM) to finance a study examining the feasibility of a sustainable long-term program with the goal of reducing health insurance costs and providing premium assistance. The Commission looks forward to engaging with OPM to ensure that our work is aligned with, but not duplicative of, the work of the Healthcare Affordability Workgroup discussed earlier in this report.

#### Medical Debt

Since its inception, the Commission has examined how social factors and economic pressures impact health outcomes for communities of color who already face disparities in health outcomes. These economic pressures often result in medical debt and hence, medical debt is both a *result* of the cycle of economic and health inequity, as well as a *contributor* to it. As such, the Commission supports efforts to prevent and alleviate medical debt.

#### Hospital Financial Assistance

The Commission [testified](#) in support of [HB 5559: An Act Concerning a Basic Health Program](#) (Sections 10-11) and [SB 496: An Act Concerning Hospital Uncompensated Care](#). These bills sought to establish a state-funded hospital assistance program that would provide payments to hospitals if they offer care at no cost to the most financially vulnerable patients. The proposed legislation would have allowed for debt forgiveness for low-income residents who are ineligible for hospital financial assistance once they have made 36 cumulative payments.

To ensure equitable access to information regarding hospital financial assistance, the bills also stipulated that hospitals must make financial assistance information available in multiple languages, be ADA compliant, and be included in all discharge paperwork along with the website address for the hospital and contact information for the Office of the Healthcare Advocate.

While HB 5559 and SB 496 did not pass individually, aspects of these bills were incorporated into the [final budget](#) which was signed by the Governor on May 26<sup>th</sup>.

#### *Medical Credit Cards*

The Commission testified in support of [HB 5127: An Act Concerning Medical Credit Cards and Health and Veterinary Care Services](#). The goal of this bill was to protect Connecticut consumers by implementing measures concerning the promotion, application for, and use of, medical credit cards. Shugarts submitted [written testimony](#) in addition to testifying in-person. The bill passed and Public Act 26-6 was signed into law by the Governor on May 7<sup>th</sup>.

#### *A Bridge Program*

The Commission submitted testimony on [SB 401: An Act Concerning a Bridge Program to Allow Access to Food, Housing, and Health Care Benefits](#). The goal of this bill was to address housing and healthcare affordability by creating a state-funded bridge program for vulnerable Connecticut residents who risk losing housing, medical, and food assistance due to federal changes. Given the bill's alignment with the Commission's strategic plan, the Commission [testified](#) in support of this bill. Although the bill passed out of the Senate, it was never called in the House.

#### *Flagging Medical Records*

The Commission also testified on [HB 5169: An Act Requiring the Establishment of an Alert in the State-wide Health Information Exchange Regarding Patients with a History of Violence or Combative Behavior Toward a Health Care Provider](#). This bill sought to protect healthcare workers by flagging patients who have engaged in violence or combative behavior toward healthcare providers. Although the bill was well-intentioned, the Commission had concerns that the term "combative behavior" was subjective and ambiguous, which could negatively impact patients of color. In [written testimony](#), Shugarts provided questions for the committee to consider as they further developed the language of the bill. While the bill was successfully reported out of the Public Health committee, it was not called in either chamber.

#### *Self-Funded Multiple Employer Welfare Arrangements*

The Commission [testified](#) in opposition to [HB 5378: An Act Concerning Self-Funded Multiple Employer Welfare Arrangements and Requiring a Study of the Feasibility of Establishing the Connecticut Option Program](#) which sought to establish self-funded multiple employer welfare arrangements in the state. This bill was a reiteration of bills from prior legislative sessions that sought to establish self-funded Association Health Plans and Employee Benefit Consortiums. Historically, the Commission has opposed these bills due to the underwriting component that disadvantages business owners who employ greater numbers of people of color, women, and people with disabilities. HB 5378 was favorably reported out of the Insurance Committee but was then referred to the Appropriations Committee by the House, where it did not move forward.

### Childcare Affordability and Accessibility

In line with one of our key strategic plan priorities, the Commission testified in [writing](#) and in person in support of two bills which could help increase access to childcare and promote affordability. The first, [SB 265: An Act Concerning Additional Funding for the Care 4 Kids Program and Certain Child Care Providers](#), sought to increase the funding for Care 4 Kids in order to address the waitlist and shortage of childcare provider options for low-income families in the state. The second, [SB 266: An Act Limiting the Access of Private Equity to Funds from the Early Childhood Education Endowment](#) limited funding from the Early Childhood Education Endowment Fund from being used towards private equity-owned daycare centers until it has been expended to other childcare programs.

While these bills did not pass in their forms, the final budget approved by the legislature saw an additional investment of approximately \$320 million into the recently established Early Childhood Education Endowment. The endowment was created last year with an initial investment of \$300 million, and starting in July of next year, eligible families are expected to begin benefiting from no-cost or reduced-cost childcare. Families earning up to \$100,000 annually will have access to childcare at no-cost, and those earning more than that will be capped at 7% of their household income.

### Involvement with State Committees, Boards, and Summits

#### Opioid Settlement Advisory Committee

Gretchen Shugarts continues to represent the Commission on the Opioid Settlement Advisory Committee (OSAC) and its research and data subcommittee. [OSAC](#) was established in 2022, in accordance with C.G.S. § 17a-674d, to ensure that state proceeds from opioid litigation settlement agreements are appropriately allocated toward substance use disorder abatement.

#### Office of the State Comptroller Healthcare Summits

The Comptroller's Healthcare Cabinet has brought together thought leaders, elected officials, policymakers, and providers to discuss obstacles faced by Connecticut residents and possible policy solutions. Muna Abbas and Shugarts have continued to represent the Commission in the Comptroller's Healthcare Cabinet meetings and its Urban Equity & Disparities subcommittee. The 2026 Healthcare Cabinet Report is available [here](#).

#### Menopause Equity Initiative

The HDI [Menopause Equity Initiative](#) "is a community-driven effort to elevate menopause as a public health and health equity priority in Connecticut [which is] rooted in the Institute's mandate to improve care for minoritized and underserved populations." This initiative gave way to the Menopause Equity Collective, which sheds light on the impact of menopause and perimenopause in the workplace and within the healthcare system. As a result, HDI partnered with Representative Kai Belton to propose legislation focusing on workplace protections and the creation of a toolkit meant to support healthcare providers in delivering equitable care. Shugarts joined the Collective's Advisory Board in an effort to continue community-informed, policy-driven initiatives, with the goal of improving equity for people of color experiencing menopause and perimenopause.

### Race, Ethnicity, Language (REL) Data Activities

Shugarts has remained active in both the Office of Health Strategy's (OHS) REL state agency convening and Yale University's REL network. However, given the recent restructuring of OHS, the future of the REL state agency convenings is currently uncertain.

### Commission Presentations and Additional Submissions

On March 10<sup>th</sup>, Shugarts participated in a panel discussion at the Connecticut Public Health Association's annual conference. The panel focused on the Commission's strategic planning process and the importance of community voice in informing the delivery of services to Connecticut residents.

On March 31<sup>st</sup>, Abbas participated in a panel entitled *"Leading the Change – Women Shaping a Sustainable Future"* hosted by the Commission on Women, Children's, Seniors, Equity, and Opportunity. Abbas' reflections touched on the Commission's strategic plan priorities and how they impact women, children, and families.

On May 13<sup>th</sup>, Shugarts presented at the American Lung Association's Community Connections event, where she discussed the Commission and social determinants of health. Her presentation focused on how social determinants of health impact the lives of Connecticut residents and connected these to health outcomes, insurance access, and recent federal changes. She also discussed policy solutions that were explored this legislative session.

In late Spring, the Office of Health Strategy (OHS) announced a call for public comments on its recently released [Community Benefits Report](#). In response, the Commission submitted written comments related to transparency and other improvements (See Appendix).

## Commission Meetings

### March 12, 2026 – Regular Meeting

Principal Commission Analyst, Nancy Becerra Cordoba, provided updates on the implementation of REIS. Abbas and Shugarts shared legislative priorities for the 2026 legislative session. Executive Director Charmchi Goodwin provided updates on the healthcare modeling being conducted. HDI provided updates on the community engagement and strategic planning project. December 2025 meeting minutes were adopted. The meeting concluded with an announcement of Charmchi Goodwin's resignation and gratitude from the Advisory Body members. The meeting agenda and minutes can be found [here](#).

The CT-N recording of the meeting is available [here](#).

### June 11, 2026 – Regular Meeting

Abbas and Shugarts provided legislative updates. They discussed the various bills the Commission testified on, indicating the outcome of each bill. Abbas and REIS Analyst, Stephanie Costanzi, shared updates on the REIS pilot. Abbas also provided updates on the Healthcare Affordability Workgroup and modeling that the Urban Institute continues working on. Katia Ruesta-Daley of HDI provided updates on the strategic plan dissemination project, which included a discussion of the various events HDI has been involved in, along with expected next steps. March 2026 meeting [minutes](#) were adopted. The June 2026 meeting agenda can be found [here](#). June meeting minutes will be posted after they are approved by the Advisory Body, which is expected at the September 2026 meeting.

The CT-N recording of the meeting is available [here](#).

## 2026 Commission Meetings

Regular Commission meetings are scheduled for 10:00am-11:30am on the second Thursday of September and December. Meetings can be held virtually, in-person, or hybrid. The location and mode of meetings are included in publicly posted meeting agendas, which can be found on the [Commission website](#) and the [State Agency Public Meeting Calendar](#).

### Remaining 2026 Meeting Dates:

September 10<sup>th</sup>

December 10<sup>th</sup>

## Additional Commission Information

Stephanie Costanzi (formerly Gendron) was hired in February as a Commission Analyst working on producing REIS. Her first day with the Commission was on February 27<sup>th</sup>.

Pareesa Charmchi Goodwin resigned from her role as Executive Director, effective March 12<sup>th</sup>. Muna Abbas, Associate Commission Analyst, became Acting Director beginning on March 13<sup>th</sup>. The Office of Legislative Management (OLM) is currently reviewing applications for the Executive Director role, which closed on June 12<sup>th</sup>.

Nancy Becerra Cordoba resigned from her role as Principal Commission Analyst. The Commission and OLM are currently in the process of hiring a replacement lead REIS analyst. Applications for the role closed on June 21<sup>st</sup>.

## Advisory Body Appointments

The existing roster of appointed Advisory Body members is provided in the chart. Since the last report, Barbara López of Make the Road CT resigned from her role as Executive Director and was succeeded by Wendy Cárdenas. The Speaker of the House, Matthew Ritter, has since appointed Wendy Cárdenas as an Advisory Body member. Vacancies are noted in red text.

| No. | Auth | Appointer        | Qualifications in Statute                                                                                                                                 | Appointee                |
|-----|------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1   | SPRO | Looney, Martin M | a health disparities expert affiliated with an academic research institution and shall serve as cochairperson                                             | Talbert-Slagle, Kristina |
| 2   | SPRO | Looney, Martin M | a representative of a violence intervention program using a health-based approach to examine individuals' post-incarceration and policies for integration | Jahad, Leonard           |
| 3   | SPRO | Looney, Martin M | a representative of a philanthropic entity that focuses on racial equity                                                                                  | Donelson, Tiffany        |
| 4   | SPKH | Ritter, Matthew  | a representative of a nonprofit organization that focuses on health policy and racial equity issues and shall serve as cochairperson                      | Clarke, Ayesha           |
| 5   | SPKH | Ritter, Matthew  | a representative of a nonprofit organization that focuses on racial equity and community engagement                                                       | Hamilton-Burgess, Chavon |

|    |             |                             |                                                                                                          |                    |
|----|-------------|-----------------------------|----------------------------------------------------------------------------------------------------------|--------------------|
| 6  | SPKH        | Ritter, Matthew             | an expert in immigration policy and law                                                                  | Cárdenas, Wendy    |
| 7  | SMAJ        | Duff, Bob                   | a representative of a nonprofit that focuses on equitable housing policy                                 | Mirza, Faryal      |
| 8  | SMAJ        | Duff, Bob                   | a medical professional with expertise in diversity, equity and inclusion policy                          | Santos, Melissa    |
| 9  | HMAJ        | Rojas, Jason                | a representative of a nonpartisan criminal justice policy and research entity                            | O'Rourke, Patricia |
| 10 | HMAJ        | Rojas, Jason                | a biostatistician or epidemiologist with knowledge of the effects of social-structural factors on health | Njoku, Anuli       |
| 11 | SMIN        | Clarke, Ayesha <sup>2</sup> | a public health educator or researcher affiliated with an academic institution                           | Santella, Anthony  |
| 12 | SMIN        | Harding, Stephen            | a current or former educator, school counselor or school nurse with public policy experience             | Vacant             |
| 13 | HMIN        | Clarke, Ayesha <sup>3</sup> | an expert in environmental impacts on human health who is affiliated with an academic institution        | Brugge, Douglas    |
| 14 | HMIN        | Candelora, Vincent J        | a representative of a nonprofit that focuses on economic research and policy                             | Charmelus, Carline |
| 15 | BPRC<br>CHR | Miller, Patricia<br>Billie  | an education policy researcher affiliated with an academic research institution                          | Cotto, Robert      |

<sup>2</sup> Pursuant to Public Act No. 23-204 Sec. 197(b)(5) and Sec. 197 (d) Chairs may appoint qualified individuals after a 60-day vacancy period. This designation holds until a successor is appointed pursuant to PA 23-204 Sec. 197(b)(5).

<sup>3</sup> Ibid.



## Appendix

# COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH

CONNECTICUT GENERAL ASSEMBLY

May 22, 2026

Connecticut Office of Health Strategy (OHS)  
PO Box 340308  
450 Capitol Ave MS51OHS  
Hartford, CT 06016

Re: Community Benefit Summary Analysis Report – Public Comment

To Wendy Fuchs:

Thank you for the opportunity to comment on the Office of Health Strategy's latest [Hospitals' Community Benefit Summary and Analysis Report FY 2024](#).

Nonprofit hospitals are exempt from federal, state, and local taxes, saving them \$2.18 billion during FY 2024. In exchange, hospitals are required to provide care to all regardless of ability to pay, in addition to other services that benefit the local community. While there are federal annual reporting requirements, there is little oversight and accountability to ensure these tax benefits are being invested as intended. In 2000, recognizing the need for additional oversight, the Connecticut General Assembly implemented state-level reporting requirements codified into [C.G.S. §19a-127k](#).

This report highlights the need for additional data transparency. The Commission supports the recommendations in the report while emphasizing the following:

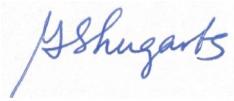
1. **Transparency Requirement.** OHS notes the challenges with reviewing filings given the opacity with data submitted. The Commission believes that hospitals should submit their Schedule H (Form 990), along with any other additional worksheets used in calculating the numbers reported. Other states have implemented similar policies. Adopting such policies in Connecticut could bring transparency to the process, allowing for more clarity and accuracy in OHS' analysis.
2. **Hospital Financial Assistance Improvements.** OHS recommends that hospitals be required to report "financial assistance screening outcomes, including applications submitted, approved, and denied, as well as the number of Extraordinary Collection Actions (ECAs) initiated" (44). The Commission would recommend this data be disaggregated to the greatest extent possible, including by race, ethnicity, gender, income, zip code, and language. Doing so could provide a more comprehensive assessment of hospital financial assistance policies and assist in identifying interventions that could be beneficial to Connecticut residents.
3. **Setting Minimum Targets.** OHS recommended "setting minimum spending requirements for community benefit activities and for financial assistance policies" (45) which would ensure that hospitals allocate sufficient funding to address community needs. The Commission recommends

a state agency, such as the Office of the Attorney General, be charged with oversight to ensure compliance.

Since being exempt from taxes is a significant financial benefit to non-profit hospitals, their non-profit designation should mean that they operate and be held to a standard that is more aligned with *non-profit*, rather than *for-profit*, industries. As such, improving transparency while enhancing hospital financial assistance data collection and setting minimum spending targets is a reasonable next step and we strongly encourage consideration of these recommendations.

We appreciate the opportunity to comment on this report and are always happy to serve as a resource. Please do not hesitate to reach out with any questions.

Sincerely,



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