



**Testimony of Victoria Veltri  
Office of Health Strategy, Executive Director  
Before the Public Health Committee  
Concerning HB 6662  
March 26, 2021**

Good afternoon, Senator Abrams, Representative Steinberg, Senator Hwang, Senator Somers, Representative Petit and members of the Public Health Committee. For the record, I am Victoria Veltri, Executive Director of the Office of Health Strategy (“OHS”). OHS’ mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs and ensure better health for the people of Connecticut.

I appreciate the opportunity to testify in support of HB 6662, An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health. OHS supports this proposal’s declaration of racism as a public health crisis. We remain committed to the ongoing development of meaningful policy that addresses the disparities highlighted by the pandemic, including consideration of how each policy can improve health and health equity for our fellow residents. Some examples of this include:

- Our work on the Governor’s Executive Order No. 5, which charges OHS with the development of a cost growth benchmark, quality measures and increased primary care expenditures. We are engaging with community organizations and advocates to identify challenges and opportunities to incorporate social risk variables (e.g., income, education, race and ethnicity, language, housing stability and quality, etc.) to analyze the relationship between these factors and health care spending on primary care and overall health spending. We are also using APCD data to inform future social risk adjustment of cost growth relative to the cost growth benchmark .
- OHS introduced legislation to enhance and normalize the data hospitals and providers that participate in the Health Information Exchange collect from their patients.

Following national trends, OHS proposed legislation to, among other things, increase public transparency about how hospitals are providing community benefits to individuals within their respective service areas and require meaningful engagement and participation in the development of

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federally required needs assessments and related implementation strategies. These new provisions will help work to address community health and health inequities directly through partnerships between government, health and hospital systems, and other sectors to better link identified needs with community benefits investments made by hospitals.

The proposed Commission on Racial Equity in Public Health (“Commission”) convenes key State stakeholders to collaborate in a manner that clearly and directly integrates consideration of health and health equity into policy that reduces health disparities and inequities across multiple governmental sectors, including: air and water quality, natural resources and agricultural land, affordable housing, infrastructure systems, public health, access to quality health care, social services, sustainable communities and the impact of climate change.

HB 6662 importantly acknowledges the reality that health is affected by our environment, and the recognition that many communities in our state do not have equitable opportunity or access to effective policy that promotes health and health equity, even in sectors seemingly unrelated to health, is crucial to continuing this hard work. For example, disparities in access to transportation, education, housing or even safe neighborhoods affect people’s ability to seek and receive timely, affordable and quality health care. The Commission established by HB 6662 must consider the impact of social determinants of health on policy and develop a strategy for the state to guide our ongoing efforts to eliminate these inequities. This concept, that all policies have the potential to affect people’s health, has been at the heart of many of OHS’ initiatives, and HB 6662 expands these efforts to include key policymakers on the Commission. However, we have concerns about OHS’ capacity to support the Commission. As currently drafted, the Executive Director of OHS shall serve as the chair of the Commission, and the Commission shall hire an executive director to provide administrative support for the Commission’s work. OHS estimates that an Administrative Assistant would adequately meet the expectations for this support, but currently has no available vacancy for this role, nor sufficient funds, estimated to be approximately \$114,399/year. OHS remains committed to this effort, and while supportive of HB 6662’s intent, is dedicated to working with the Committee to resolve operational questions about the Commission’s work, including staffing and funding.

Thank you for providing me the opportunity to deliver OHS’s testimony today. If you have any questions concerning my testimony, please feel free to ask/contact me at [victoria.veltri@ct.gov](mailto:victoria.veltri@ct.gov).