

January 12, 2026 Women & Children's Health Committee Zoom Meeting

Meeting summary

Quick recap

The Medicaid Council's Women and Children Subcommittee meeting focused on adolescent and reproductive health education in Connecticut public schools, with presentations highlighting the importance of comprehensive health programming and its positive impact on teen pregnancy prevention. The meeting covered the implementation of a Teen Pregnancy Prevention Program in New Britain, which received significant funding and has shown promising results in serving over 2,600 youth through evidence-based curricula. The discussion concluded with an examination of Connecticut's Medicaid family planning programs, including potential improvements to enrollment processes and coverage options, while also touching on the need for better integration of dental services.

Next steps

- [Donna Maselli \(or designated team member\): Send program flyer to Latosha Johnson via email so Latosha can share with staff and encourage participation.](#)
- [Co-Chairs Amy Gagliardi and Representative Sarah Keitt: Schedule/organize a working group or meeting to discuss expanding reproductive health education to other high-need towns/cities in Connecticut, including legislative needs and barriers.](#)
- [Amy: Connect with Kate Parker-Reilly to review research on oral health and pregnancy, and with the National Maternal Oral Health Resource Center, to explore the possibility of integrating dental services into the Medicaid family planning benefit and consider a conversation at the federal level.](#)
- [ICAN \(Abby Shirk/Katie Thiede\): Look into the possibility and process of including dental services as a family planning-related service under Medicaid, including potential CMS approval pathways, and consider sharing findings with Kate and relevant national groups.](#)

Summary

Medicaid Council Women's Health Meeting

The Medicaid Council's Women and Children's Health Subcommittee meeting began with Co-Chair Amy Gagliardi leading the meeting, introducing two presentations: one from Partners in Social Research on adolescent and reproductive health, which was to be presented by Dr. Kosutic and her team, and another by Freeman Burr, who was expected to join later. The meeting began at 9:32 AM.

Advancing Teen Reproductive Health Education

Teen Pregnancy Prevention Grant Update

Jennifer Trachtenberg presented on the Office of Population Affairs Teen Pregnancy Prevention Program grant awarded to New Britain in July 2023, providing \$3.6 million over five years to 2028. The program focuses on equity, medically accurate, age-appropriate, and evidence-based reproductive health education, serving youth in schools and community settings through curriculum like Get Real for middle school and Making Proud Choices for high school. In its second year, the program exceeded its goal by serving over 2,600 youth, with approximately 1,300 participating in the Get Real program across six middle schools.

Reproductive Health Program Impact Results

Jennifer presented data on the impact of reproductive health programming at New Britain High School, including key learning outcomes and student satisfaction. She highlighted statistically significant increases in youth knowledge, attitudes, and skills related to reproductive health, as well as a high satisfaction rate among participants. A quote from a facilitator emphasized the program's importance and its positive impact on students' lives.

New Britain Health Education Program

The meeting discussed a program providing health education in New Britain schools, with Donna Maselli explaining that the program currently serves only New Britain and operates through schools, after-school programs, and community clinics. Latosha, an administrator for transitional supports, requested information about the referral process and program flyers to share with staff. Shelly Nolan from DMAS praised the initiative and shared experiences with reproductive health integration, while Freeman Burr presented Connecticut State Department of Education guidelines for public school health information, highlighting the alignment of the program's curricula with state standards.

Health Education Curriculum Integration

Donna and Freeman Burr discussed the Board of Education's approval process and the integration of curriculum units into the district's template. They reviewed Connecticut regulations regarding health education, noting that while schools are required to offer a course of study on health and safety, instruction on reproductive health is not mandatory. The discussion highlighted the need for improved professional development for school nurses, including training on reproductive health, and emphasized the importance of timely data to assess the impact of health education programs on teen births.

Teen Pregnancy Prevention Program Funding

The meeting focused on a teen pregnancy prevention program in New Britain, which received \$3.6 million in funding over five years from OPA, with the current phase running until 2028. Donna explained that the program faced minimal barriers in New Britain due to strong support from local leaders and the high need for teen pregnancy prevention, though political resistance and misinformation about sex education remain potential challenges for expansion to other districts. Jennifer highlighted the time-intensive nature of the approval process, while Erica Garcia-Young suggested that additional educational efforts might be needed to address persistent misconceptions among school district decision-makers.

Evidence-Based Health Education Program Implementation

The group discussed the implementation of an evidence-based health education program in New Britain schools, where Donna and Freeman explained how they worked with the superintendent and local prevention council to integrate the curriculum for grades 6-8 and Health 1 and 2. They highlighted challenges including the short tenure of superintendents and the political nature of school board elections, but noted that their embedded status within the local prevention council helped build credibility. Amy concluded the segment by announcing plans for a working group to explore amending existing legislation or developing new requirements for evidence-based programs in Connecticut's high-need towns and cities, with a follow-up presentation scheduled by ICAN on contraception access.

Connecticut Medicaid Family Planning Improvements

Abby Shirk presented on Medicaid family planning programs, highlighting Connecticut's Husky Family Planning Limited Benefit Program and its potential for improvement. She discussed best practices from other states, including provider education, patient awareness campaigns, and expanded coverage options. Abby recommended improving enrollment processes, enhancing provider communication, updating covered services, expanding presumptive eligibility enrollment sites, and creating comprehensive patient-facing materials to increase program utilization in Connecticut.

Connecticut Medicaid Family Planning

The group discussed Connecticut's Medicaid family planning program, which provides services at a 90-10 federal-state match rate. Abby explained that the program is open to individuals of any age or gender, with eligibility based on 263% of the federal poverty level, though parental income doesn't affect eligibility for those under 21. The discussion highlighted the need to improve enrollment and accessibility, with Donna Maselli suggesting that the application process could be more user-friendly and that school-based health centers could play a role in outreach. The conversation also touched on the importance of presumptive eligibility and same-day access to services.

Connecticut's Digital Planning Program Challenges

The meeting focused on Connecticut's Failing Planning Program, which currently uses paper applications for presumptive eligibility, unlike Wisconsin and Illinois which have digital applications. The group discussed the possibility of implementing QR codes for applications, though DSS expressed less enthusiasm for revamping the process due to their priority on modernizing full benefit program enrollment through the access portal. The conversation concluded with Kate Parker-Reilly raising the important point about dental services integration, noting that while family planning-related services require CMS approval, dental services have never been approved under this category, though further research and discussion with national groups like the National Maternal Oral Health Resource Center could explore this possibility.