



HEBREW HEALTH CARE  
*for health, for life*

**Testimony by Marcia Hickey and Donna Reinholdt to the Public Health Committee  
of the CT State Legislature in support of Bill #5508, An Act Authorizing  
Commitment To A Chronic Disease Hospital Under A Psychiatric Emergency  
Certificate  
February 21, 2007**

Representative Sayers, Senator Handley, and distinguished members of the Public Health Committee. I am Marcia Hamel Hickey, a Registered Nurse at Hebrew Health Care in West Hartford. I am here today with my colleague Donna Reinholdt, who is Vice-President for Nursing Services at Hebrew Health Care.

I am testifying today in support of Proposed Bill No. 5508-*An Act Authorizing Commitment to a Chronic Disease Hospital Under A Physician Emergency Certificate.*

Hebrew Health Care, a leader in geriatric care for over 105 years, has a 45 bed Chronic Disease Hospital. Our 22 bed Behavioral Health Hospital Unit was created as a result of a pilot program under Section 17b-368 of the general statutes, which was authorized in the 2003 Legislative Session. The unit provides a valuable service to older adults throughout the state who are experiencing behavioral disturbances due to a chronic psychiatric illness. Mental health bed availability for older adults is very limited in the state. In our last fiscal year from October 1, 2005 to September 30, 2006 we had 255 admissions to the unit. Most of the admissions are residents of skilled nursing facilities throughout the state and nearly all had a diagnosis of dementia. In most cases, the patient is experiencing a progression of their illness that incorporates anxiety, depression, agitation, delirium and resistance and combativeness with care. Almost all patients have

co-occurring medical conditions that make their care exceptionally challenging. Hebrew Health Care employs a combined medical-psychiatric care model that makes us uniquely qualified to address the needs of the elderly patient in these circumstances. Patients are evaluated at the skilled nursing facility by their treating psychiatrist who arranges for a direct admission to the unit. The patient is able to bypass a costly, upsetting and often lengthy visit to the emergency room. Due to their cognitive impairment, these patients are not able or permitted under the law to sign for admission to the unit voluntarily. According to Section 45a-656 of the general statutes, the conservator of person is not permitted to commit a patient to an inpatient psychiatric facility, either.

These requirements, intended as appropriate safeguards, in the case of a demented individual, have the effect of making needed services unavailable to the patient, unless the Physician Emergency Certificate (PEC) is utilized. Without a PEC, there is no way for the demented individual to be admitted to receive inpatient care.

There are strict statutory requirements regarding the use of the PEC, including review by a probate judge within 15 days of admission, to assure that individual rights are not being abridged through this instrument, and to assure that the patient warrants a continued inpatient stay.

For clarification, may we respectfully suggest changing the language of this bill to **Physician** Emergency Certificate to be congruent with existing PEC language, and adding the phrase “without active suicidal or homicidal intent” after the word disabled in the text? Additionally, may we suggest adding “for psychiatric care” after the phrase pending **physician** emergency certificates.

We urge you to support Bill 5508 to assure that elderly, demented individuals are not denied access to needed inpatient psychiatric services in the chronic disease hospital setting.

Thank you.