



General Assembly

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Bill No. 5038

LCO No. 592

* HB05038APP 041608 *

Referred to Committee on Public Health

Introduced by:

REP. CAFERO, 142nd Dist.

SEN. MCKINNEY, 28th Dist.

***AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE
HOSPITAL TASK FORCE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (g) of section 17b-192 of the 2008 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective from passage*):

4 (g) On or before [January 1, 2008] June 30, 2009, the Commissioner
5 of Social Services shall [seek] conduct a study on the impact of
6 implementing a waiver of federal law for the purpose of extending
7 health insurance coverage under Medicaid to persons with income not
8 in excess of one hundred per cent of the federal poverty level who
9 otherwise qualify for medical assistance under the state-administered
10 general assistance program. The provisions of section 17b-8 of the 2008
11 supplement to the general statutes shall apply to this section.

12 Sec. 2. (NEW) (*Effective July 1, 2008*) (a) The Departments of Mental
13 Health and Addiction Services, Children and Families, and Social
14 Services shall jointly identify areas of the state where there is high

15 utilization of behavioral health hospital emergency department
16 services, including inappropriate use of, or extended lengths of stay
17 for, hospital emergency department patients waiting to receive
18 behavioral health services. For each area identified, said agencies shall
19 develop recommendations regarding the appropriate combination of
20 services that, based on cost and quality outcomes, would most
21 effectively reduce hospital emergency department demand. The
22 Department of Mental Health and Addiction Services shall submit
23 such recommendations to the Secretary of the Office of Policy and
24 Management on or before November 30, 2008.

25 (b) The Departments of Mental Health and Addiction Services,
26 Children and Families, and Social Services shall jointly assess the
27 existing capacity and volume of community mental health services and
28 other programs to identify gaps in services and thereafter may adjust
29 funding allocations, service designs and geographic service areas, as
30 appropriate, to provide more uniform state-wide coverage.

31 Sec. 3. (NEW) (*Effective July 1, 2008*) (a) The Departments of Mental
32 Health and Addiction Services, Children and Families, and Social
33 Services, in consultation with the Office of Health Care Access and
34 representatives of the health care industry, shall identify effective and
35 feasible models of care for psychiatric emergency assessment or crisis
36 response centers in order to expand access to behavioral health crisis
37 and emergency services for adults and children.

38 (b) Not later than January 1, 2009, the Department of Mental Health
39 and Addiction Services shall, within available appropriations,
40 implement a pilot psychiatric emergency assessment or crisis response
41 center. Such pilot program shall be based on the models of care
42 identified pursuant to subsection (a) of this section.

43 Sec. 4. (NEW) (*Effective July 1, 2008*) The Department of Social
44 Services, in consultation with the Departments of Mental Health and
45 Addiction Services and Correction, the Judicial Department, and The
46 University of Connecticut Health Center, and with the approval of the

47 Secretary of the Office of Policy and Management, shall develop a plan
48 for expedited eligibility for state-administered general assistance
49 program benefits for individuals being released from prison. In
50 addition, such plan shall identify gaps in the services available to such
51 individuals and develop primary care services and other programs
52 that are designed to ensure that such individuals are not
53 inappropriately directed to hospital emergency departments, but
54 instead are appropriately served in the community.

55 Sec. 5. (NEW) (*Effective from passage*) Not later than June 30, 2009,
56 and annually thereafter, each general hospital licensed by the
57 Department of Public Health under chapter 368v of the general
58 statutes shall develop a plan to reduce the number of inpatients that
59 have extended lengths of stay within the hospital's emergency
60 department. Such plan shall be maintained on site at each hospital and
61 made available to the Department of Public Health upon request. The
62 Commissioner of Public Health may specify the form and format of
63 such plans.

64 Sec. 6. Section 19a-7 of the general statutes is repealed and the
65 following is substituted in lieu thereof (*Effective July 1, 2008*):

66 (a) The Department of Public Health shall be the lead agency for
67 public health planning and shall assist communities in the
68 development of collaborative health planning activities which address
69 public health issues on a regional basis or which respond to public
70 health needs having state-wide significance. [The] Not later than
71 October 1, 2010, and every five years thereafter, the department shall
72 prepare a multiyear state health plan [which will provide] that
73 provides an assessment of the health of Connecticut's population and
74 the availability of health facilities. The plan shall include: (1) Policy
75 recommendations regarding allocation of resources; (2) public health
76 priorities; (3) quantitative goals and objectives with respect to the
77 appropriate supply, distribution and organization of public health
78 resources; [and (4) evaluation of the implications of new technology
79 for the organization, delivery and equitable distribution of services] (4)

80 an evaluation of the unmet needs of persons at risk and vulnerable
81 populations as determined by the commissioner; and (5)
82 recommendations regarding the public health and health care
83 workforce. The plan shall incorporate both the state-wide health care
84 facilities plan developed by the Office of Health Care Access pursuant
85 to section 19a-634, as amended by this act, and the mental health and
86 substance abuse services plan developed by the Department of Mental
87 Health and Addiction Services pursuant to section 8 of this act. In the
88 development of the plan, the department shall consider the
89 recommendations of any advisory bodies which may be established by
90 the [commissioner] Commissioner of Public Health. The commissioner
91 may also incorporate the recommendations of authoritative
92 organizations whose mission is to promote policies based on best
93 practices or evidence-based research and may also consider the future
94 direction of the health care industry based on review of general
95 hospital strategic planning documents.

96 (b) For the purposes of establishing a state health plan as required
97 by subsection (a) of this section and consistent with state and federal
98 law on patient records, the department is entitled to access hospital
99 strategic planning documents, hospital discharge data, emergency
100 room and ambulatory surgery encounter data, data on home health
101 care agency client encounters and services, data from community
102 health centers on client encounters and services and all data collected
103 or compiled by the Office of Health Care Access pursuant to section
104 19a-613.

105 (c) The Commissioner of Public Health shall develop a process to
106 ensure that the state health plan is communicated to state agencies,
107 health care providers and the public.

108 [(c)] (d) The Commissioner of Public Health shall adopt regulations
109 in accordance with the provisions of chapter 54 to assure the
110 confidentiality of personal data and patient-identifiable data collected
111 or compiled pursuant to this section.

112 Sec. 7. Section 19a-634 of the general statutes is repealed and the
113 following is substituted in lieu thereof (*Effective July 1, 2008*):

114 (a) The Office of Health Care Access [, in consultation with the
115 Department of Public Health, shall carry out a continuing] shall
116 conduct, on an annual basis, a state-wide health care facility utilization
117 study. [, including a study of existing health care delivery systems;
118 recommend improvements in health care procedures to the health care
119 facilities and institutions; recommend to the commissioner legislation
120 in the area of health care programs; and report annually to the
121 Governor and the General Assembly its findings, recommendations
122 and proposals, as of January first, for improving efficiency, lowering
123 health care costs, coordinating use of facilities and services and
124 expanding the availability of health care throughout the state.] Such
125 study shall include, but not be limited to, an assessment of: (1) Current
126 availability and utilization of acute hospital care, hospital emergency
127 care, specialty hospital care, outpatient surgical care, primary care and
128 clinic care; (2) geographic areas and subpopulations that may be
129 underserved or have reduced access to specific types of health care
130 services; and (3) other factors that the commissioner deems pertinent
131 to health care facility utilization. Not later than June thirtieth of each
132 year, the commissioner shall report, in accordance with section 11-4a,
133 to the Governor and the joint standing committees of the General
134 Assembly having cognizance of matters relating to public health and
135 human services on the findings of the study. Such report may also
136 include the commissioner's recommendations for addressing identified
137 gaps in the provision of health care services and recommendations
138 concerning a lack of access to health care services.

139 (b) The office, in consultation with other state agencies as the
140 commissioner deems appropriate, shall establish and maintain a state-
141 wide health care facilities plan. [, including provisions for an ongoing
142 evaluation of the facility utilization study conducted pursuant to
143 subsection (a) of this section to: (1) Determine the availability of acute
144 care, long-term care and home health care services in private and
145 public institutional and community-based facilities providing

146 diagnostic or therapeutic services for residents of this state; (2)
147 determine the scope of such services; and (3) anticipate future needs
148 for such facilities and services.] Such plan may include, but not be
149 limited to: (1) An assessment of the availability of acute hospital care,
150 hospital emergency care, specialty hospital care, outpatient surgical
151 care, primary care, and clinic care; (2) an evaluation of the unmet
152 needs of persons at risk and vulnerable populations as determined by
153 the commissioner; (3) a projection of future demand for health care
154 services and the impact that technology may have on the demand,
155 capacity or need for such services; and (4) recommendations for the
156 expansion, reduction or modification of health care facilities or
157 services. In the development of the plan, the office shall consider the
158 recommendations of any advisory bodies which may be established by
159 the commissioner. The commissioner may also incorporate the
160 recommendations of authoritative organizations whose mission is to
161 promote policies based on best practices or evidence-based research.
162 The commissioner shall develop a process that encourages hospitals to
163 incorporate the state-wide health care facilities plan into hospital long-
164 range planning and shall facilitate communication between
165 appropriate state agencies concerning innovations or changes that may
166 affect future health planning. The office shall update the state-wide
167 health care facilities plan on or before July 1, 2010, and every five years
168 thereafter. Said plan shall be considered part of the state health plan
169 for purposes of office deliberations pursuant to section 19a-637.

170 Sec. 8. (NEW) (*Effective July 1, 2008*) (a) Not later than July 1, 2010,
171 and every five years thereafter, the Commissioner of Mental Health
172 and Addiction Services shall prepare a multiyear state mental health
173 and substance abuse services plan that provides an assessment of the
174 behavioral health of the state's population and the availability of
175 behavioral services on a state-wide basis. Such plan shall incorporate
176 the state substance abuse plan required by section 17a-451 of the 2008
177 supplement to the general statutes. The plan shall include: (1) Policy
178 recommendations regarding allocation of resources; (2) public
179 behavioral health priorities; (3) quantitative goals and objectives with

180 respect to the appropriate supply, distribution and organization of
 181 public behavioral health resources; (4) an evaluation of the
 182 implications of new technology for the organization, delivery and
 183 equitable distribution of services; and (5) an evaluation of the unmet
 184 needs of persons at risk and vulnerable populations as determined by
 185 the commissioner. In developing the plan, the commissioner shall
 186 consider the recommendations of relevant statutory advisory bodies
 187 and advisory bodies established by the commissioner. The
 188 commissioner may also incorporate the recommendations of
 189 authoritative organizations whose mission is to promote policies based
 190 on best practices or evidence-based research. The commissioner shall
 191 submit the state mental health and substance abuse services plan to the
 192 Commissioner of Public Health for incorporation into the state-wide
 193 health plan required pursuant to section 19a-7 of the general statutes,
 194 as amended by this act.

195 Sec. 9. (NEW) (*Effective July 1, 2008*) The Commissioners of Public
 196 Health and Higher Education and the Labor Commissioner, or their
 197 designees, and the director of the Office of Workforce
 198 Competitiveness, in collaboration with representatives of the health
 199 care industry, shall meet not less than quarterly to coordinate efforts to
 200 provide and enhance programs that increase the training, recruitment
 201 and retention of the health care and public health workforce. The
 202 Commissioner of Public Health or his designee shall serve as the
 203 chairperson and convene such quarterly meetings.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-192(g)
Sec. 2	<i>July 1, 2008</i>	New section
Sec. 3	<i>July 1, 2008</i>	New section
Sec. 4	<i>July 1, 2008</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>July 1, 2008</i>	19a-7
Sec. 7	<i>July 1, 2008</i>	19a-634
Sec. 8	<i>July 1, 2008</i>	New section

