



STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT

*TESTIMONY PRESENTED TO THE PUBLIC HEALTH COMMITTEE  
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Testimony Supporting House Bill No. 5038

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE HOSPITAL TASK FORCE

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Senator Handley, Representative Sayers and distinguished members of the Public Health Committee, thank you for the opportunity to offer testimony on House Bill No. 5038, AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE HOSPITAL TASK FORCE.

As you know, the Governor announced the formation of the Task Force in April, 2007. Commissioner Vogel of the Office of Health Care Access and I co-chaired the group, which was composed of state agency commissioners, legislators, representatives from the Connecticut Hospital Association as well as individual hospitals, the Connecticut Business and Industry Association, community health clinics, consumer advocates, primary care providers, physicians including emergency department physicians, nurses, and the insurance industry. The group organized into three subcommittees to address the major issues facing hospitals: Finance, Utilization and Planning, and Workforce. The task force and its subcommittees put in a tremendous amount of work and met numerous times into December, 2007, and also conducted a public hearing on November 13, 2007 to encourage feedback in response to preliminary recommendations made by the Task Force subcommittees. If you are interested in reviewing the final report of the task force, it can be accessed on the OHCA website ([http://www.ct.gov/ohca/lib/ohca/taskforce/hospitaltaskforce/hospital\\_task\\_force\\_master\\_version\\_1-17-08.pdf](http://www.ct.gov/ohca/lib/ohca/taskforce/hospitaltaskforce/hospital_task_force_master_version_1-17-08.pdf)).

The bill before you today implements many of the recommendations of the Governor's Hospital Strategic Task Force.

Section 1 of the bill requires that the Department of Social Services (DSS) study the impact of implementing a waiver to include persons with income up to 100% of the federal poverty level who would otherwise qualify for State Administered General Assistance (SAGA) under Medicaid. Because such a waiver would represent a significant expansion in the population served and could result in substantial additional costs, further study is warranted before moving forward.

Section 2 requires the Departments of Mental Health and Addiction Services (DMHAS), Children and Families (DCF), and Social Services to identify areas of the state where there is high utilization of behavioral health hospital emergency department (ED) services, and to develop recommendations to reduce hospital ED demand. This section also allows the departments to assess and adjust their programs to provide for more uniform state-wide coverage.

Section 3 requires DMHAS, DCF and DSS, in consultation with the Office of Health Care Access (OHCA), to identify models for providing psychiatric emergency assessment or crisis response centers to help alleviate the demand on hospital emergency departments. The Governor's budget includes \$500,000 for DMHAS to implement a pilot psychiatric emergency assessment or crisis response center by January 1, 2009. The anticipated annualized cost is \$1 million.

Section 4 of the bill requires DSS to work with DMHAS, the Department of Correction, the Judicial Department, and the UConn Health Center to develop a plan for expedited eligibility for SAGA. This will help persons being released from prison gain immediate access to health care, including medications and behavioral health services, that will help prevent potential psychiatric decompensation and subsequent re-incarceration, and will ensure that such persons are appropriately served in the community rather than being directed to hospital EDs for their care. The Governor's budget provides \$50,000 and one position for DSS to aid in the expedited SAGA eligibility process.

Section 5 requires hospitals to develop plans to reduce the number of patients with extended stays in the hospital ED and to provide such plans to the Department of Public Health (DPH).

Section 6 of the bill modifies the requirements regarding the state health plan by requiring that the plan be produced every 5 years, consider unmet needs of persons at risk and vulnerable persons in developing that plan, and include recommendations regarding the public health and health care workforce. This section also requires that DPH include the facilities plan developed by OHCA as well as the mental health and substance abuse plan developed by DMHAS. This section further allows DPH to consider recommendations by authoritative organizations such as the Institute of Medicine or the American Hospital Association when developing the plan. Finally, this section establishes a process of communicating the state health plan with the public and with stakeholders.

Section 7 modifies the requirements for OHCA's annual utilization study, and requires production of the statewide facilities plan every 5 years. The bill requires that the facilities plan assess the availability of various types of care, the unmet needs of vulnerable persons and persons at risk, forecast future demand for services and technology, and assess facility modifications. The bill allows OHCA to consider recommendations from advisory bodies as well as authoritative organizations such as the Institute of Medicine or the American Hospital Association when developing the plan. Finally, this section establishes a process of communicating the facilities plan with the public and with

stakeholders. The Governor's budget includes \$100,000 and one position for OHCA in order to give the agency the resources necessary to undertake the facilities planning process.

Section 8 modifies the requirements for DMHAS's mental health and substance abuse plan, requiring production of that plan every 5 years; that the plan recommend allocation of resources; establish priorities; establish goals and objectives for public behavioral health services; conduct an evaluation of the impact of technology on service delivery; and conduct an evaluation of unmet needs of vulnerable persons and persons at risk. The bill allows DMHAS to consider recommendations from advisory bodies as well as authoritative organizations such as the Institute of Medicine or the American Hospital Association when developing the plan. The bill requires DMHAS to submit the plan to DPH for inclusion in the state health plan.

Section 9 of the bill requires that DPH, the Departments of Higher Education and Labor, and the Office of Workforce Competitiveness collaborate with the health care industry in coordinating efforts to provide and enhance programs to train, recruit and retain the health care and public health workforce. Quarterly meetings will be chaired by DPH.

It should also be noted that the Governor's Midterm Budget Adjustments include funding for several other Task Force recommendations that do not require implementing legislation. These include a study of hospital and Federally Qualified Health Center reimbursement systems, a study of primary care service capacity, and expansion of nursing education opportunities at the community-technical colleges.

I would like to again thank the committee for the opportunity to present this testimony. I respectfully request the Committee support this bill, and I am happy to answer any questions you may have.

