



**Testimony to the  
Judiciary Committee**

**Regarding**

**Senate Bill 452, An Act Concerning the Care and Treatment of Persons with Psychiatric Disabilities**

**Submitted by Mag Morelli, President of LeadingAge Connecticut**

**March 29, 2012**

Good afternoon Senator Coleman, Representative Fox and members of the Judiciary Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership association of over 130 mission-driven and not-for-profit provider organizations serving older adults across the entire continuum of long term care including forty-six nursing homes. (*LeadingAge Connecticut was formerly known as the Connecticut Association of Not-for-profit Providers for the Aging or CANPFA.*) LeadingAge Connecticut members are sponsored by religious, fraternal, community and municipal organizations and are dedicated to expanding the world of possibilities for aging.

On behalf of LeadingAge Connecticut I would like to submit the following testimony on **Senate Bill 443, An Act Concerning the Care and Treatment of Persons with Psychiatric Disabilities.**

LeadingAge Connecticut would like to raise a concern or question regarding the intent in adding "skilled nursing facility" to the definition of "Facility" in the patient rights statutes for persons with psychiatric disabilities. We are trying to determine how this change will apply to Leading Age members if this bill is enacted.

The amended definition would apply to any inpatient or outpatient hospital, clinic, "skilled nursing facility" or other facility for the diagnosis, observation or treatment of persons with psychiatric disabilities. It is unclear how nursing homes would fit within this definition. Is it the intention of this bill that it only applies to nursing homes that specialize in serving residents with psychiatric conditions? Or is it intended to apply to any skilled nursing facility with respect to any resident with a psychiatric diagnosis? The broader application would be problematic in that a resident of a skilled nursing facility may indeed have a psychiatric diagnosis, but that may not be the primary diagnosis precipitating the skilled nursing stay. In addition, residents of a skilled nursing facility are already protected by the state and federal nursing home residents' rights laws. Adding additional patient rights provisions that may conflict could lead to confusion for facilities as they attempt to implement these requirements in the nursing home setting. For example, CGS 17a-544 prohibits involuntary seclusion or use of restraints, but allows them when there is imminent danger. Nursing homes must be restraint-free.

We would perhaps suggest that the definition be limited to apply only 17a-543, the involuntary medication provisions, since we already have federal and state nursing home residents' rights requirements that could be inconsistent with the other bill of rights sections for persons with psychiatric disabilities.

We would also like to raise a question regarding the language in Section 3 that references HIPAA. That provision does not also reference the patient-psychiatrist privilege in 52-146d. We are seeking clarification that the steps outlined in the bill are also consistent with state laws governing the patient-psychiatrist privilege.

Thank you for this opportunity to provide testimony on this bill. LeadingAge Connecticut would be willing to discuss any concerns with regard to the issues raised in our testimony and to work with the Committee on any necessary amendments or revisions to the language of the bill.

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