



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE COMMITTEE ON PUBLIC HEALTH March 15, 2013

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Governor's SB 848 - Act Implementing Provisions of the Budget Concerning Public Health.

The Department of Public Health appreciates the opportunity to provide testimony and would like to offer the following comments in support of the Governor's Proposed Bill No. 848.

Sections 1(c)(12) and 1(d)(3) establish licensure fees for home health care agencies and assisted living facilities. Licensure fees are collected from most other entities licensed as healthcare institutions, as defined in Section 19a-490 of the General Statutes. Each site of service requires a separate inspection visit to review records and observe care provided to patients. This process occurs over a period of three to four days and, depending on the size of the agency, may involve several inspectors to complete all required activities. The new licensing fees are determined relative to currently existing fees, and the amounts increase with both the volume of potential patients as well as the complexity of care. Implementing licensure fees will ensure consistent treatment of all healthcare institutions.

Section 1(f) increases the fees associated with technical assistance provided by the Department for design, review, development and renovation of a healthcare institution's construction. The revised fees for large projects are based on the cost of the project rather than a flat fee of \$565. Several institutional projects in the last 3 years have cost millions of dollars. These projects have required multiple meetings with architects, engineers and facility representatives. Additionally, site visits are conducted to ensure compliance with state and federal laws and regulations. A large project may require ten site visits. The current fee of \$565 is not consistent with what other states, both in our region and nationally, are charging for this technical assistance.

Section 2 will require physicians, dentists and nurses to renew their licenses on-line through the State's eLicense system and assess a five dollar surcharge to licensees to help offset on-line credit card transaction fees. In July 2009, the Department implemented a new on-line license renewal system for physicians, dentists and nurses. One of the key benefits of implementing this system was the capacity to collect valuable workforce data that is currently unavailable on a broad basis. This information is necessary to identify and address health care workforce

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shortage issues. Although the percentage of licensees who utilize the on-line license renewal system continues to increase, mandatory on-line renewal will allow the Department to capture this data from all licensees. In addition to DPH, other stakeholders at the state and national level, such as representatives from the medical and nursing communities, support this mandate. If these revisions are not enacted this session, the Department will be limited in its ability to collect data regarding Connecticut's health care workforce and stakeholders will be limited in their ability to assess and plan for the state's future health care workforce needs.

Section 4 provides new, streamlined support for Community Health Centers. Rather than using ad hoc grants distributed without a strategic plan, DPH will use one formula to ensure that every center receives funding, and that the amount is based on how many people are receiving care at each facility. DPH staff is currently benchmarking with other states to determine what factors are used to determine the allocation of state funds to their community health centers.

Section 5 is intended to ensure effective administration of the Connecticut Vaccine Program (CVP) and maintain access to high-quality immunizations for Connecticut's children. The Governor's proposed budget includes three positions to service additional health care providers in response to the implementation of universal provider participation on January 1, 2013. Last year the program processed over 26,240 vaccine orders and distributed over 810,000 doses of vaccine. The CVP provides vaccines at no cost to health care providers so that cost of vaccine will not be a barrier to the age-appropriate vaccination of our children. The CVP expands the provision of pediatric vaccines to all children in CT including children who have private insurance and enables providers to select from 26 vaccine brands currently recommended by the Centers for Disease Control and Prevention (CDC) when requesting vaccine. Section 5 incorporates reasonable expenses associated with administering the state childhood vaccine distribution program within the basis of the industry assessment that funds this important program.

Section 6 explicitly authorizes the Office of Health Care Access (OHCA) to consider, in deliberations regarding a certificate of need application, the applicant's provision of services to Medicaid recipients. This will provide a stronger focus on equitable access to care for Medicaid recipients which is critical anticipating the expansion of the program in 2014 in accordance with the Affordable Care Act.

Section 7 requires that hospital organizations make widely available to the public a community benefit implementation strategy. With the expansion in health coverage in 2014, it is expected that there will be less need for charity care, but still a need for community benefits. The Affordable Care Act requires that not-for-profit hospitals conduct a community health needs assessment and then decide which community benefits they will pursue. Assessment is a core function of the health care system and is used to identify overall causes of disease as well as causes of illness, injury, or premature death. Section 7 assures that hospitals have a meaningful engagement with the community when developing community health needs assessments. It will guarantee that hospitals are gathering data on the health needs of their communities from a broad array of sources, including data on underrepresented and underserved populations. The

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legislation further ensures that hospitals employ evidence-based community benefits that prioritize health needs.

Thank you for your consideration of the Department's views on this bill.

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