



Senate

General Assembly

File No. 382

February Session, 2014

Substitute Senate Bill No. 322

Senate, April 7, 2014

The Committee on Human Services reported through SEN. SLOSSBERG of the 14th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONNECTING THE PUBLIC TO BEHAVIORAL HEALTH CARE SERVICES.

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

1 Section 1. Section 38a-1041 of the general statutes is amended by
2 adding subsection (g) as follows (*Effective July 1, 2014*):

3 (NEW) (g) Not later than January 1, 2015, the Office of the
4 Healthcare Advocate shall establish an information and referral service
5 to help residents and providers receive behavioral health care
6 information, timely referrals and access to behavioral health care
7 providers. In developing and implementing such service, the
8 Healthcare Advocate, or the Healthcare Advocate's designee, shall: (1)
9 Collaborate with stakeholders, including, but not limited to, (A) state
10 agencies, (B) the Behavioral Health Partnership established pursuant to
11 section 17a-22h, (C) community collaboratives, (D) the United Way's 2-
12 1-1 Infoline program, and (E) providers; (2) identify any basis that
13 prevents residents from obtaining adequate and timely behavioral
14 health care services, including, but not limited to, (A) gaps in private

15 behavioral health care services and coverage, and (B) barriers to access
 16 to care; (3) coordinate a public awareness and educational campaign
 17 directing residents to the information and referral service; and (4)
 18 develop data reporting mechanisms to determine the effectiveness of
 19 the service, including, but not limited to, tracking (A) the number of
 20 referrals to providers by type and location of providers, (B) waiting
 21 time for services, and (C) the number of providers who accept or reject
 22 requests for service based on type of health care coverage. Not later
 23 than February 1, 2016, and annually thereafter, the Office of the
 24 Healthcare Advocate shall submit a report, in accordance with the
 25 provisions of section 11-4a, to the joint standing committees of the
 26 General Assembly having cognizance of matters relating to children,
 27 human services, public health and insurance. The report shall identify
 28 gaps in services and the resources needed to improve behavioral
 29 health care options for residents.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2014	38a-1041

Statement of Legislative Commissioners:

In section 1, in the first sentence, "providers receive information" was changed to "providers receive behavioral health care information" for clarity.

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 15 \$	FY 16 \$
Office of the Healthcare Advocate	IF - Cost	164,446	169,379

Municipal Impact: None

Explanation

The bill is expected to result in a cost of \$164,446 in FY 15 for two new positions. The bill requires the Office of the Healthcare Advocate to establish an information and referral service to help residents and providers with certain aspects of behavioral health care. As these requirements are in addition to the Healthcare Advocate's current responsibilities, additional personnel will be necessary. The cost noted above includes \$120,332 for salary and \$44,114 for fringe benefits.

sHB 5030 (AA Making Adjustments to State Expenditures for the Fiscal Year Ending June 30, 2015) contained total funding of \$225,020 for two new behavioral health specialists at the Office of the Healthcare Advocate.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 322*****AN ACT CONNECTING THE PUBLIC TO BEHAVIORAL HEALTH CARE SERVICES.*****SUMMARY:**

This bill requires the Office of the Healthcare Advocate, by January 1, 2015, to establish an information and referral service to help residents and providers receive information, timely referrals, and access to behavioral health care providers. It specifies the responsibilities of the healthcare advocate or her designee in establishing the service.

The bill requires the office, by February 1, 2016, and annually thereafter, to report to the Committee on Children and the Human Services, Insurance, and Public Health committees. The report must identify gaps in services and the resources needed to improve behavioral health care options for state residents.

EFFECTIVE DATE: July 1, 2014

RESPONSIBILITIES OF THE HEALTHCARE ADVOCATE

The bill requires the healthcare advocate or her designee to collaborate with stakeholders, including at least (1) state agencies, (2) the Behavioral Health Partnership, (3) community collaboratives, (4) the United Way's 2-1-1 Infoline program, and (5) providers. The advocate or designee must identify factors that prevent residents from obtaining adequate and timely behavioral health care services. These include, among other things, gaps in private behavioral health care services and coverage and barriers to accessing care.

The advocate or designee must (1) coordinate a public awareness and educational campaign directing residents to the information and

referral service and (2) develop data-reporting mechanisms to determine its effectiveness. The latter must track:

1. the number of referrals to providers, by type and location of providers;
2. waiting time for services; and
3. the number of providers who accept or reject requests for service based on type of health care coverage.

BACKGROUND

Behavioral Health Partnership

This program, operated by the departments of Children and Families, Mental Health and Addiction Services, and Social Services, provides a range of behavioral health services to people with public insurance, such as children enrolled in HUSKY A (Medicaid) or HUSKY B (the State Children's Health Insurance Program). ValueOptions, a national managed behavioral health care company, serves as the program's administrative services organization.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 17 Nay 0 (03/20/2014)