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PROPOSED BILL No. 6887 AN ACT EXPANDING COVERAGE FOR MENTAL HEALTH CARE SERVICES AND SUBSTANCE ABUSE SERVICES

Insurance and Real Estate Committee

FEBRUARY 16, 2017

Good Morning: Representative Scanlon, Senator Larson, Senator Kelly, Representative Sampson and esteemed members of the Insurance and Real Estate Committee. I want to thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA). I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association.

I speak in support of

PROPOSED BILL No. 6887 AN ACT EXPANDING COVERAGE FOR MENTAL HEALTH CARE SERVICES AND SUBSTANCE ABUSE SERVICES

The report – the “Statewide Health Care Facilities and Services Plan, 2014 Supplement,” compiled with input from a large group of health providers makes recommendations for improving behavioral health treatment options, including creating an “inventory of distinct service levels” related to mental health and pursuing better coordination. The association’s own data show that in 2014, more than 25 percent of all inpatient and emergency department visits to hospitals were to treat patients with a primary or secondary behavioral health disorder, including those related to substance abuse. Between 2010 and 2014, hospitals saw a 31 percent increase in patients with a behavioral health diagnosis. “Our hospitals are doing the best we can with the limited resources we have, but it is a situation that is getting worse in the state of Connecticut.” Factors fueling the increase include a “heightened awareness” of behavioral health, particularly among children, which could be a consequence of the Sandy Hook Elementary School shooting in December 2012; greater access to insurance under Affordable Health Care Act and a shortage of residential or outpatient

treatment placements for children and adolescents in need of specialized care. (Schiessl)

Mental disorders were the leading cause of hospitalization for males and females ages 5 to 14, 15 to 24, and 25 to 44. For men ages 45 to 64, a diagnosis for mental disorders was the leading cause of hospitalization, while for females in that age group, digestive system issues, such as hernias and colitis, were the leading cause. (Schiessl)

The report also shows that of about eight million visits made to Connecticut emergency departments from 2009 to 2013, one million were for psychiatric or drug- or alcohol-related mental disorders. Most of the psychiatric visits (58.3 percent) were made by white patients; about 40 percent were people ages 18 to 39. The primary reasons for visiting the emergency room were for “non-psychotic disorders” such as anxiety or depression. (Schiessl, C. 2014 Connecticut Hospital Association Supplemental Report)

The literature abounds with information related to Mental Health and Addiction Services, lack of or insufficient services, adequate in house programs, inadequate in house programs, admissions with reimbursement, insufficient and/or lack of reimbursement etc. I have attached the latest publications from Connecticut Hospital Association to inform and support your decisions. I believe it is essential we address the issue addressed in this proposed legislation with information and research relevant to Connecticut and I am concerned that reimbursement will be challenged with changes in ACA, Medicare, Medicaid and insurance programs. It is essential we provide adequate services, adequate reimbursement to address the growing needs of this population in Connecticut.

Therefore I urge you to support of **Raised Bill No. PROPOSED BILL No. 6887 AN ACT EXPANDING COVERAGE FOR MENTAL HEALTH CARE SERVICES AND SUBSTANCE ABUSE SERVICES**

Thank you

Mary Jane M. Williams PhD., RN

Chair, Government Relation, Connecticut Nurses Association

Professor Emeritus Central Connecticut State University

HOSPITALS and Substance Use Treatment

Today, Connecticut faces intensified threats to public health from drinking, heroin use, and prescription drug abuse. At the same time, state government has cut funding for substance use treatment services.

These cuts have further destabilized an already stressed behavioral healthcare system, reduced options for care available to individuals and families who need prevention and treatment programs, and imposed a greater burden on hospital emergency departments (EDs), outpatient clinics, and crisis services. This is exactly the wrong time for the state to withdraw support for prevention and treatment programs for substance use disorders.

The Opioid Epidemic and Heroin Crisis

The improper use of opioids has resulted in a national epidemic of overdose deaths and addictions. More than one-third of the 44,000 drug-overdose deaths reported in 2013 were attributable to pharmaceutical opioids. There has been a parallel increase in the rate of opioid addiction. Drug overdoses now kill an average of two people in Connecticut each day – more than car accidents. Last year, 723 people died from accidental drug overdoses in the state, and more than 60% involved opioids.

The other leading cause of drug overdose fatalities last year was heroin. Of the 723 overdoses reported in 2015, 415 were heroin-related. According to the Chief Medical Examiner, heroin deaths increased 27 percent and fentanyl deaths increased 148 percent from 2014 to 2015.

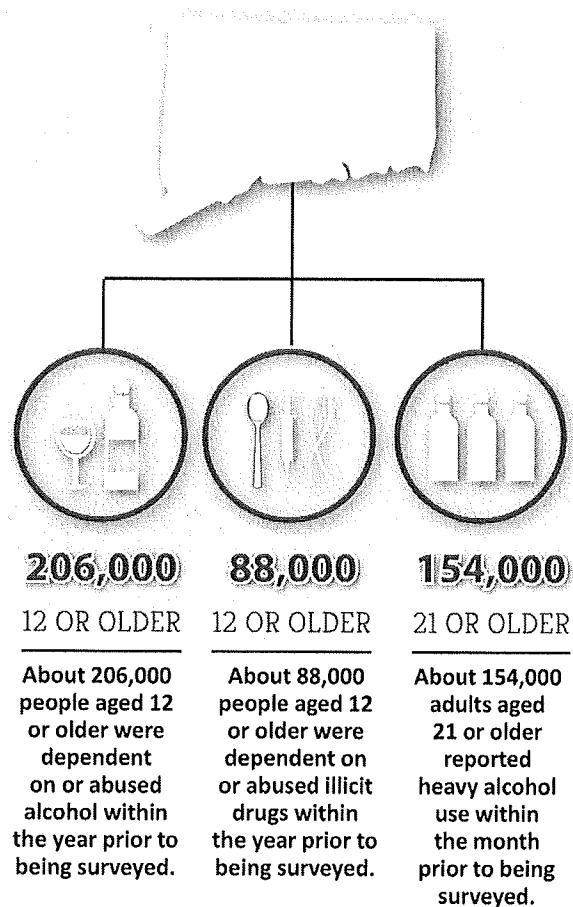
Hospitals and Substance Use Treatment

Every Connecticut hospital treats adults, adolescents, and children with mental health and substance use problems through EDs, crisis services, outpatient clinics, and on dedicated inpatient units. Inpatient treatment is often followed by medically managed detoxification services, rehabilitation services, and specialized relapse prevention and recovery management training. Hospitals offer a variety of addiction recovery services through intensive outpatient programs. Every hospital offers at least short-term inpatient services for individuals suffering from substance use disorders.

Hospitals and other providers struggle to care for patients in need of substance use treatment services,

ALCOHOL AND DRUG ABUSE IN CONNECTICUT

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2015 Connecticut Behavioral Health Barometer:





and the very real negative impacts of ever-diminishing funding for these vital services. And while funding levels keep shrinking, the number of patients coming to hospitals for these services keeps growing.

Because of the lack of resources in the substance use treatment system, patients don't always receive the appropriate care in the appropriate setting at the appropriate time. Often their only recourse is to go to the ED. But an ED is not the optimal environment to receive substance use treatment, especially for children and adolescents.

Hospital Response to the Opioid and Heroin Problem

Connecticut hospitals are working to reduce the inappropriate use of opioids and other controlled substances. Voluntary opioid prescribing guidelines help ED staff treat patients with chronic pain conditions. Hospitals partner with other professional societies to sponsor continuing education programs for prescribers.

Legislative Response to the Opioid and Heroin Problem

In 2016, the legislature limited initial opioid prescriptions for acute medical conditions to a 7-day supply, mandated that towns equip emergency responders with opioid antagonists to reverse the effects of an overdose, and required insurance plans to cover medications to treat overdoses, among other measures.

Services Provided by the State

Connecticut's substance use treatment system involves a complex array of state-operated and state-funded providers.

The state provides inpatient services at Connecticut Valley Hospital and outpatient services through regional and

local mental health facilities operated or overseen by the Department of Mental Health and Addiction Services (DMHAS).

The Department of Children and Families (DCF) is pursuing an array of projects to address gaps in service to children and adolescents.

The State Health Improvement Plan (SHIP) is working to reduce the proportion of young people and adults who drink to excess or use illegal drugs.

The Legislature's Role in Improving Substance Use Treatment Services

Maintain state-operated treatment facilities. The legislature must continue to fund state-owned substance use treatment facilities, including the 786 substance use treatment or psychiatric beds. CHA is gravely concerned about the possible closure of a 20-bed detox unit at Connecticut Valley Hospital. If these beds are eliminated, community providers will not be equipped to address the needs of these patients, and they will be forced to rely on hospital-based care, most likely through the ED.

Fund substance use treatment programs. The state also funds private, non-hospital providers operating 1,333 substance use treatment beds and 353 mental health beds. Demand for inpatient and outpatient substance use treatment services is growing. These programs are essential to maintain person-centered, recovery-oriented care. Loss of funding will result in program closures. EDs will be inundated by the people once served by these programs, because they will be left with no other choices.

Match bed availability with patient need. It is already difficult for hospitals to discharge patients with substance use disorders to an appropriate care facility due to the insufficient number of treatment beds. Connecticut hospitals are committed to working with the state and other community providers to assess, recommend, activate, and staff sufficient beds to meet the needs of patients.

For additional information, please contact CHA Government Relations at (203) 294-7310.