Senators Gerratana and Somers, Representative Steinberg and distinguished members of the Public Health Committee, thank you for the opportunity to offer testimony in support of Senate Bill No. 797, An Act Implementing the Governor’s Budget Recommendations for Public Health Programs.

This bill implements Governor Malloy’s budget recommendations for public health programs.

Section 1 increases the maximum civil penalties that may be imposed upon a nursing home facility or a residential care home for serious violations of law or regulations. Per CGS Sec. 19a-527, a maximum fine of $5,000 may now be imposed for a Class A violation, one deemed to present an immediate danger of death or serious harm to a patient. A maximum fine of $3,000 may now be imposed for a Class B violation, which is associated with conditions other than Class A that are deemed to present a probability of death or serious harm in the reasonably foreseeable future to any patient. These amounts have not been adjusted in over 25 years. The bill increases the maximum fines to $20,000 and $10,000, respectively, effective July 1, 2017. This will afford the commissioner of public health greater flexibility when responding to situations that place patients at risk. Increased annual revenues of approximately $300,000 are expected.

This bill also modifies the definition of a Class B violation to mean conditions other than Class A violation that are deemed to present a potential for death or serious harm in the reasonably foreseeable future. This change is consistent with current practice.

Section 2 requires public water systems to become licensed, on or after July 1, 2018, in accordance with a staggered schedule promulgated by the Commissioner of Public Health. This change is consistent with DPH’s responsibility for ensuring the adequacy and purity of Connecticut’s drinking water. The agency accomplishes this through technical assistance, education and regulatory enforcement of state laws and the federal Safe Drinking Water Act. The Governor has proposed additional funding, approximately $630,000 in FY 2018 and $1.9 million in FY 2019, to address projected shortfalls in federal funds that support these efforts and implement the new license to operate program. Beginning in FY 2019, these costs will be offset by fee revenues. Connecticut will join the majority of other states that utilize fees and service charges to support public drinking water programs.
Each community public water system and non-transient non-community public water system will be required to obtain a license that must be renewed every two years. State agencies would be exempted from this requirement. The bill’s provisions will apply to approximately 543 non-transient non-community water systems and 523 community public water systems. The Commissioner must consult with the Secretary of the Office of Policy and Management (OPM) before adopting the schedule and establishing fees, both of which must be published on DPH’s internet website. Community public water systems will be assessed based upon their number of service connections; they may collect the fee from their consumers on a prorata basis, based on the amount of water each consumes.

Three positions have been added under DPH’s budget to implement licensure of public water systems, and funding has been added under the Department of Administrative Services’ budget to support costs of integrating this new program into the state’s E-License system. The Governor’s budget reflects $2.5 million in annual fee revenues, commencing in FY 2019.

Sections 3 and 4 require urgent care centers to become licensed as outpatient clinics; authorize the Commissioner of Social Services to establish payment rates for urgent care centers; and change the license renewal timeline for outpatient clinics from every four years to every three years.

“Urgent care center” will be defined to mean a free-standing facility, distinguished from an emergency department setting, that (1) provides treatment of medical conditions that do not require critical or emergent intervention for a life-threatening or potentially permanent disabling condition; (2) offers treatment of such conditions without requiring an appointment; and (3) provides services during times of the day, weekends or holidays when primary care provider offices are not customarily open. Effective April 1, 2018, operation without a license will be prohibited.

Licensure of urgent care centers will both promote patient health and safety and assist the Department of Social Services in seeking to emulate Utah’s “Safe to Wait” project, which reduced repeat non-emergent emergency department visits by providing Medicaid beneficiaries with information and education about alternatives to the emergency department, connecting beneficiaries to primary care and distributing a list of urgent care centers throughout the state. Adopting a triennial licensure timeline for outpatient clinics will similarly promote patient health and safety through more frequent inspection. There are currently a total of 280 licensed outpatient clinics.

Two new positions are recommended under DPH’s budget to implement these changes. A revenue gain of $350,000 from the collection of licensure fees paid by urgent care centers is expected in FY 2018.

Sections 5 through 53 implement two provisions from Public Act 16-66 regarding the Office of Protection and Advocacy for Persons with Disabilities (OPA). Public Act 16-66 abolishes OPA effective July 1, 2017, and requires the Governor to designate a non-profit entity to replace OPA as Connecticut’s protection and advocacy system for persons with disabilities to create a more independent system and to align with the national trend where over 50 out of 57 states and territories are operated by non-profit organizations. On January 20, 2017, the Governor indicated his intent to designate the non-profit entity Disability Rights Connecticut (DRCT) to serve as Connecticut’s protection and advocacy system. Since OPA will be abolished effective July 1, 2017, this bill removes all references to OPA from the general statutes.

Public Act 16-66 also transfers the Abuse and Investigation Division (AID) within OPA to the Department of Rehabilitation Services (DORS). However upon further review, the Governor determined that abuse and neglect responsibilities would be better supported through the Department of Developmental Services (DDS); therefore, the general statutes are revised to reflect the transfer of AID’s functions to DDS. The
transfer of AID to DDS will provide individuals with intellectual and developmental disabilities a more sustainable, predictable and responsive abuse and neglect system that will enhance the state’s ability to protect some of our most vulnerable citizens. The benefits of the new investigations system include:

- centralized intake for all allegations of abuse and neglect which will reduce confusion and increase efficiency;
- the ability for the state, through the elimination of a duplicative investigation process, to better manage staff to complete their investigations in a timelier fashion; and
- an increase in the breadth of protection afforded individuals not receiving DDS services, since DDS has the statutory authority to apply a broader definition of abuse and neglect, including psychological and verbal abuse and financial exploitation.

We would like to bring to the committee’s attention that we are working on substitute language for your review, in consultation with the Department of Developmental Services, Probate Court, and staff from OPA. In addition to technical changes, it appears that the bill before you may contain an inadvertent drafting error. Language that was intended to clarify that DDS would continue to investigate allegations of abuse and neglect of individuals receiving services through the Department of Social Services’ Division of Autism Spectrum Disorder Services appears to require DDS to provide and fund protective services orders for the same individuals. We respectfully request your consideration and review of this language.

Section 54 repeals CGS Sec. 19a-12e, Secs. 29-269a and Secs. 46a-8 through 46a-13.

Sec. 19a-12e broadened reporting requirements concerning healthcare professionals who are or may be unable to practice with skill and safety due to impairment. This law went into effect on October 1, 2015. The repeal of this law will mitigate the effect of an unfunded mandate on DPH. The number of health care professionals subject to report to DPH or referral to a professional assistance program for suspected substance abuse or other reasons that may prohibit them from performing their profession safely increased from approximately 20,000 (physicians and physicians assistants) to almost 150,000 following enactment. No additional resources were provided to DPH to accommodate up to 300 additional cases anticipated to be referred for DPH investigation and potential disciplinary action annually. Three additional staff (2 special investigators, 1 staff attorney) are needed to handle this increased workload.

Repeal of Sec. 29-269a eliminates a report from the State Building Inspector regarding accessibility for persons with disabilities as this information is currently provided through other mechanisms. Secs. 46a-8 through 46a-13 are recommended to be repealed to conform to the elimination of OPA effective July 1, 2017.

I respectfully request that the committee take favorable action on this bill. I would like to again thank the committee for the opportunity to present this written testimony in support of the bill.