

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** SB-1

AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL,  
BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE

**Title:** PANDEMIC.

**Vote Date:** 3/26/2021

**Vote Action:** Joint Favorable

**PH Date:** 3/17/2021

**File No.:**

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## **SPONSORS OF BILL:**

The Public Health Committee  
Senator Martin Looney

## **REASONS FOR BILL:**

This legislation includes various provisions related to public health, pandemic preparedness, racial disparities in health care, and related topics, as follows:

- requires boards of education to conduct exit interviews with students who withdraw from school before graduating, and provide them with resources on certain topics for at least a year after withdrawing;
- requires DPH to adopt regulations to provide for the certification and education of peer support specialists;
- requires DMHAS to develop and post online a mental health toolkit to help employers address employee mental health needs arising due to COVID-19;
- requires DPH to study the state's COVID-19 response and report the study's findings to the Public Health Committee by January 1, 2022;
- requires DPH to designate an employee within its Office of Public Health Preparedness and Response to serve as the pandemic preparedness officer;
- declares as state policy the recognition that racism is a public health crisis;
- creates a Truth and Reconciliation Commission to examine racial disparities in public health, develop legislative proposals to address them, and annually report to the Public Health Committee;
- sets a minimum nurse staffing ratio of two nurses per patient in ICUs;

- requires DPH, within available appropriations, to establish a program to advance breast health and breast cancer awareness, including outreach to young women of color on the importance of early detection;
- requires DPH to study whether the department should establish a state certification process for douglas and report to the Public Health Committee by January 1, 2022;
- requires hospitals to include training in implicit bias as part of their regular training to staff members who provide direct care to women who are pregnant or in the postpartum period;
- establishes a task force to study racial inequities in maternal mortality and severe maternal morbidity in the state and report to the Public Health Committee by January 1, 2022;
- requires DPH to establish a pilot program allowing EMS personnel, in coordination with community health workers, to conduct home visits for individuals at high risk of being repeat users of EMS services, to help them manage chronic illnesses and adhere to medication plans;
- requires physicians to perform mental health examinations on patients during annual physical exams;
- requires OPM, in consultation with several other agencies (including DPH), to study the impacts of the COVID-19 pandemic on the state, including the disparate impact on individuals based on race, ethnicity, language, and geography, and requires the DPH commissioner to report to the Public Health Committee by February 1, 2022;
- requires municipalities to notify DPH if they appoint an acting local health director and requires, rather than allows, DPH to appoint someone as a local health director if there is a vacancy for 30 days or more;
- sets requirements for state agencies or state entities that, directly or by contract, collect demographic data related to health care or public health, such as that they collect the data in a manner that allows for its aggregation and disaggregation;
- makes various changes to the law on hospital community benefit programs, such as (a) modifying reporting requirements and (b) requiring OHS to establish a minimum community benefit and community building spending threshold for hospitals based on specified criteria;
- requires DPH, in consultation with DCF, to conduct a study to identify areas where access to quality and affordable mental and behavioral health care for children is limited, and report to the Public Health Committee by January 1, 2022;
- adopts the Uniform Emergency Volunteer Health Practitioners Act, under which (a) health care professionals (including veterinarians) may register to provide services during declared emergencies in other states, (b) healthcare facilities and disaster relief organizations may rely on the registration system to confirm that registrants are appropriately licensed and in good standing, and (c) participating providers are generally protected from civil liability if they meet certain standards;
- makes an unspecified General Fund appropriation to DPH in FY 22 to expand services of existing school-based health centers and establish new ones;
- makes a \$6 million General Fund appropriation to DMHAS in FY 22 to make mobile crisis intervention services available 24/7 in each mobile crisis region to respond to acute mental health emergencies;
- makes a \$500,000 General Fund appropriation to DPH in FY 22 to provide three-year grants to community-based health care providers in primary care settings.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **The Connecticut Department of Public Health:**

The Department of Public Health (DPH) provided written testimony on SB 1, specifically on Sections 2, 4, 5, 8 through 10, 12 through 17, 19, 22 through 32, 33 and 35. This bill includes seven sections that require DPH to conduct studies. As stated in the testimony, the Department is concerned that they would be unable to complete all the required studies within the specified timeframes. DPH recommends "combining the studies and staggering timelines to allow the Department the opportunity to do the work, as it is anticipated that we will be continuing our response to the COVID-19 pandemic into the Fall of 2021, which could affect our ability to complete the studies."

Additionally, Section 2 requires DPH to adopt regulations to implement a peer support specialist certification program. The Department of Mental Health and Addiction Services (DMHAS) currently has a training and certification program in place for recovery support specialists which is comparable to the peer support specialist proposed in this bill. The Department recommends continuation of the DMHAS program in lieu of adopting regulations to establish a certification program through DPH.

Another recommendation offered refers to Section 27, which "allows DPH to impose administrative sanctions upon a practitioner who is not licensed in Connecticut for conduct in this state in response to an in-state emergency. The bill does not define "administrative sanctions" nor does it set forth the standards for which a sanction can be imposed. As drafted, the section's provisions could be subject to substantial legal challenges."

Other recommendations and comments outlined in the testimony pertained to additional funding and timeline of deadlines.

### **Senator Martin Looney, 11<sup>th</sup> District:**

Senator Looney provides testimony in support for the passage of this legislation. As stated in the written testimony, Senate Bill 1 requires the Department of Public Health to conduct a study on "the state's COVID19 response and submit a report the Public Health Committee regarding their recommendations for policy changes and amendments to the general statutes necessary to improve the state's response to future pandemics.

SB 1 requires DPH to designate an employee within its Office of Public Health Preparedness and Response to serve as the pandemic preparedness officer to be responsible for, among other things, providing periodic updates to members of the General Assembly during a pandemic-related public health emergency.

Additionally, this bill declares that the State of Connecticut recognize racism is a public health crisis. Further, the bill creates a Truth and Reconciliation Commission to examine racial disparities in public health across state and local government. The bill also mandates improvements to our data collection practices and makes changes to our hospital community benefits program statutes which would encourage the use of hospital community benefit plans to address racial and ethnic health disparities and facilitate the integration of such plans with the actual needs of the community.

The bill also takes steps to improve the health of women of color, specifically during the pregnancy and postpartum period by requiring each hospital to provide implicit bias training to staff members who provide direct care to individuals who are pregnant or are in the postpartum period. It also establishes a task force to study racial inequities in maternal mortality and severe maternal morbidity in the state and requires DPH to conduct a study on whether Connecticut should certify doulas as trained, nonmedical professionals who provides continuous physical, emotional and informational support to pregnant individuals.

**Connecticut Senate Democrats, Connecticut General Assembly:**

The Connecticut Senate Democrats provide testimony in favor of this bill. As stated in the testimony, this legislation was written to address several areas that should be considered urgent issues. Citizens of Connecticut have been mentally and physically impacted by the COVID-19 pandemic, and "this bill seeks to provide additional recourses to meet those needs." Specifically, Senate Bill 1 " investigates and responds to the needs of children by requiring a study into where affordable care for children is limited in our state, appropriating funds for school-based health center expansion and creation and having Boards of Education conduct interviews with students as they withdraw from school where they will provide resources."

Additionally, it establishes a peer support specialist certification program which would "empower employers to identify and support the mental health needs of employees. SB 1 also establish a pilot program to conduct home visits with patients who are at risk for repetitive use of emergency services and work to manage their chronic illnesses or medication plans."

Overall, Senate Democrats support this bill as it " will lead our state into a stronger and safer future and will protect and provide mental and physical wellbeing amongst our residents."

**Victoria Veltri, Office of Health Strategy:**

Victoria Veltri offers testimony in support of this bill on behalf of the Office of Health Strategy (OHS). OHS offers comments specifically on Sections 6, 17 and 18 of Senate Bill 1. Ms. Veltri states, "I support SB 1's declaration of racism as a public health crisis in Section 6. This important designation continues the State's efforts to promote meaningful policy reforms that address longstanding inequities for many communities in our state. OHS believes it is paramount to adopt a health in all policies strategy to address the conditions that affect health."

OHS is also supportive of the initiative set in Section 17 that requires state entities that collect data concerning race, ethnicity and primary language for residents receiving health care services and should do so in a manner that allows for aggregation. OHS requests that "while this section of SB 1 focuses solely on state entities, having common standards greatly enhances the ability of all stakeholders to better understand the full patient experience across all health care settings."

**NATURE AND SOURCES OF SUPPORT:**

**Jennifer Barahona, Chief Executive Officer, Norwalk ACTS:**

Jennifer Barahona offers written testimony in strong support of the passage of this legislation, particularly Sections 6 and 7 "that would declare racism as a public health crisis in the state

and establish a commission to study the impact of institutional racism on public health and provide proposals to address disparities." COVID-19 has increased visibility on the issue of inequitable systems within healthcare that cause less favorable outcomes to people of color than their white counterparts.

As stated in the written testimony, "Our BIPOC citizens are facing two simultaneous health crises, one caused by a global pandemic and the other by hundreds of years of structural racism that continue to create inequities... Racism clearly meets the criteria of a public health crisis in that it affects large numbers of people, threatens health over the long-term, and requires the adoption of larger-scale solutions."

**Black and Brown United in Action:**

The Black and Brown United in Action is a grassroots organization located in New Haven, Connecticut. The organization offers testimony in support of this bill with recommended amendments. They recognize racism as a public health crisis and supports and is in solidarity with testimony provided by the Connecticut Campaign to Address Racism as a Public Health Crisis, Hamden Action Now, Health Equity Solutions, and Power Up CT.

The testimony provides a background on racism in Connecticut and how deeply it has affected the lives of black and brown citizens of Connecticut. As stated in the testimony, "[a]ll the fieldwork and research into the COVID-19 global health pandemic neglected the impact on Black and Brown people and heightened the presence of racist practices, language and behaviors which have been allowed in the state for too long. Post pandemic, many Black and Brown people will continue to struggle to pay their rent or mortgage, be treated unfairly and disrespected on the job and paid unequally, struggle to pay rising utility and food costs, have language access issues, be brutalized by the police, be targeted by racists on social media, be exploited by the media, be used as data for projects about them which do not enhance their true wellbeing, be denied access and opportunity to many resources including healthcare, jobs and education, be forced to make daily survival decisions including risking their own lives by sending their children into schools and buildings which are not fully protected, risk their health and safety to keep the economy going."

The organization supports this legislation overall with suggested amendments provided by the CT COVID-19 Hospital Rationing Coalition.

**John Brady, Executive Vice President, AFTCT:**

Mr. John Brady, a Registered Nurse and Executive Vice President for AFT Connecticut, offers support for this bill with recommendations for changes. AFTCT is a union of 30,000 members in Healthcare, Education, and Public Service.

As stated in the testimony, AFT is the "largest union of Registered Nurses in Connecticut and represent members from almost every healthcare profession." AFTCT suggest that " we must recognize that some students who leave school before graduation do not withdraw, but simply stop attending classes. It will be difficult to collect data on these students. We also feel that resources to evaluate students during their academic careers and address issues in real time, is very valuable." In addition to this recommendation, AFTCT states, "[s]ection 8 addresses staffing in ICUs. We support a ratio of two patients to one nurse in ICU. We would suggest that this be listed as the minimum ratio required, with the ICU nurse able to reduce that ratio to 1:1 based on acuity of the patients. The initiating of patient nurse ratios should

not be offset by a decrease in non-nursing staff. We would also suggest that there would be enforcement mechanisms, including fines, if hospitals violated this section." Mr. Brady added that AFTCT specifically supports Sections 4-7 and 18 of this legislation.

**Community Health Center Association of Connecticut:**

The Community Health Center Association of Connecticut and the 17 health centers operating within Connecticut collectively serve over 400,000 residents every year. They offer support for the passage of this legislation. As stated in the testimony, "[t]his bill is an important and vital step in addressing the racial and ethnic disparities highlighted by the COVID-19 pandemic... This bill not only identifies and articulates the scope of the impact of racial disparities on our public health system, but also sets in motion the process to begin identifying and examining the aspects of our policy and government that need to change in order to realize a shared vision of equitable access to health care."

Section 5 of this legislation creates an Office of Public Health Preparedness and Response, which the Association believes is necessary improvement to the state's public health infrastructure. Additionally, based on Sections 6 and 7 of this bill, the Association states, "[t]his is an uncomfortable but necessary truth to acknowledge, and these sections represent vital steps in addressing, working through, and eventually moving beyond the inequities in our public health system. Connecticut's health centers have been on the front lines in identifying and addressing health disparities in communities of color, and they are respected as a trusted resource for individuals who experience barriers to accessing health care."

**Kathleen Flaherty, Executive Director, Connecticut Legal Rights Project, Inc.:**

Kathleen Flaherty, Esq. is the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. Ms. Flaherty offers strong support for the passage of this bill with recommended amendments. As stated in the testimony, a recommendation for the committee is to amend the bill to remove Section 2: " The State of Connecticut Department of Mental Health and Addiction Services (DMHAS) endorses a statewide curriculum and examination of peer support specialists. Peer support specialists who are employed by behavioral health organizations and agencies are referred to as Recovery Support Specialists. The Connecticut Community for Addiction Recovery (CCAR) offers a nationally recognized educational program for Recovery Coaches who work in Connecticut and in many other states. The Department of Public Health is not currently involved in regulating or certifying peer support specialists."

Therefore, Ms. Flaherty suggests Section 2 of the bill is not needed. Additionally, she states, "I also urge you to reconsider who the people are who belong at the table for the Truth & Reconciliation Commission that would be created pursuant to Section 7. The commission needs more community members involved on the commission itself – not just invited to do a presentation. I worry that another gathering of experts will result in creation of another report that does not have community buy-in and will sit on a shelf."

**NATURE AND SOURCES OF OPPOSITION:**

**Association of Connecticut Ambulance Providers (ACAP):**The Association of Connecticut Ambulance Providers (ACAP) provides comments of concern to this bill and offers

recommendations. As stated in the testimony, "[w]e would ask you to instead remove the language in Section 13, amend the mobile integrated health statutes and provide funding for oversight of future mobile integrated healthcare programs.

Firstly, ACAP expresses appreciation of the recognition of Emergency Medical Services (EMS). However, "[i]n 2019, the legislature recognized the value of Mobile Integrated Healthcare (MIH) with the passage of Public Act 19-118... Unfortunately, full implementation of MIH and a process for approving MIH programs was not adopted by the Department of Public Health due to budgetary concerns."

For these reasons, ACAP offers the following recommendations as outlined in the testimony:

- Amend Section 19a-180(b) to the following: "On or after July [January] 1, 202[0]1 [, within available appropriations], the commissioner shall [may] authorize an..."
- Fund the Office of Emergency Medical Services oversight position to allow for review of mobile integrated healthcare programs like the one proposed in Section 13 of SB1

### **Art Calef:**

Art Calef, a resident of Lebanon, Connecticut, offers several recommendations to the bill. As stated in the testimony, Mr. Calef believes Section 1 should be omitted in its entirety from this legislation. He states, " the effect of requiring an "exit interview" of departing students will doubtless further stress parents and students looking to leave the school systems for other alternatives. These families are already often facing massive stress as they seek to make important decisions with long-lasting ramifications. The mandatory 'exit interview' will only add to that stress." Additionally, he recommends Section 14 should also be omitted in its entirety because doctors should be allowed to have the freedom to practice medicine in the way they feel is best, and the law should not require a mental health examination.

### **Michaela Fissel, Executive Director, Advocacy Unlimited, Inc.:**

Michaela Fissel, Executive Director of Advocacy Unlimited, Inc., offers testimony in opposition of Section 2 of this bill. As stated in the testimony, "[o]n March 9th, the Insurance and Real Estate Committee held a public hearing on HB 6588, AN ACT CONCERNING MENTAL HEALTH CARE AND SUBSTANCE ABUSE SERVICES. Section 2 of HB 6588 will establish a statewide task force to study insurance reimbursement for peer services.

This bill is highly supported by Connecticut's mental health and addiction service and recovery communities. I ask that you strike Section 2 from SB 1, and substitute language that replicates Section 2 of HB 6588."

Furthermore, Ms. Fissel states that giving authority to the Department of Public Health bypasses "the deliberative processes of a representative group of stakeholders. This is discriminatory and further marginalizes a historically ostracized, and arguably abused, group of people. In our society, a psychiatric diagnosis given by a treatment provider is a pass for assumed authority over that individual and the subsequent elimination of their right to choice."

**Reported by: Kassandra Fruin**

**Date: April 12<sup>th</sup>, 2021**