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|----------------------|---------------------------------|-----------|
| Act Number: | 09-077 | |
| Bill Number: | 6264 | |
| Senate Pages: | 2356, 2585-2588 | 5 |
| House Pages: | 1504-1509 | 6 |
| Committee: | Public Health: 580-593, 685-686 | 16 |
| | Page Total: | 27 |

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GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
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tmj
SENATE

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temporarily."

THE CHAIR:

Thank you, Senator Looney. Are there any additional adjustments to the markings? If we could stand at ease for just a minute.

(SENATE AT EASE)

Senator Looney, any further adjustments to the Calendar?

SENATOR LOONEY:

Yes, Mr. President, thank you. For a correction on Calendar page 6, Calendar 407, that bill is actually House Bill 6264 rather than Senate Bill 1079. So it's House Bill 6264, Mr. President, and would I move to place that item on the Consent Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Looney.

Any further announcements or points of personal privilege? If not, Mr. Clerk, will you begin to call the Calendar?

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that it be placed on the Consent Calendar.

THE CHAIR:

Without objection, so ordered. Mr. Clerk, would you please return to the call of the Calendar. Mr. Majority Leader.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, if the Clerk might call the first Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

The roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber? An immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber? Mr. President, those items placed on the first Consent Calendar begin on Calendar page 5. Calendar Number 392, House Bill 6433.

Calendar 397, Substitute for House Bill 5915.

Calendar 405, House Bill 5536.

Calendar page 6, Calendar 406, House Bill 5873.

Calendar 457, substitute for House Bill 6264.

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Calendar page 12. Calendar Number 599,
substitute for House Bill 6463.

Calendar page 13, Calendar 608, House Bill 6640.

Calendar page 14, Calendar 611, substitute for
House Bill 6341.

Calendar 612, substitute for House Bill 6286.

Calendar 620, substitute for House Bill 5664.

Calendar page 15, Calendar 622, substitute for
House Bill 6496.

Calendar page 16, Calendar 628, House Bill 5809.

Calendar 630, substitute for House Bill 5519.

Calendar page 23, Calendar Number 284, substitute
for Senate Bill 290.

Calendar page 24, Calendar 103, Senate Bill 754.

Calendar 120, Senate Bill 818.

Calendar 136, Senate Bill 789.

Calendar page 26, Calendar 179, substitute for
Senate Bill 951.

Calendar page 27, Calendar 207, substitute for
Senate Bill 950.

Calendar page 29, Calendar 252, substitute for
Senate Bill 1068.

Calendar page 34, Calendar Number 420, Senate

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Bill 325.

And Calendar page 40, Calendar Number 541, House
Bill 6076.

Mr. President, that completes the items placed on
the first Consent Calendar.

THE CHAIR:

On the first Consent Calendar, the machine is
open.

THE CLERK:

The Senate is now voting by roll call on the
Consent Calendar. Will all Senators please return to
the Chamber? The Senate is now voting by roll call on
the Consent Calendar. Will all Senators please return
to the Chamber?

THE CHAIR:

Have all the Senators voted? Seeing that all
Senators have voted, the machine will be closed.
Clerk, please announce the tally.

THE CLERK:

Motions on adoption to the Consent Calendar,
number 1.

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| Total Number Voting | 36 |
| Those voting Yea | 36 |

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Those voting Nay 0

Those absent and not voting 0

THE CHAIR:

The Consent Calendar is adopted. Mr. Majority
Leader.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, a few
more items to be marked "go." First, Calendar page
29, Calendar 249, House Bill 6185. Calendar page 35,
Calendar 424, Senate Bill 1045. Calendar page 36,
Calendar 429, Senate Bill 940. Thank you, Mr.
President.

THE CHAIR:

Thank you, sir. Mr. Clerk.

THE CLERK:

Turning to Calendar page 29, Calendar Number 249,
Files number 49 and 285, House Bill 6185, AN ACT
CONCERNING PENALTIES FOR VIOLATIONS OF CERTAIN
PERSONNEL FILE STATUTES as amended by House Amendment,
Schedule "A". Favorably Reported, Committee on Labor
and Judiciary.

THE CHAIR:

Senator Prague.

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machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber, please.

DEPUTY SPEAKER ORANGE:

Have all the members voted? Have all the members voted? Please check the machine to be sure your vote is properly cast. The machine will be locked. And the Clerk will take a tally. And the Clerk will announce the tally please.

THE CLERK:

House Bill 5915.

| | |
|-----------------------------|-----|
| Total Number Voting | 146 |
| Necessary for Passage | 74 |
| Those voting Yea | 143 |
| Those voting Nay | 3 |
| Those absent and not voting | 5 |

DEPUTY SPEAKER ORANGE:

The bill passes.

Will the Clerk please call Calendar Number 131.

THE CLERK:

On page 6, Calendar 131, substitute for House Bill Number 6264, AN ACT CONCERNING STATE-WIDE HEALTH

CARE FACILITY PLANNING, favorable report of the
Committee on Public Health.

DEPUTY SPEAKER ORANGE:

Representative Linda Gentile, you have the floor.

REP. GENTILE (104th):

Good afternoon, Madam Speaker. Good to see you
up there.

DEPUTY SPEAKER ORANGE:

Good afternoon to you.

REP. GENTILE (104th):

Madam Speaker, I move for acceptance of the Joint
Committee's favorable report and passage of the bill.

DEPUTY SPEAKER ORANGE:

The question is on acceptance of the Joint
Committee's favorable report and passage of the bill.
Representative Gentile, you have the floor, ma'am.

REP. GENTILE (104th):

Thank you, madam. This bill revises the way that
the Office of Health Care Access conducts health care
facility utilization studies and develops a state
health care facilities plan. It specifies the
elements OCA must examine in each document. It
requires OCA to prepare the utilization study annually
and the facilities plan every five years. I move for

adoption, Madam Speaker.

DEPUTY SPEAKER ORANGE:

The question is on adoption. Will you remark further on the bill? Representative Giegler of the 138th, you have the floor, ma'am.

REP. GIEGLER (138th):

Thank you, Madam Speaker. This bill is a part of a CON process that has been reactive, and now this bill will allow an attempt for OCA to become proactive in their planning for facilities. It came out of the Public Health Committee unanimously, and I urge the support of the Chamber. Thank you.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you remark further? Will you remark further on the bill before us? Representative Klarides of the 114th, you have the floor, ma'am.

REP. KLARIDES (114th):

Thank you, Madam Speaker. Through you, I just have a question of the proponent of the bill.

DEPUTY SPEAKER ORANGE:

Representative Gentile, prepare yourself for question, please.

REP. GENTILE (104th):

Yes, madam.

REP. KLARIDES (114th):

Thank you. I know in the bill we changed the report that has to be made from the language from carrying out a continuing study to annual basis. And I'm just wondering why we did that. It would seem continuing is more often than annual, and would that be better or worse for the access issue? Through you.

DEPUTY SPEAKER ORANGE:

Representative Gentile.

REP. GENTILE (104th):

Thank you, Madam Speaker. Through you, Madam Speaker, yes. The last study was done in 2007. This will require an annual study.

DEPUTY SPEAKER ORANGE:

Representative Klarides.

REP. KLARIDES (114th):

Thank you for your answer. But I was just wondering what our definition was that is presently in statute where it was continuing, what actually happened -- what happens now as opposed to what will happen going forward? And going forward, I know it will be annual, but continuing, I would assume would be regularly. And why? Was that a problem? Is that

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why we're changing it? Through you.

DEPUTY SPEAKER ORANGE:

Representative Gentile.

REP. GENTILE (104th):

Yes. Through you, Madam Speaker. What this will require is a specific reporting date so that the report will come out on July 1, 2012.

REP. KLARIDES (114th):

Thank you, Madam. And I thank the lady for her answers.

DEPUTY SPEAKER ORANGE:

Thank you ma'am. Will you remark further on the bill? Will you remark further on the bill? If not, staff and guests -- is it staff and guests? Yes. Members take your seats please. Staff and guests to the well of the House. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. Members to the chamber. The House is voting by roll.

DEPUTY SPEAKER ORANGE:

Have all members voted? Have all members voted? Please check your machine and make sure your vote is properly cast. And the machine will be locked. And

the Clerk will take a tally. The Clerk will please announce the tally.

THE CLERK:

| | |
|-----------------------------|-----|
| House bill 6264. | |
| Total Number Voting | 145 |
| Necessary for Passage | 73 |
| Those voting Yea | 145 |
| Those voting Nay | 0 |
| Those absent and not voting | 6 |

DEPUTY SPEAKER ORANGE:

The bill passes.

Will the Clerk please call Calendar Number 196.

THE CLERK:

On page 13, Calendar 196, substitute for House Bill 6485, AN ACT CONCERNING INACTIVE ACCOUNT FEES, favorable report of the Committee on Banks.

DEPUTY SPEAKER ORANGE:

Representative Barry, you have the floor, sir.

REP. RYAN (139th):

Thank you very much, Madam Speaker. I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER ORANGE:

The question is on acceptance of the Joint

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certainly, the Committee staff and all of us will be very happy to accept written testimony from folks that don't want to stay because we really can't give you an anticipated schedule for when we'll be able to come back in.

Along with that, I think Committee members also will be aware that we're operating on a bit of a short schedule today.

And, I think I also by law must announce that we have two emergency exits in the rear of the room, and you, of course, cannot block those exits, and if that happens, we will be asking people to move. So, hopefully, you just won't do that, and we will be able to move things along pretty quickly. Oh. And, there's also no smoking in this room in case that had not been made clear previously.

I think that's all. Senator Harris.

THE WITNESS: Thank you, Madam Chairman. Am I allowed to eat my egg whites?

The first bill that we're going to -- the public officials, excuse me. They're going to begin first. Commissioner Vogel and then Devon Conover and then Rudy Marconi.

CHRISTINE VOGEL: Good morning, Senator Harris and Representative Ritter and all the distinguished members of the Public Health Committee. I am Christine Vogel, the Commissioner of the Office of Health Care Access, and I'm pleased to be here today in support of House Bill 6264, An Act Concerning State-Wide Health Care Facility Planning.

This bill is not a new statute for OHCA, but it's proposed language to improve the existing statute that we have. It consists of two

parts. The first part is a utilization study, and the second part is the facility's plan.

The purpose of the utilization study is for OHCA to measure the current utilization of health care services and the distribution of such demand to identify areas of possible unmet needs by geographical areas, sub-populations, or other factors. The state-wide facility plan will incorporate current utilization and demand for services identified in the utilization study, and it will evaluate the expansion, reduction, or modification of health care services as demands and technology change. This process will engage the health care industry by creating one or more advisory bodies which will be established by the Commissioner. Recommendations from the established advisory bodies and authoritative organizations such as those on best practices and evidence-based research shall be incorporated into this plan.

The Commissioner will develop a process that encourages hospitals to incorporate such plans into their long-range planning, and OHCA will facilitate communication between appropriate agencies concerning innovations or changes that may affect future health planning.

The Office of Health Care Access is pleased to present this proposed bill to ensure our health care system remains responsive to the needs of our citizens while maintaining its viability.

I'll be pleased to take any questions that you may have for me. Thank you.

SENATOR HARRIS: Thank you, Commissioner. Any questions from the Committee? Senator Prague?

SENATOR PRAGUE: Thank you, Mr. Chairman.

There are initiatives not in this bill that I think I should ask you a question about. What's the average length of time it takes for a facility to get a CON?

CHRISTINE VOGEL: The average length of time. By statute, a letter of intent must be filed and remain in the agency for 60 days. That's to allow public notification. After that 60 days, then the CON application can be filed. Once it is deemed complete, which sometimes arising completeness can be the time frame that is not up to OHCA, that is up to the applicant. Some applicants may take longer than others to respond to our questions. Once it's deemed complete, the agency has 90 days by statute to make a ruling. On average, I'd say the fastest a CON can be done would be four months, but on average, it takes about six months.

SENATOR PRAGUE: Thank you.

SENATOR HARRIS: Thank you, Senator. Any further questions? Representative Ritter?

REP. RITTER: Thank you, Senator Harris. Good morning, Commissioner.

CHRISTINE VOGEL: Good morning.

REP. RITTER: I did have a few questions that your testimony brings, and the first one, I think several of us were curious as to the potential budget implications, or is this something that you feel can be accommodated within existing appropriations or available appropriations?

CHRISTINE VOGEL: It's an excellent question. I can assure you I have also vetted through that

process as well.

I believe during our budget constraints is the time that OHCA can work on creating information like this. We have an awful lot of work to do to develop regulations that will enable us to collect the data in order to provide this information to our policy makers.

You all may be aware of the regulations process and creating advisory bodies and trying to reach consensus. I'm hoping that within the next two to three years, OHCA will be completely set in all the reg's that need to be developed so we can then move forward with studies such as this.

So, I'm fully aware of the fiscal constraints, and I believe that's the perfect time for OHCA to improve its internal operations to better enable us to provide this research. We have the authority, but currently we don't have the regulations, so we're fully aware.

Now, in the future, years from now, in order to conduct certain research, we may need to engage a consultant firm, so I don't want you all to think that three years from now, I won't be proposing that I may need some funding to have an outside research firm to look at some of the research that OHCA is just not able to perform.

REP. RITTER: As a follow-up -- it may be because it's early in the morning -- but when I see the effective date of the bill being July 1st of 2009 and the reference to a utilization study, I guess I still don't understand. Does that mean that you are expecting this to be within any available appropriations to conduct this utilization study? I understand the downstream future implications, but this most

immediate time?

CHRISTINE VOGEL: Yes, Representative. In fact, the next utilization study, hopefully, will arrive on your desktops within about two to three weeks. We're able to create these utilization studies, but they only -- they only scratch the surface of what I believe OHCA should be presenting to you. OHCA should be studying unmet need, and currently we only can present to you current utilization, so I feel we're only giving you half of the information that the agency should be reporting on. The other half is what we need regulations to go pursue.

REP. RITTER: Thank you. That helps me a little bit there. I did have another questions on when you -- towards the end of your major paragraph, you talk about a process encouraging hospitals to incorporate this plan into their long-range planning.

That process, if you could maybe elaborate on your vision for that process and the extent to which hospital participation would be part of the planning and actual sort of putting together of the process and the requirements that would then be passed on to the hospitals, at what point they would be involved, whether it would be just advisory or whether they actually would have the opportunity to participate in the actualizing of it.

CHRISTINE VOGEL: They would definitely have a large representation on advisory bodies in order to create such a plan. Our hospitals are really the pillars of our health care system and, therefore, have a very strong voice, and since they are and remain the safety net of our health care system, it is imperative that I have mutual agreement with

the hospital industry and OHCA to move this forward.

I see the communication role as somewhat different. I don't see it mandatory; however, currently the relationship that I have with the individual hospitals is such that they do invite me into their hospitals to present their strategic plans so OHCA is somewhat prepared for their future endeavors.

So, I see this communication, the communication aspect of this, which is a different role for OHCA, not as a mandatory requirement that hospitals use the plan; however, down the road, a facility plan may assist in a hospital looking at the State's plan, saying that OHCA has identified an unmet need in a particular region, and if they use their facility plan within a CON, then it shows that the State's already identified an unmet need and, therefore, would open the door for the hospital to incorporate our facility plan within their long-range planning.

This is not something that I personally think should be thrown at the hospitals, that they have to follow the facility plan. It is used by other states truly as a guide just so the hospitals and other health care providers are aware of what the states have measured, so this is not new.

Most states do facility planning, and I believe, although maybe at first uncomfortable while we're creating a plan, once we have a plan, I do believe that it will aid in the future development of our health care system so we're all aware of the direction instead of the spontaneous, reactive Certificate of Needs that you all may realize just comes up to the State.

So, I agree. It will be somewhat uncomfortable at first, but my intentions are not to force it on them and, hopefully, it will be written in a way that allows them to know where they need to expand their services.

REP. RITTER: Thank you. As an extension of that question, I see that in your testimony you talk about, of course, specifically the hospitals issue, but the bill itself is broader and runs down through the sort of a gauntlet through specialty hospitals, out-patient surgical centers, and through clinics. Would that be the type of participation you would envision from those types of facilities as well?

CHRISTINE VOGEL: Definitely, Representative Ritter. In fact, that is the large blank that OHCA currently cannot report on. We do know almost everything about our hospitals. We receive an awful lot of financial data and current utilization. So, in a few weeks when you see our report, we can only report on the hospital system.

The part of the system that we are not able to report on is the largest segment of the industry, which is out-patient care, so the primary care, surgery care, and other types of out-patient care is where the agency needs to take the next few years to develop regulations.

REP. RITTER: And, I'm sympathetic to the problem that's in front of you because in the absence of that kind of information and that kind of regulation, you sort of have a feeling that you're perhaps chasing, you know, the herd after they've gotten out of the pen, or something along that line, but the other side

of my concern is that from my viewpoint, I wouldn't view this as strictly a top down type of communication only, and I hope that the -- I hope that OHCA understands that perhaps that might be -- it's not only my concern but might be shared by some of my colleagues here -- that it's important that the opportunity for buy-in and for planning from those facilities be afforded to them all the way through the process, not just at the beginning, you know, come and tell us something, and then, you know, we're going to give you the plan type of thing, and I'm sympathetic to the difficulty of that.

I understand that, but I think to end up with a system that's viable and can serve the State appropriately, it's really essential that we preserve that, so that would be my hope that you're able to do that. Easy for me to say, I know, but I think I'll leave it at that, and I think there's some more questions.

SENATOR HARRIS: Senator Stillman?

SENATOR STILLMAN: Thank you, Mr. Chairman. Good morning, Commissioner. Nice to see you.

On line 51 of the bill, it states that -- well, starting on line 50, "The Commissioner may also incorporate the recommendations of authoritative organizations whose mission is to promote policies," et cetera. Would you definite authoritative organizations for us, please?

CHRISTINE VOGEL: Yes. It's -- well, us not knowing exactly, but what we call organizations such as the Institute of Medicine, the American Hospital Association and other types of organizations that put out guidelines for best practices.

As you all may be aware, the Institute of Medicine which is known as the IOM has put out an awful lot of guidelines to decrease the amount of medical errors, so those types of publications that I feel that if a plan comes from the State without mentioning quality measures and patient measures, then I feel my plan would be remiss on something that's very important to our citizens. I cannot make hospitals adopt IOM guidelines or AHA guidelines; however, I feel at least in a plan I can present recommended guidelines to ensure quality care is being provided.

SENATOR HARRIS: Thank you, Senator Stillman. Any further questions? Representative Bartlett?

REP. BARTLETT: Thank you, Mr. Chairman. Good morning.

Has OHCA as part of -- this says, "Recommendations for the Expansion, Reduction or Modification." Has OHCA ever, you know, basically said -- and I appreciate the whole perspective of making sure that there's access for everyone, but, you know, the other side is that maybe there's duplication and a lot of duplication, too many hospitals.

Has there ever been a report or any kind of -- which is, of course, risky -- but any kind of report that says, you know, in particular areas we have too many hospitals or, you know, too many duplicated services, and this isn't good as well for our health care delivery? Would you comment on that?

CHRISTINE VOGEL: It's an excellent question, and I believe I need to turn your word around from risky to imperative, and it is risky, it will be uncomfortable, and it is unusual.

This is the most bold that OHCA has been with putting the words expansion, reduction or modification, out in the public. However, as you all know, especially during the economic downturn, the financial viability of our health care system is critical to preserve patients' access, and through our Certificate of Need process, we manage the best we can to measure the impact of a new service on existing providers.

However, the Certificate of Need process is not a plan. It's a moment in time or it's a particular region, so improving the language to include those types of words is the beginning of OHCA saying it's time now for us to step back and look at regions of the state, look at what needs or -- either the utilization, which is how you identify duplication, or if capacity is not being utilized, which sometimes you'll hear that we have more beds than are currently being used, this plan enters. We have put the word "technology" in so we're able to look at a region and try to reason how many certain high-techs that are very expensive should be in an area.

This is all very new for the agency, and that is why I need a few years to write regulations. I could not impose -- I don't believe I could impose with clarity those types of decisions unless I had it regulated. Every once in a while, there may be an area of unpromulgated regulation if I'm trying to project need or demand for services, so it will take a few years for OHCA to work with the industry saying how do we determine it, how do we measure it, and it may sound unusual that OHCA doesn't currently have that, but we don't, and I feel now is the time for us to

look internally and organize it that way.

REP. BARTLETT: I appreciate that, and I think it's good, and the reason why I really think it's good is it's just a reality that that's an occurrence, number one, and number two, if we don't -- my understanding of OHCA is that you are probably the least political entity in this area, and I think that if we don't empower the least political entity to do this kind of work, then it ends up being a political decision or those kinds of decisions become more political, and I wouldn't want Connecticut to mirror some of our neighboring states that I tend to read in the newspaper, okay, we're going to shut this hospital, or we're going to do this and we're going, you know, to do that, and I think that, you know, when a Governor or whoever is in power to make those decisions or Legislature does that, it tends to be a very political decision, and I think that those decisions need to be made that there are cost savings in those areas, and, you know, from my viewpoint, you know, we need to make that based on what's good public policy versus what's good for, you know, our own backyard, so I appreciate that. Thank you.

CHRISTINE VOGEL: Thank you, sir.

SENATOR HARRIS: Thank you, Representative Bartlett. Representative Lyddy?

REP. LYDDY: Thank you, Mr Chairman. Good morning, Commissioner.

I have a question in regard to how you're tracking psychiatric in-patients. I'm assuming that would probably be part of your reports. Now, with this new initiative, would you be tracking psychiatric out-patient

services as well?

CHRISTINE VOGEL: My hope is yes. We actually just maybe a month or so ago released a very thorough analysis about in-patient psychiatric services. I'll make sure that you get a copy of it. It's a book of a lot of data. So, we have a good handle on in-patient services, but what I don't feel that OHCA has access to is utilization in the out-patient arena for basically all services. I hate to admit that publicly, but that's why we are trying to push to get reg's to do that.

In this bill, you will notice toward the end of the paragraph, although unusual in statute, that OHCA will take communication even between agencies, and that needs to occur. OHCA needs to make sure that we work with DCF and DMHAS to ensure that their plan is measurable and also use the same data in order for the State to have an idea of the plan of how many providers do we need, what is it that our children and our adults need.

The behavioral health issue has been a very important topic for me in the five years that I've been here, and I feel that all I can do is write reports on it and then hope that we're able to make a difference. I can say that the data show that we are making a difference, that utilization has improved, emergency department time has decreased, but we're not there yet, but also through a plan, we at least can develop goals on when we're there, how do we know we're even there, when do we know we have enough providers providing such a service, so behavioral health is one of the front burner issues for OHCA because we're concerned.

So I will get that report to you just to show

you what type of information we have available to us, and then on the flip side, you'll realize what information we don't have, and that is the information I think this agency needs to take the next few years to write regulations so we can collect data from out-patient providers, which you'll be hearing in the next week or two.

REP. LYDDY: And, I think we'd probably all agree that prevention is the best intervention, and if we can't measure out-patient utilization, we don't know how much prevention we're providing, and so I look forward to that report.

CHRISTINE VOGEL: Yes. And, members of my staff work on an excellent report from a public health point of view, and currently it's called Preventable Hospitalizations. It's a retrospective measurement on are we preventing -- it measures patients that were hospitalized for although important reasons, it was an appropriate hospitalization, it should have been prevented because it's something that community medicine should be taking care of, and I'll also get a copy of that report to you as well because although retrospective, it's OHCA's way to try to say diabetics should not have amputations; diabetics should be treated in the community for diabetes, and it's that type of a report.

It measures the amount of charges incurred by commercial and government payers for hospitalizations that, although are necessary, did not need to occur if preventive medicine was as available as it should be.

REP. LYDDY: Thank you.

CHRISTINE VOGEL: You're welcome.

SENATOR HARRIS: Thank you. Any further questions?
Thank you, Commissioner.

CHRISTINE VOGEL: Thank you very much.

SENATOR HARRIS: Next up, Devon Conover followed by
Rudy Marconi and then Natalie Catchum.

DEVON CONOVER: Is my mike on?

SENATOR HARRIS: Yes.

DEVON CONOVER: Good. Distinguished members of the
Public Health Committee, my name is Devon
Conover, and I'm the Section Chief responsible
for the child day care and youth camp
licensing programs at the Department of Public
Health. I'm sorry that Commissioner Galvin
could not be here himself today in person, but
he looks forward to seeing you at the next
public hearing.

The Department of Public Health supports
Senate Bill 826, and we thank you for raising
this important department bill. This bill is
necessary to address numerous conflicting
statutes with regard to the exchange of
information between the Department of Children
and Families and the Department of Public
Health child day care licensing program, and
it authorizes the Department's receipt and use
of complete information regarding perpetrators
of child abuse and neglect when making child
day care licensing decisions.

It also authorizes the Department to release
substantiated child abuse and neglect findings
to child day care operators pertaining to
their staff to enable them to make informed
employment decisions that comply with child
day care licensing regulations. It authorizes

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COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 3
624 - 931**

2009



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

Testimony of Commissioner Cristine A. Vogel, MPH
Office of Health Care Access
Public Health Committee Public Hearing
Wednesday, February 11, 2009

Good Morning Senator Harris, Representative Ritter and distinguished members of the Public Health Committee. I am Cristine Vogel, Commissioner of the Office of Health Care Access (OHCA). I thank you for the opportunity to testify on

House Bill 6264 "An Act Concerning State-wide Health Care Facility Planning"

This bill is not a new statute for OHCA but a proposal to update the language to better reflect the current issues of access. It consists of two parts:

1. a utilization study; and
2. a facilities plan.

The purpose of the Utilization Study is for OHCA to measure the current utilization of health care services and the distribution of such demand to identify areas of possible unmet need by geographical areas, subpopulations or other factors. The state-wide facilities plan will incorporate the current utilization and demand for services identified in the Utilization Study and it will evaluate the expansion, reduction or modification of health care services as demand and technology change. This process will engage the health care industry by creating one or more advisory bodies which will be established by the Commissioner. Recommendations from the established advisory bodies and authoritative organizations; such as those on best practices and evidence-based research, shall be incorporated into this plan. The Commissioner will develop a process that encourages hospitals' to incorporate such plan into their long-range planning; and OHCA will facilitate communication between appropriate agencies concerning innovations or changes that may affect future health planning.

The Office of Health Care is pleased to present this proposed bill to ensure our health care system remains responsive to the needs of our citizens while maintaining its viability.



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, February 11, 2009**

HB 6264, An Act Concerning State-Wide Health Care Facility Planning

The Connecticut Hospital Association (CHA) appreciates this opportunity to present testimony concerning **HB 6264, An Act Concerning State-Wide Health Care Facility Planning**.

HB 6264 requires the Office of Health Care Access (OHCA) to conduct an annual state-wide health care facility utilization study and assessment. In addition, HB 6264 requires OHCA to establish and maintain a state-wide health care facilities plan that shall include: an assessment of the availability of hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care, and clinic care; an evaluation of the unmet needs of persons at risk and vulnerable populations; a projection of future demand for health care services and the impact that technology may have on the demand, capacity or need for such services; and recommendations for the expansion, reduction or modification of health care facilities or services.

CHA supports OHCA's goal of long-term health planning for the state and its development of a state-wide health care facilities plan. CHA is pleased that HB 6264 contemplates a collaborative process. An integral part of the success of the facilities plan is its coordination with Connecticut hospitals.

CHA respectfully requests the inclusion of the following language that ensures collaboration and coordination between OHCA and Connecticut hospitals (suggested language is underlined):

“The commissioner, in consultation with representatives of Connecticut hospitals, shall develop a process that encourages hospitals to incorporate the state-wide health care facilities plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning.”

Thank you for your consideration of our position.

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