Act Number: SA10-7 **2010**

HB5398	House	5450-5454, 5497-5499	8
	Human Serv.	1394, 1396-1397, 1447, 1449, 1457-1463, 1482-1485, 1653-1656, 1667-1669, 1719-1722	27
	Senate	4103, 4124-4127	5
		Total Pages	**40**

H – 1090

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2010

VOL.53
PART 17
5315 – 5590

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay. The ayes have it. The amendment is adopted. Will you remark further on the bill as amended?

If not, staff and guests, please come to the well of the house. Members, take your seats -- I'm sorry. I'm sorry. No.

Representative Heinrich.

REP. HEINRICH (101st):

Mr. Speaker, if there's no objection, may we please move this to the consent calendar?

DEPUTY SPEAKER GODFREY:

Is there any objection? Hearing none, it's moved to the consent calendar.

Mr. Clerk, 180.

THE CLERK:

On page 35, Calendar 180, substitute for House Bill Number 5398, AN ACT CONCERNING A PILOT PROGRAM TO TRANSFER HOSPITAL PATIENTS WHO RECEIVE MEDICAID BENEFITS TO NURSING HOMES IN A TIMELY MANNER, favorable report, the Committee on Public Health.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Thank you, Mr. Speaker. Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on passage. Will you remark, ma'am?

REP. WALKER (93rd):

Mr. Speaker, the Clerk is in -- amendment -- I ask that it be called LCO 5242 and I be granted leave to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of the LCO 5242, which will be designated House Amendment Schedule "A." Mr. Clerk, please call.

REP. WALKER (93rd):

Thank you, Mr. Speaker.

THE CLERK:

LCO Number 425 -- 5242, provided by Representative Walker.

DEPUTY SPEAKER GODFREY:

Representative Walker is asking leave of the Chamber to summarize, is there any objection? Hearing none, Representative Walker.

REP. WALKER (93rd):

Mr. Speaker, this is -- this amendment establishes a task force to study the period of time on Medicaid recipients that are moved from acute care hospitals and transferred to long term care facilities.

We have a number of hospitals that seem to have a large number of patients who seem to linger in the hospitals and we need to work on them and make a better arrangement. I move for adoption.

DEPUTY SPEAKER GODFREY:

The question is on adoption. Will you remark on House Amendment Schedule "A?"

If not, let me try your minds. All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay. The ayes have it. The amendment's adopted.

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. Through you, if I may please pose a question to the proponent of the bill.

DEPUTY SPEAKER GODFREY:

Please proceed, ma'am.

REP. GIBBONS (150th):

Through you, does -- is, does the amendment now become the bill, and are we know looking just at a report to move these patients from the acute care hospitals into the nursing homes or is there more to the bill than that? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Walker.

REP. WALKER (93rd):

Through you, Mr. Speaker, it is a -- it's establishing a task force to work with a variety of different hospitals to look at how we have patients lingering in them and how we can move them to nursing homes at a much faster rate.

REP. GIBBONS (150th):

I thank you, Representative, for answering. Thank you, Mr. Speaker. We've worked on this and I have to give thanks to Representative Walker for carrying the heavy lifting on it. I urge passage of the bill.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

Remark further on the bill as amended?

Representative Walker.

REP. WALKER (93rd):

Mr. Speaker, I'd like to move this to the consent calendar.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Mr. Clerk, Calendar 430.

THE CLERK:

On page 19, Calendar 430, substitute for Senate Bill Number 153, AN ACT PROVIDING A SAFE HARBOR FOR EXPLOITED CHILDREN, favorable reported, the Committee on Judiciary.

DEPUTY SPEAKER GODFREY:

Representative Jarmoc.

REP. JARMOC (59th):

Thank you, Mr. Speaker. I move for acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER GODFREY:

The question is on passage and concurrence.

Representative Jarmoc.

REP. JARMOC (59th):

Thank you, Mr. Speaker. This bill makes

Representative Roy.

REP. ROY (119th):

Mr. Speaker, without objection, can I move this to consent?

DEPUTY SPEAKER GODFREY:

Without objection, this item is moved to the consent calendar.

Ladies and gentlemen, I'm going to call on Representative Olson to call today's consent calendar.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker. We are about to vote on today's lengthy consent calendar. The items we have moved to consent are:

Calendar Numbers 499, 487, 180, 507, 430, 396, 535, 497, 522, 517, 510, 155, 466 and 489. Thank you, Mr. Speaker.

SB108 SB302
SB250 HB5398
SB153 SB175
SB412 SB428
SB121 SB427
SB370 HB5420
SB354 SB272

DEPUTY SPEAKER GODFREY:

Thank you, madam. And as soon as we get this up on the board.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker. Actually, we have already voted on item 430. I want to thank

Representative Hamzy for being so diligent and watching the calendar. I make a motion to remove Item 4370 from the consent calendar. Thank you, Mr. Speaker. SB163

DEPUTY SPEAKER GODFREY:

I believe we have corrected the error.

As you can see, the consent calendar is on the board. Representative Olson has moved passage of the bills on the consent calendar.

Staff and guests, please come to the well of the house. Members, take your seats, the machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. The House is voting today's consent calendar by roll call. Members to the Chamber.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board and make sure your votes were properly cast. If all the members have voted, the machine will be locked. Clerk, please announce the tally. Clerk, please announce the tally.

THE CLERK:

On today's consent calendar.

Total Number Voting	150
Necessary for Adoption	76
Those voting Yea	150
Those voting Nay	0
Those absent and not voting	1

SPEAKER DONOVAN:

The consent calendar passes.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker. I move to -- I move for the immediate transmission of all times acted upon that require further action in the Senate. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Motion for immediate transmittal to the Senate of all items acted upon needing further action. Any objection? Hearing none, the bills and items are immediately transmitted.

Will the Clerk please call Calendar 430 --

Will the Clerk please call Calendar 422.

THE CLERK:

On page 19, Calendar 422, Senate Bill Number 430,

JOINT
STANDING
COMMITTEE
HEARINGS

HUMAN
SERVICES
PART 4
1072 – 1435

Any other questions from committee members?

Thank you very much, Representative.

REP. HWANG: Thank you.

SENATOR DOYLE: The next speaker is Commissioner Starkowski, and then Deb Polun, hopefully. It depends. It depends. I may ask you to go to public, who knows.

COMMISSIONER MICHAEL STARKOWSKI: Good afternoon, Senator Doyle, Representative Walker and members of the Human Services Committee.

My name is Michael Starkowski. I'm the Commissioner of the Department of Social Services.

I submitted some lengthy testimony on a number of bills. I'll try to be as brief as possible to go over what my testimony says.

Bill Number 370, AN ACT CONCERNING MEDICAID LONG-TERM CARE COVERAGE FOR MARRIED COUPLES. Section 1 would change the disregard to the maximum allowed by federal law, which is $109,560. We already have a disregard where we disregard one-half of a married couple's assets for the benefit of the noninstitutional spouse of a long-term care Medicaid applicant.

That does go up to the maximum of $109,560, but, of course, that's the maximum, so people could have a disregard that's less than that. If we automatically move up to the $109,560, that change in a disregard would mean that people would be able to divert funds that are presently used to pay for long-term care services. If they do that, it would result in earlier findings of Medicaid eligibility and

SB391
HB5296
HB5398
HB5399
HB5411
HB5412
HB5431
SB282

children, pay stubs. They have to get verification from their provider that they're going to provide the hours of care while the individual is working. We have to get verification of the work hours for the individual.

Sometimes that process takes more than 30 days since there are submissions that have to come from the applicants and from the providers. In the event that we were required to make that determination within 30 days, we'd literally be determining people ineligible at the end of that 30 days. They would then be required to submit another application, and those first 30 days in the original application would not be covered.

The way the process works now, if the application goes over 30 days because we're still waiting for information from the client, we still go back to the initial date of that application to reimburse the provider for services if we determine that the individual is eligible.

5296, AN ACT CONCERNING THE DEFINITION OF MEDICAL NECESSITY. The bill before you is based on an earlier definition that was worked on by the Medical Inefficiency Committee. There is a subsequent version of the definition of "medical necessity" that we would support. We would like to work with members of the committee to have that new definition put into this bill.

AN ACT CONCERNING A PILOT PROGRAM TO TRANSFER HOSPITAL PATIENTS WHO RECEIVE MEDICAID BENEFITS TO NURSING HOMES IN A TIMELY MANNER. As you may know, we -- we do have a requirement to do preadmission screening for individuals that go into nursing homes. If

HB5398

there is a potential existence of mental illness or mental retardation, that preadmission screening has a second-level screening with a face-to-face.

Because of those particular situations, we put a system in place recently in the past month that's a new PASRR screening. We call it PASRR, where an outside entity will work with the hospitals. They put up a web-based environment for the hospitals to gain entry to -- for the nursing facilities to get entry to -- to put the information in there.

We feel that that system will expedite the movement of clients from the -- the hospitals to the nursing homes. Right now, it's being piloted with a handful of nursing homes in the for-profit world and the not-for-profit world.

At the end of this month, all the hospitals will be online with the blood-based system. And at the end of April, all of the skilled nursing facilities will be on that, and we think that that will expedite the movement of individuals from the hospitals to nursing homes, and therefore we don't think that this bill is necessary.

AN ACT CONCERNING NOTICE BY THE DEPARTMENT OF SOCIAL SERVICES REGARDING REPAYMENT FOR SERVICES. On the back side of our application, I think it's page number 13, we do have all of the information necessary for an individual to see what the implications are if they apply for our programs and are granted benefits. HB5399

We feel that -- and that's attached to the testimony -- we feel that that's in plain English now. When a client signs the back of that application, they're agreeing that they

JOINT
STANDING
COMMITTEE
HEARINGS

HUMAN
SERVICES
PART 5
1436 – 1781

So I've included in my testimony specific changes to H.B. 5296 that are necessary in order for it to reflect the committee's final recommendation which you heard earlier today has been supported by the Department of Social Services.

So thank you for your time, and I'm happy to answer any questions that you may have on this issue.

REP. ABERCROMBIE: Thank you, Alicia.

Any questions from committee members?

Thank you very much. We appreciate it.

Matt Barrett, followed by Sheldon.

MATTHEW BARRETT: Good afternoon, members of the committee.

For the record, my name is Matthew Barrett. I'm the Executive Vice President of the Connecticut Association of Health Care Facilities, our state's 110-member trade association of proprietary and nonprofit nursing homes. I am pleased to have this opportunity to testify on several bills on today's public hearing agenda.

SB370
HB5398

First, Senate Bill 369, AN ACT CONCERNING THE ENFORCEMENT OF SURETY CONTRACTS BY NURSING HOMES. Our association is opposed to this legislation as the legislation appears intended to weaken the existing responsibilities of family members and legal representatives in the long-term care Medicaid application process. The consequences of lowering these expectations will be very harmful to Connecticut nursing homes.

who reside in the community. While this may be permitted under federal law, it wrongly shifts a greater percentage of the cost of expensive nursing home care to the government. For this reason, we're opposed to Section 1 of the bill.

And finally, I'm very pleased to lend our association's support for House Bill 5398, AN ACT CONCERNING A PILOT PROGRAM TO TRANSFER HOSPITAL PATIENTS WHO RECEIVE MEDICAID BENEFITS TO NURSING HOMES IN A TIMELY MANNER.

I believe you'll be hearing specifically from the proponent of that legislation, Anne Virginie Grimes Health Center associated with the Saint Raphael's community, and so I'll just simply indicate that this is a -- a -- I think a good opportunity to test and explore opportunities to achieve savings and address the health care needs of this population in a more efficient manner.

Thank you. I would be happy to answer any questions you may have.

REP. ABERCROMBIE: Thank you, Matt.

Any questions from committee members?

Senator Coleman.

SENATOR COLEMAN: Thank you, Madam Chair.

First, Matt, let me thank you for the conversation which we've had regarding this bill. I think you understand that I'm not trying to add by this bill to the bad debt portfolio of nursing homes, but my interest is in protecting some of the volunteer family members or even conservators who are acting in behalf of prospective nursing home residents.

SB369

testimony, and I'll be happy to answer questions you might have.

SENATOR DOYLE: Thank you.

Any questions from committee members?

Representative Walker.

REP. WALKER: Good afternoon, Sheldon.

SHELDON TOUBMAN: Good afternoon.

REP. WALKER: Okay. We've got the medical necessity that's -- we've -- we've got. Any other -- any other comments on any of the other things such as the SAGA -- the SAGA -- the disproportionate -- I'm sorry -- the -- the DSH pool funding that we were talking about in moving it from the hospitals to the SAGA population?

SHELDON TOUBMAN: I fear that if I answer that question, I'm getting outside of my area of expertise and that's a very dangerous thing to do. I'd be happy to look at it and get back, but I -- at this point, I can't comment.

REP. WALKER: Thank you, Sheldon, for your honesty.

SHELDON TOUBMAN: Thank you.

SENATOR DOYLE: Thank you. Any more questions from committee members?

Seeing none, thank you.

The next speaker is John Tarutis, Tarutis, I'm sorry, Maggie Adair and Sharon Pope. I'm sorry if I mispronounced your name.

JOHN TARUTIS: It's okay, Senator.

Hello, Senator Doyle, Representative Walker and Human Services Committee members.

My name is John Tarutis. I'm the Executive Director at the Sister Anne Virginie Grimes Health Center, a 125-bed skilled nursing facility located in New Haven which is part of the Saint Raphael's health care system.

I'm also -- serve the system as the Administrative Director for the Inpatient Physical Rehabilitation Services directly at the hospital. Due to these responsibilities, I have the unique opportunity to experience many of the challenges facing Connecticut's health delivery system.

I'm here today to request your support of House Bill 5398. On any given day in every Connecticut hospital, there are a number of patients who are Medicaid or Medicaid-eligible recipients for which the hospital staff cannot find long-term care placement.

These patients are medically cleared and able to be cared for in a lesser level of care; however, mitigating circumstances impede discharge. Often, these patients require complex nursing care or expensive intravenous medication, require specialty equipment, have behavioral issues or very often a combination of all of the above.

Many extended care facilities are not equipped or lack the clinical model to care for the complex needs of such patients. So hence the patient lingers in the acute care setting. Hospital emergency departments are often unable to place their patients into the acute setting due to the lack of available beds.

The intent of Bill 5398 is to create a pilot program to remedy this scenario. The ultimate goal is fairly straightforward: develop -- the development of a process which creates an incentive for a skilled nursing facility to accept an inpatient Medicaid patient with complex health needs. This process will allow the patient to be cared for in the most appropriate setting to meet their needs.

This bill creates a platform for dialogue, discussion and exploration into improving Connecticut's health system and its economy. It is anticipated that dialogue and collaboration would occur between hospitals, nursing homes, other health care entities as needed, the Department of Social Services and the Department of Public Health.

As we speak, both New Haven hospitals are caring for a roster of long-stay patients that have already consumed millions of dollars in health care cost. More importantly, they have been waiting in a hospital bed for a long-term care placement for several weeks, sometimes months.

Should this pilot be successful, we can relieve our hospitals of millions of dollars in uncompensated care, create open bed space for emergency room patients who truly need that bed, support the state's struggling -- the state's struggling nursing home industry by bolstering their census, and ultimately save the state some money.

I hope you will support this effort and support House Bill 5398. I would like to comment just on a comment of Commissioner Starkowski's earlier. I did speak with him briefly in the hall. I believe he had some misunderstanding about 5398.

The PASR program and the expedited process there that he spoke of earlier I agree will expedite movement of patients from hospital to nursing homes; however, that is -- addresses needs of the patient that are outside of these clinical needs -- that screening process. So we're talking about two -- two pouts if you will.

With that, I'd be happy to entertain any questions.

SENATOR DOYLE: Thank you.

Any questions?

Representative Walker.

REP. WALKER: Could you explain this in a little bit more detail for us, because we -- we're trying to understand how this would be a -- a cost-saving measure in -- in the process.

JOHN TARUTIS: Yes. Well, that would be up to -- the development of a cost-saving measure really would be up to the team players in the pilot program and most specifically, in my view, DSS, and what we can do about moving Medicaid dollars downstream in the health care system, to move that patient quicker out of the hospital setting.

REP. WALKER: I understand that part of the problem was that we would put a -- we would place a -- a client in the hospital, and you had a flat rate for a certain period of time and then the rate changed, and once the rate changed, that's where it became a cost factor?

JOHN TARUTIS: Essentially, on the hospital side, after there's a -- a flat fee or a lump sum

payment on the hospital side, the longer -- obviously, the longer that -- that patient stays, it's a drain on resources and there's no reimbursement after a certain point.

REP. WALKER: Are most of these clients mental health clients?

JOHN TARUTIS: Some are. I would say a small percentage.

REP. WALKER: Small percentage? Because I --

JOHN TARUTIS: Small percentage.

REP. WALKER: -- I know that some of the nursing homes have had a problem because they've ended up having more than 51 percent mental health clients in their facilities which then causes a problem with their -- the Medicaid reimbursement -- and over the fence immediately (inaudible).

JOHN TARUTIS: Correct. Correct. I'm -- I am aware of that situation, yes.

REP. WALKER: Would this be -- would this affect that?

JOHN TARUTIS: This would affect more the patients that are lingering in the hospital and not so much the -- those with behavioral issues and placement of the -- of those patients. I think that's a very isolated situation that's occurring in New Haven with one particular facility.

REP. WALKER: I -- I actually have been contacted by another facility that it's happening -- happening to that we've been looking at, and in the conversation that we had with the facility in New Haven, they said that they

were trying to work out an arrangement with Saint Raphael's in -- in Yale-New Haven to accommodate these clients. Is that true?

JOHN TARUTIS: I -- I would not say that is true, Senator -- Representative, sorry.

REP. WALKER: Okay. Thank you. Thank you for your testimony.

JOHN TARUTIS: Yes.

SENATOR DOYLE: Just a follow-up question. It's my -- and taking a step back -- is the problem really the hospitals are having trouble finding the beds in nursing homes? That's what I always thought it was. They're -- they're allegedly trying to, you know -- you know, the person is ready to be discharged, and they can't find the bed in the nursing home.

JOHN TARUTIS: My opinion, Senator, at least in New Haven, there are beds available. It's the ability of the provider to render the level of care that's required by the patient. One of -- one of the intents of this pilot program would be to allow the provider to build certain clinical models. I might take a section of my -- a unit in my building and create a wound care program or an I.V. program or some other.

SENATOR DOYLE: Is it a issue of, like, funding or administrative issues with the DSS, or is it purely -- you think it's just level of care issue?

JOHN TARUTIS: It's -- it's a combination of many, many issues: funding, the ability to render the care, and some of the silos that we're

stuck in with the reimbursement in both the hospital and the nursing home.

SENATOR DOYLE: Thank you.

Any other questions from committee members?

Seeing none, thank you very much.

JOHN TARUTIS: Thank you.

SENATOR DOYLE: The next speaker is Maggie Adar, Adair, sorry, Sharon Pope and Evelyn Barnum and Randi Mezzy. Where's Maggie? Maggie? Thank you.

MAGGIE ADAIR: Good afternoon, Senator Doyle, Representative Walker and members of the Human Services Committee.

My name is Maggie Adair. I'm Deputy Director at the Connecticut Association for Human Services. I am testifying on Senate Bill 391, AN ACT CONERNING CHILD CARE SUBSIDIES FOR THE UNEMPLOYED UNDER THE CARE 4 KIDS PROGRAM.

This new bill -- the new bill language captures the reasonable timeline that's already established in the Care 4 Kids regulations for an application to be processed in 30 days. Unfortunately, staffing and backlog issues have resulted in applications not being touched or even responded to within 30 days, which in turn results in a processing period that often exceeds 60 to 90 days.

I've talked with DSS, actually today, and they have confirmed that really there is an inadequate staffing at the United Way of Connecticut to deal with the applications, particularly the large backlogs caused by the

REP. WALKER: Thank you. Thank you for your testimony.

Next, Mag Morelli, then Gloria McAdam and then John Quinn after that.

Good afternoon, Mag.

MAG MORELLI: Good afternoon, Representative Walker, members of the committee.

My name is Mag Morelli and I'm the President of CANPFA, the Connecticut Association of Not-for-Profit Providers for the Aging, an association of not-for-profit providers of aging services. On behalf of CANPFA, I would like to submit testimony on two different bills.

The first bill, Senate Bill 369, AN ACT CONCERNING THE ENFORCMENT OF SURETY CONTRACTS BY NURSING HOMES. In the last several years, CANPFA has worked with state legislators to find solutions to help our nursing homes survive these troubling financial times. In all the discussions, the issue of growing receivables due to pending Medicaid cases has been raised as a critical problem.

HB5398

I raise this issue because the ability to put some level of responsibility on an individual that has legal access to a nursing home resident's income or resources is crucial in the effort to complete pending Medicaid eligibility cases.

This is because a private pay nursing home resident needs only to apply for Medicaid coverage to garner the statutory protections that prevent a nursing home from discharging or transferring due to nonpayment. The resident does not need to complete an

application, but simply to submit one, and simply submitting an application does not grant someone Medicaid benefits.

If one is submitted but never completed, the resident becomes yet another pending Medicaid case, protected from discharge or transfer, but with no payor source. If a third party is not held responsible in some manner for completing that Medicaid application, it may never get done.

More often than not, the resident is not capable of completing and filing the Medicaid application, and so a family member or other representative must do so on the resident's behalf. That is why requiring assistance from such an individual -- one who has legal access to the resident's income or resources -- is so crucial.

CANPFA therefore opposes any effort that would place insurmountable obstacles in the way of obtaining a completed Medicaid application for nursing home residents who are spending down their personal assets.

So House Bill 5398, AN ACT CONCERNING A PILOT PROGRAM TO TRANSFER HOSPITAL PATIENTS. CANPFA supports this bill which is proposing a very limited pilot program with the intent of testing an idea to improve the quality of life for certain hospital-bound patients. The pilot is a creative idea that might just provide us with some insight as to how we can better serve chronically ill hospital-bound medical patients -- Medicaid patients.

The concept of such a pilot fits into CANPFA's broader public policy position, which is that we need to move quickly to strengthen our system of long-term care by allowing

professionals in the field to develop individual business plans for existing skilled nursing facilities and campuses.

We are asking that the state allow us to propose creative plans such as this one to build better models of care that will meet current consumer demands and market needs.

Providers can be creative in their thinking and create real solutions to the needs of their region. We support the creative thinking that went into this proposed bill, and we encourage this committee -- this committee to support it too.

Thank you.

REP. WALKER: Thank you, Mag. It's -- I -- I went out and talked to John (inaudible) to get a better understanding of what you're actually asking for, and it makes sense that -- and you're saying that the difficult part is because of the Medicaid rates being so low --

MAG MORELLI: Yes.

REP. WALKER: -- in this -- being so low when a patient is transferred from the hospital to the -- the facility?

MAG MORELLI: Correct. It's often someone who's gotten multiple co-morbidities. Very -- nursing homes receive these calls quite often, and very often it gets to the point where the association is called.

Someone may be staying at -- at one of the hospitals. They can't find a hospital to discharge them because potentially maybe it's a extreme bariatric case with co-morbidities, just very expensive care or expensive

equipment is needed to care for that person, and so on the Medicaid rate, the -- the general Medicaid rate that the nursing home may be receiving, they may not be able to afford either the one-on-one care that's required or to purchase the equipment that's required.

So I think this pilot is saying, we'll give you an enhanced rate for a limited period of time to care for this specific type -- type of resident that would be coming into the facility to allow you to do the excessive wound care or whatever is needed. And I think the time limit is also so it's not forever, not -- but -- but for the time that that resident needs to recuperate or to -- to rehab.

REP. WALKER: It -- so it will be an individual case basis which --

MAG MORELLI: Yes, that was my understanding, or at least I think that's what sort of the idea is.

REP. WALKER: We've got to have a conversation with the commissioner about this, because it seems like a very logical way of saving money, short term and long term in a -- in a couple of ways, and as long as we can get a facility that's willing to work with us, it's just too -- too logical for us to walk away from.

MAG MORELLI: Right. Thank you.

REP. WALKER: So thank you for your testimony.

MAG MORELLI: Thank you.

REP. WALKER: Any questions?

Thank you.

CONNECTICUT ASSOCIATION OF HEALTH CARE FACILITIES, INC.

March 11, 2010

Testimony of Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities before the Human Services Committee

Good morning Senator Doyle, Representative Walker and to the members of the Human Services Committee. My name is Matthew Barrett and I am Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), our state's 110 member trade association of proprietary and nonprofit nursing homes. I am pleased to have this opportunity to testify on several bill's on today's public hearing agenda.

S. B. No. 369 (RAISED) AN ACT CONCERNING THE ENFORCEMENT OF SURETY CONTRACTS BY NURSING HOMES.

CAHCF is opposed to SB 369. This legislation appears intended to weaken the existing responsibilities of family members and legal representatives in the long term care Medicaid application process. The consequences of lowering these expectations will be very harmful to Connecticut nursing homes.

Almost all nursing home bad debts result from the failure of a family member or the resident's legal representative to apply and obtain approval for Medicaid assistance in a timely manner or when property or money has been given away by the resident. Nursing homes are at the mercy of the family member or legal representative to take the appropriate steps to obtain Medicaid assistance. The nursing home simply does not, and could not possibly, have access to the extensive, detailed personal financial information required to complete an application for Medicaid assistance.

Other bad debts occur when the resident has given away money or property during the five-year look back period and is therefore ineligible for Medicaid assistance for a period of time, triggering a transfer of assets penalty period.

Nursing home bad debts caused by failure to file or incomplete Medicaid applications and transfers of assets cost Connecticut providers hundreds of thousands, if not millions of dollars every year. These harmful losses are avoidable with the cooperation of a family member or resident's legal representative. There is no doubt that this situation will worsen significantly if this bill were to pass.

HB5398

S. B. No. 370 (RAISED) AN ACT CONCERNING MEDICAID LONG-TERM CARE COVERAGE FOR MARRIED COUPLES.

As we understand the effect of this legislation, a portion of the Medicaid recipient's income, now available to help offset the cost of nursing home care, will be diverted in

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greater amounts to spouses who reside in the community. While this may be permitted under federal law, it wrongly shifts a greater percentage of the cost of expensive nursing home care to the government. For this reason, we are opposed to Section 1 of the bill.

Under current law, the spouse in the community currently can retain the house and assets up to approximately $110,000. In addition, if the community spouse needs more than his/her income to live on, the nursing home spouse's income is diverted to the community spouse and Medicaid pays the difference in payments to the nursing home. These are generous amounts and serve to implement a policy which allows a spouse to remain in the community when the other spouse becomes in need nursing home care.

However, increasing amounts paid to the community spouse under more liberalized rules as proposed here, will increase the pressure on the Medicaid budget at a time when the nursing home Medicaid system considerably underfunds resident care to nursing homes.

H. B. No. 5398 (RAISED) AN ACT CONCERNING A PILOT PROGRAM TO TRANSFER HOSPITAL PATIENTS WHO RECEIVE MEDICAID BENEFITS TO NURSING HOMES IN A TIMELY MANNER.

Finally, I am pleased to lend our association's support to the pilot concept put forward in HB 5398. This is a very important concept to explore and one that has a very great potential to incent skilled-nursing facilities to accept inpatient Medicaid patients with complex health needs and avoid unnecessary and prolonged hospital stays. Moreover, in this model, the patients will be cared for in the most appropriate setting to meet their healthcare needs. We urge your support.

I would be happy to answer any questions you may have.

canpfa

The Connecticut Association of Not-for-profit Providers For the Aging

Testimony to the Human Services Committee

Senate Bill 369, An Act Concerning the Enforcement of Surety Contracts by Nursing Homes
&
House Bill 5398, An Act Concerning a Pilot Program to Transfer Hospital Patients who Receive Medicaid Benefits to Nursing Homes in a Timely Manner

Presented by Mag Morelli, CANPFA President
March 11, 2010

Good afternoon Rep. Walker, Sen. Doyle and Members of the Committee. My name is Mag Morelli and I am the President of the Connecticut Association of Not-for-profit Providers for the Aging (CANPFA), an association of not-for-profit providers of aging services. On behalf of CANPFA I would like to submit the following testimony regarding *Senate Bill 369, An Act Concerning the Enforcement of Surety Contracts by Nursing Homes* and *House Bill 5398, An Act Concerning a Pilot Program to Transfer Hospital Patients who Receive Medicaid Benefits to Nursing Homes in Timely Manner.*

Opposing Senate Bill 369, An Act Concerning the Enforcement of Surety Contracts by Nursing Homes

In the last several years, CANPFA has worked with state legislators to find solutions to help our nursing homes survive these financially troubling times. Having received no rate increase for three years and a cut last year as the statutory rebasing was eliminated, we have repeatedly asked for your help in our effort to maintain an adequate cash flow from the Medicaid program for those residents in our care who have applied for Medicaid. In all of these discussions, the very real issue of growing receivables due to pending Medicaid cases has been raised as a critical problem. Pending claims, intentionally transferred assets resulting in Medicaid penalty periods, and the non-payment of applied income are all issues that are negatively affecting cash flow from receivables.

I raise this issue because the ability to put some level of responsibility on an individual that has legal access to a nursing home resident's income or resources is crucial in the effort to complete pending Medicaid eligibility cases. This is because a private pay nursing home resident needs only to *apply for* Medicaid coverage to garner the statutory protections that prevent a nursing home from discharging or transferring due to non-payment. The resident does not need to complete an application, but to simply submit one - and simply submitting an application does not grant someone Medicaid benefits. If one is submitted but never completed, the resident becomes yet another pending Medicaid case, protected from discharge or transfer, but with no other payor source. If a third party is not held responsible in some manner for completing that Medicaid application, it may never get done.

A Medicaid application must be completed and verified before benefits are granted. For nursing home residents this can be a very complicated process as the individual often has a long and complicated financial history that the state must consider during the eligibility determination process. More often than not, the resident is not capable of completing and filing the Medicaid application, and so a family member or other representative must do so on the resident's behalf. That is why requiring assistance from such an individual, one who has legal access to a resident's income or resources, is so crucial.

Connecticut and federal law already prohibit a nursing home from requiring a third party guarantee of payment as a condition of admission or continued stay in the facility. (CT –

Residents' Bill of Rights -- 19a-550(b)(26) and Federal -- 42 CFR 483.12(d)(2).) This means that a nursing home cannot require that a resident's son or daughter sign a surety contract guaranteeing to pay for his or her mother's care in the nursing home.

However, the federal provision does make an exception by allowing the nursing home to require that an individual, who "has legal access to a resident's income or resources" sign the residency agreement without incurring any personal liability. Therefore nearly every nursing home admissions contract requires that just such an authorized individual be held responsible for returning a properly completed Medicaid application on behalf of the nursing home resident. If this is not done, the nursing home can legally pursue payment of the "resident's income or resources" on the grounds that the responsible party individual did not carry out their fiduciary responsibility. While this is not pleasant nor is it the means by which nursing homes would choose to enforce these agreements, it is very often necessary.

CANPFA therefore opposes any effort that would place insurmountable obstacles in the way of obtaining a completed Medicaid application for nursing home residents who are spending down their personal assets. Such obstacles would cause an accelerated increase in the rate and amount of pending Medicaid applications, which are already causing severe financial distress to the state's nursing homes.

Supporting House Bill 5398, An Act Concerning a Pilot Program to Transfer Hospital Patients who Receive Medicaid Benefits to Nursing Homes in a Timely Manner
CANPFA supports this bill which is proposing a very limited pilot program with the intent of testing an idea to improve the quality of life for certain hospital bound patients.

It is our understanding that the bill originated with an idea brought forth by a CANPFA member facility that has recognized a growing problem in their community. The problem is that highly compromised hospital patients who are also Medicaid recipients are finding it increasingly difficult to be discharged from the hospital to a more appropriate long term care or rehabilitative care setting because they require very costly care. The major impediment to the discharge is that Medicaid reimbursement rates are not sufficient enough to meet the cost of providing the necessary level of care. This idea of the pilot is to provide an enhanced rate of reimbursement that will enable and encourage skilled nursing facilities to accept these discharges and provide the appropriate level of care. The pilot would be limited to very medically compromised patients who have remained in-patient for a specific length of time.

This pilot is a creative idea that might just provide us with some insight into how we can better serve chronically ill hospital bound Medicaid recipients. The concept of such a pilot fits into CANPFA's broader public policy position which is that we need to move quickly to strengthen our system of long term care by allowing professionals in the field to develop individual business plans for existing skilled nursing facilities and campuses. We are asking that the state allow us to propose creative plans such as this one to build better models of care that will meet current consumer demands and market needs.

Providers can be creative in their thinking and create real solutions to the needs of their region. We support the creative thinking that went into this proposed bill and we encourage the Committee to support it too.

Thank you for your consideration of this testimony.
Mag Morelli, President of CANPFA, mmorelli@canpfa.org, (860) 828-2903

Testimony before the Human Services Committee
Michael P. Starkowski
Commissioner
March 11, 2010

Good afternoon, Senator Doyle, Representative Walker and Members of the Human Services Committee. I am Michael Starkowski, Commissioner of the Department of Social Services. I am pleased to be here to present testimony on a number of bills on today's agenda.

S.B. No. 370 (RAISED) AN ACT CONCERNING MEDICAID LONG-TERM CARE COVERAGE FOR MARRIED COUPLES.

Section 1 requires that the department disregard the maximum amount of assets permitted under federal law for the benefit of a non-institutionalized spouse of an applicant for long-term care Medicaid assistance. Under this proposal, the department would automatically disregard all of the assets of a married couple up to $109,560 for the benefit of the non-institutionalized spouse. Since 1989, Connecticut, under federal law, has disregarded one-half of a married couple's assets (excluding the home and one car) for the benefit of a non-institutionalized spouse of a long-term care Medicaid applicant, up to a maximum of $109,560.

The department opposes this proposed change as the disregard of additional assets would divert funds that are presently used to pay for long-term care services, resulting in earlier findings of Medicaid eligibility and thus increasing Medicaid costs to the state. Under current regulations, non-institutionalized spouses keep the home, one car and one-half of the couple's assets (with a minimum amount of $21,912) without affecting the institutionalized spouse's eligibility for long-term care Medicaid assistance. We believe that these assets are sufficient to support the needs of the non-institutionalized spouse and do not need to be increased at the expense of the Medicaid program.

Section 2 would exclude funds derived from equity in home property through a reverse annuity mortgage loan or other home equity conversion loan in determining Medicaid eligibility. Currently, such funds are not counted in the month in which they are received; however, any funds retained after the initial month of receipt are counted as assets, which could result in the loss of Medicaid eligibility. Excluding these funds could allow individuals to use these funds to support themselves in the community for greater amounts of time and avoid costly nursing facility care. The language as drafted, however, is inaccurate as it excludes these funds as "income." Instead, these funds should be excluded as "assets."

HB5296 HB5398
HB5399 HB5411
HB5412 HB5431
SB282

The department feels that section 2 of the bill has merit however, cannot support the legislation if it includes section 1 due to its costs.

S.B. No. 391 (RAISED) AN ACT CONCERNING CHILD CARE SUBSIDIES FOR THE UNEMPLOYED UNDER THE CARE 4 KIDS PROGRAM.

The bill would require the department to complete a C4K application within 30 days after receipt of such application. Our existing goal is to process all "properly completed applications" applications within 30 days. However, our data shows that this timeframe is very difficult to meet and is dependent on the client and the child care provider submitting the proper information. Often it can take up to 3 submissions to collect the proper information to complete an application. During our efforts to obtain the correct required information, we hold the original date of application as the start date, in the event that the client is determined eligible.

Because there is no statutory timeframe, we are able to keep the application in pending status. Should this provision be enacted, if the required information is not received from the applicant or provider within the 30-day timeframe, the department would deny the application for failure to comply. Therefore, applicants would be required to reapply and start the process all over. In this scenario if the applicant is denied, the provider may be out payments if they provided services while the initial application was pending.

H.B. No. 5296 (RAISED) AN ACT CONCERNING THE DEFINITION OF MEDICAL NECESSITY.

The bill before you is based on earlier draft language proposed by the Medical Inefficiency Committee established under PA 09-5. Although the Department does not support the bill as drafted, we have been working with the Medical Inefficiency Committee on amendments to the bill that would enable the Department to reduce medical inefficiency consistent with legislative intent. We would like to work with members of the committee to amend the language to the most current recommendation from the Medical Inefficiency Committee. The Department supports ongoing monitoring of the impact of a new definition with respect to its impact on inefficiency and quality of care.

H.B. No. 5398 (RAISED) AN ACT CONCERNING A PILOT PROGRAM TO TRANSFER HOSPITAL PATIENTS WHO RECEIVE MEDICAID BENEFITS TO NURSING HOMES IN A TIMELY MANNER.

This bill would create a pilot program to decrease the period of time that Medicaid recipients who require long-term care remain hospitalized before transfer to a long-term care facility. All Medicaid applicants who are seeking admission to a long-term care facility must be screened for the potential existence of mental illness or mental retardation, known as Pre-Admission Screening/Resident Review (PASRR), prior to being placed in a nursing facility. If there is evidence of mental illness or mental

retardation (MI/MR), a second level of review must occur that includes a face-to-face evaluation by a mental health professional or a nurse consultant from the Department of Developmental Services. If this review is not done prior to hospital discharge to the nursing facility, the nursing facility is out of compliance with federal regulations and Medicaid cannot pay for the nursing home stay without jeopardizing federal reimbursement.

The department has begun to roll out a more streamlined PASRR and level of care screening system. For example, for discharges of persons with MI/MR, who require nursing home care for 30 days or less, nursing home admission will be expedited and such persons can be discharged to nursing homes under this provision on a 24-hour, seven-day-a-week basis.

The department feels that our current initiatives are improving the screening process and providing for more timely transfers and therefore this bill is unnecessary.

H.B. No. 5399 (RAISED) AN ACT CONCERNING NOTICE BY THE DEPARTMENT OF SOCIAL SERVICES REGARDING REPAYMENT FOR SERVICES.

This department is opposed to this bill because we already provide such notification, therefore feel it is unnecessary. When an individual or family applies for benefits the information regarding recovery and liens is disclosed on the application in plain language that is readable and understandable. By signing the application the applicant is acknowledging that he/she has read these provisions and understands that he/she are subject to them. A copy of the disclosure page of our application is attached to my testimony.

H.B. No. 5411 (RAISED) AN ACT CONCERNING MEDICAID.

This legislation seeks to resume the provision of podiatry and implement smoking cessation as state plan services.

Both podiatry services and tobacco cessation services are valuable health services and the addition of each to the state plan is a laudable goal. Unfortunately, addition of both services will require additional financial resources which are unavailable in the current fiscal climate.

Section 6 of this bill would require the Commissioner of Social Services to apply for an 1115 waiver to convert the state-funded portion of the CT Home Care for Elders Program to Medicaid. The Department believes an evaluation of the viability of such a proposal needs to be examined prior to a statutory requirement to implement. One of the basic requirements of an approvable 1115 waiver is cost savings to the federal government; this is a cost-effectiveness requirement. Based on the existing eligibility and other payment criteria, it is not clear that this cost-effectiveness requirement can be met.

Sister Anne Virginie Grimes Health Center

A member of the Saint Raphael Healthcare System

1354 Chapel Street, New Haven, CT 06511

TESTIMONY BY JOHN TARUTIS, EXECUTIVE DIRECTOR

SISTER ANNE VIRGINIE GRIMES HEALTH CENTER

HUMAN SERVICES COMMITTEE

Thursday, March 11, 2010

TESTIMONY IN SUPPORT OF HOUSE BILL 5398, AN ACT CONCERNING A PILOT PROGRAM TO TRANSFER HOSPITAL PATIENTS WHO RECEIVE MEDICAID BENEFITS TO NURSING HOMES IN A TIMELY MANNER

Senator Doyle, Representative Walker and Human Services Committee Members,

My name is John Tarutis, I am the Executive Director at the Sister Anne Virginie Grimes Health Center a 125 bed skilled nursing facility in New Haven which is part of the Saint Raphael Healthcare System. I am also the Administrative Director for Inpatient Physical Rehabilitation Services at the Hospital of Saint Raphael. Due to these responsibilities, I have the unique opportunity to experience many of the challenges facing Connecticut's health delivery system.

I am here today to request your support of House Bill 5398, An Act Concerning a Pilot Program to Transfer Hospital Patients Who Receive Medicaid Benefits to Nursing Homes in a Timely Manner. On any given day in every Connecticut hospital, there are a number of patients who are Medicaid or Medicaid-eligible recipients for which the hospital staff cannot find a long-term care placement. These patients are medically cleared and able to be cared for in a lesser level of care, however, mitigating circumstances impede discharge. Often these patients require: complex nursing care or expensive intravenous medication, or require special equipment such as ventilators, or have behavioral issues, and, often, a combination of all of the above. Many extended care facilities are not equipped or lack the clinical model to care for the complex needs of such patients. So the patient lingers in the acute hospital consuming exorbitant resources while waiting for a long-term care placement. At the same time, hospital emergency departments are often not able to place patients into the acute hospital setting due to the lack of available hospital beds.

The intent of Bill #5398 is to create a pilot program to remedy this scenario. The ultimate goal is fairly straight forward – the development of a process which creates an incentive for a skilled-nursing facility to accept inpatient Medicaid patients with complex health needs. This process will allow the patients to be cared for in the most appropriate setting to meet their healthcare needs.

This Bill creates a platform for dialogue, discussion, and exploration into improving the health of Connecticut's health system and economy. It is anticipated that dialogue and collaboration would occur between the hospitals, nursing homes, other health care entities, as needed, the Department of Social Services, and the Department of Public Health.

As we speak, both New Haven Hospitals are currently caring for a roster of long-stay patients that have already consumed millions of dollars in health care and who, more importantly, have been waiting in a hospital bed for a long-term care placement for several weeks and, sometimes, several months. At the same time, some area nursing homes do not have a full census and many are in a fragile financial state. Should this pilot program be successful, we can relieve our hospitals of millions of dollars in uncompensated care, create open bed space for the emergency room patient who truly needs to be placed in the acute setting, provide support to the state's struggling nursing home industry by bolstering their census, and at the same time, save the State money. Medicaid patients and Medicaid-eligible patients should not have to spend unnecessary weeks or months in the hospital while they wait for an appropriate nursing home placement.

I hope you will support this effort and House Bill #5398 – the concept holds much potential. Thank you for raising the bill and for the opportunity to speak with you today.

TESTIMONY OF
YALE-NEW HAVEN HOSPITAL

SUBMITTED TO THE
HUMAN SERVICES COMMITTEE
Thursday, March 11, 2010

HB 5398, An Act Concerning A Pilot Program To Transfer Hospital Patients Who Receive Medicaid Benefits To Nursing Homes In A Timely Manner

Yale-New Haven Hospital (YNHH) appreciates the opportunity to present testimony concerning **HB 5398, An Act Concerning A Pilot Program To Transfer Hospital Patients Who Receive Medicaid Benefits To Nursing Homes In A Timely Manner**. Yale-New Haven fully supports this bill.

As we understand it, HB 5398 requires the Commissioner of Social Services, in consultation with the Commissioner of Public Health, a representative of an acute care hospital and a representative of a long-term care facility, to develop a plan to implement a pilot program to decrease the period of time that Medicaid recipients, who require long-term health care, remain hospitalized in an acute care hospital before transfer to a long-term care facility.

As proposed, this pilot program would provide a cost effective way to provide the appropriate level of care for patients who require long-term healthcare services. HB 5398 seeks to establish a pilot program developed with the input of the state agencies and healthcare providers. This would fill a critical need for patients in New Haven, alone. At Yale-New Haven Hospital, we can have anywhere from 8-12 patients who are medically cleared and awaiting placement in a nursing home at any time. In fact, 11 patients have accumulated over 1000 unnecessary acute days at YNHH due to discharge barriers.

Patients become 'stuck' at Yale-New Haven for several reasons. There are barriers to getting patients placed in nursing homes including: families' level of cooperation with the process; supplying all information in an up front manner; and high cost patients who nursing homes are unable or unwilling to take due to reimbursement. One of our patients has been medically ready for discharge since December (80 days and counting) and awaits a 'T-19 upgrade' as the patient was granted emergency SAGA for placement to Gaylord. The decision has been pending with the State since February 5. Another more extreme case is that of a patient who we discharged to a nursing facility while the conservator works on T-19 authorization. YNHH has been paying the nursing home bill for this patient since last year. Prior to hospital admission, this particular patient came from out of state, and was found disoriented in New Haven's train station with only a duct taped suitcase. Many days were spent in the hospital before we could discharge the patient, who no longer required acute care, but had no where to go.

As we continue to debate the issue of health care reform, we must develop creative initiatives to improve patient care and utilize our limited resources more wisely. We urge you to support HB 5398. Thank you for your consideration of our position.

For additional information, contact Ann Hogan, Community & Government Relations, Yale-New Haven Hospital, 203/688-3796.

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
HUMAN SERVICES COMMITTEE
Thursday, March 11, 2010

HB 5398, An Act Concerning A Pilot Program To Transfer Hospital Patients Who Receive Medicaid Benefits To Nursing Homes In A Timely Manner

The Connecticut Hospital Association (CHA) appreciates this opportunity to present testimony concerning **HB 5398, An Act Concerning A Pilot Program To Transfer Hospital Patients Who Receive Medicaid Benefits To Nursing Homes In A Timely Manner.** CHA supports this bill.

HB 5398 requires the Commissioner of Social Services, in consultation with the Commissioner of Public Health, a representative of an acute care hospital and a representative of a long-term care facility, to develop a plan to implement a pilot program to decrease the period of time that Medicaid recipients, who require long-term healthcare, remain hospitalized in an acute care hospital before transfer to a long-term care facility.

CHA supports this pilot program, to be developed with the input of the appropriate state agencies and healthcare providers, as a cost effective way to provide care for patients requiring long-term healthcare services. As Connecticut and the nation grapple with the critical question of how to reform our healthcare system, it is important that we be creative and develop pilot programs that will improve care to patients while saving precious healthcare dollars.

Thank you for your consideration of our position. We urge you to support HB 5398.

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

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
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THE CHAIR:

Motion on the floor to suspend rules to take up items. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, first, under House Bills Favorably Reported on Senate Agenda Number 8, first, Substitute House Bill 5398.

Mr. President, move to place that item on the consent calendar.

THE CHAIR:

Motion to place the item on consent. Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President.

And next is Substitute Senate Bill Number 175 on Senate Agenda Number 8, move to place it on the consent calendar.

THE CHAIR:

Motion to place item on consent. Seeing no objection, so ordered.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Calling from Agenda Number 4, Substitute for Senate Bill 201.

Senate Agenda Number 8, Substitute for House Bill 5398, Substitute for House -- Senate Bill 175, Substitute for Senate Bill 302.

Returning to the calendar -- beginning on calendar page 5, Calendar Number 315, House Bill 5264.

Calendar page 6, Calendar 378, Substitute for or -- correction -- House Bill 5197.

Calendar page 8, Calendar -- correction, returning back to page 5, Calendar 295, Substitute for House Bill 5114 -- correction, not Calendar 295, it's Calendar 294, House Bill 5391.

Returning to calendar page 6, Calendar Number 378, House Bill 5197.

Calendar page 8, Calendar Number 440, Substitute for House Bill 5113. Calendar page 441 -- Calendar 441, Substitute for House Bill 5109.

Calendar page 9, Calendar 444, House Bill 5500.

Calendar 5 -- 41 --

Calendar page 9, Calendar 444, House Bill 5500; Calendar 4555, House Bill 5202; Calendar 445, House Bill 5392; Calendar 450, House Bill 5529.

Calendar page 10, Calendar 461, House Bill 5207; Calendar 483, House Bill 5244.

Calendar 484, on page 11, House Bill 5383; Calendar 487, House Bill 5220; Calendar 488, House Bill 5297; Calendar 490, 5425 -- House; Calendar 496, House Bill 5497; Calendar 509, House Bill 5126.

Calendar page 14, Calendar 511, House Bill 5527; Calendar 514, House Bill 5426; Calendar 516, House Bill 5393.

Calendar page 15, Calendar 520, House Bill 5336; Calendar 521, House Bill 5424; Calendar 523, House Bill 5223; Calendar 525, House Bill 5255.

Calendar page 16, Calendar 531, House Bill 5004.

Calendar page 17, Calendar 533, House Bill 5436; Calendar 540, House Bill 5494; Calendar 543, House Bill 5399.

Calendar page 18, Calendar 544, House Bill 5434; Calendar 547, House Bill 5196; Calendar 548, House Bill 5533; Calendar 549, House Bill 5387; Calendar 550, House Bill 5471; Calendar 551, House Bill 5413; Calendar 552, House Bill 5163; Calendar 553, House Bill 5159.

Calendar page 19, Calendar 554, House Bill 5164.

Calendar page 20, Calendar 556, House Bill 5498; Calendar 557, House Bill 5270; 559, House Bill 5407; 562, House Bill 5253; and House Bill -- Calendar 563, House Bill 5340; Calendar 567, House Bill 5371; and Calendar 573, House Bill 5371.

Mr. President, I believe that completes the items --

THE CHAIR:

Mr. Clerk, could you please give me on Calendar 567, do you have 5516, sir?

THE CLERK:

What -- what calendar?

THE CHAIR:

567 on page 22.

THE CLERK:

It's 5516.

THE CHAIR:

Yes, sir. Okay.

Machine's open.

THE CLERK:

An immediate roll call vote has been ordered in the Senate on the consent calendar. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate on the consent calendar. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? Please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 2.

Total number voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar Number 2 passes.

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President.

Mr. President -- Mr. President, before moving to adjourn, I would like to ensure the entire chamber will wish Laura Stefon, Senator McDonald's aide, my former intern, a happy birthday.

And with that -- and with that, Mr. President, I would move the Senate stand adjourn