PA 11-215

SB0883

| | | 11 |
|---------------|-----------------|----|
| Senate | 815, 820-822 | 4 |
| Public Health | 27, 28-29, 231 | 4 |
| House | 9799, 9852-9853 | 3 |

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CONNECTICUT GENERAL ASSEMBLY HOUSE

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HOUSE OF REPRESENTATIVES

504 June 8, 2011

Please proceed, sir.

REP. SHARKEY (88th):

And if I could, I'd like to read you the Calendar and bill numbers.

DEPUTY SPEAKER ALTOBELLO:

Thank you, please proceed.

REP. SHARKEY (88th):

The first is Calendar 99, House Bill 6429.

Calendar 331, Senate Bill 980. Calendar 399, Senate

Bill 883. Calendar 439, House Bill 6632. Calendar

476, House bill 6387. Calendar 503, Senate Bill 1110.

Calendar 524, Senate Bill 1153. Calendar 565, Senate

Bill 1083. Calendar 585, Senate Bill 212. Calendar 586, Senate Bill 38. And Calendar 604, Senate Bill 396.

And, Mr. Speaker, if I -- just as a heads up to the rest of the Chamber, there will be other bills added to this Consent Calendar at this point which require amendments and those amendments will be called and then added also to the Consent Calendar. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Sharkey.

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HOUSE OF REPRESENTATIVES

557 June 8, 2011

Thank you, Mr. Speaker. This represents our first Consent Calendar of the evening and I move its adoption.

DEPUTY SPEAKER ARESIMOWICZ:

Will the Clerk please read through the numbers on the Consent Calendar for the Chamber's edification, please.

THE CLERK:

Calendar 99, House Bill 6429. Calendar 331,

Senate Bill 980. Calendar 399, Senate Bill 883.

Calendar 439, House Bill 6632. Calendar 503, Senate

Bill 1110. Calendar 585, Senate Bill 212. Calendar

586, Senate Bill 227. Calendar 491, Senate Bill 799.

Calendar 535, Senate Bill 1116. Calendar 568, Senate

Bill Number 1138. Calendar 637, Senate Bill 1160.

Calendar 569, Senate Bill 1199. Calendar 616, Senate

Bill 973. Calendar 583, Senate Bill 98.And Calendar 517, Senate Bill SB1062.

The question before us is on passage of the bills on today's -- Consent Calendar. Will you remark? If not, staff and guests please come to the Well of the House, members take your seats, the machine will be open.

THE CLERK:

558 June 8, 2011

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.

DEPUTY SPEAKER ARESIMOWICZ:

Have all the members voted? Have all the members voted? If all the members have voted, please check the board to determine if your vote has been properly cast. If all the members have voted, the machine will be locked, Clerk will take a tally. Clerk, please announce the tally.

THE CLERK:

On today's Consent Calendar,

| Total Number voting | 148 |
|-----------------------------|-----|
| Necessary for passage | 75 |
| Those voting Yea | 148 |
| Those voting Nay | 0 |
| Those absent and not voting | 3 |

DEPUTY SPEAKER ARESIMOWICZ:

Consent Calendar is passed.

Representative Sharkey, you have the floor, sir.

Is there business on the Clerk's desk?

THE CLERK:

JOINT STANDING COMMITTEE HEARINGS

> PUBLIC HEALTH PART 1 1-331

> > 2011 INDEX

HB 5045

COMMISSIONER PATRICIA A. REHMER: Good morning,
Senator Stillman, Representative Ritter and
distinguished members of the Public Health
Committee. I'm Commissioner Pat Rehmer of the
Department of Mental Health and Addiction
Services, and I am here this morning to speak
in favor of two Bills before you, Senate
Bill 852, Concerning Supportive Housing and
Senate Bill 883, Concerning Various Revisions
to Statutes Concerning the Department of
Mental Health and Addiction Services. And I
want to thank the committee for the assistance
in raising these bills.

The first bill that I'll speak to is <u>Senate</u>
<u>Bill 852</u>, Concerning Supportive Housing. And
what we're asking is to make changes to the
DMHAS Supportive Housing statutes so that they
could conform to existing practices.

We currently have 1280 units of permanent supportive housing state wide with another 110 in developmental stages.

The bill would add the Department of Corrections and the Court Support Services Division of the Judicial Branch to the Interagency Workgroup, it would eliminate confusing references to the Next Steps and Pilot initiatives and it would delineate the development components from the scattered site components of the supportive housing model.

The supportive housing initiatives in Connecticut have been a critical component of our recovery efforts and we appreciate the support this legislature has given us throughout the years.

We would like to suggest one simple change in the legislation before you. The Interagency Group would appreciate if you would add the word permanent before the word supportive housing initiatives throughout the statute. Those words were used in the previous statute and we inadvertently left it out in the drafty we sent to the committee.

The next bill is Senate Bill 883, which is Concerning Various Revisions to Statutes Concerning the Department of Mental Health and Addiction Services. This statute would make a series of technical changes to the DMHAS statutes.

We propose to eliminate all references to Cedarcrest Hospital. The Department has received written acknowledgment from the Department of Public Health's Office of Health Care Access regarding the Department's full compliance with the applicable provisions of the settlement agreement to terminate psychiatric inpatient services at Cedarcrest Hospital.

January 6, 2011 is the effective date of termination and as part of that process just to let you know we've successfully moved over 50 individuals from Cedarcrest and other DMHAS inpatient unit facilities into the community.

The bill would also create the addictions division of Connecticut Valley Hospital to accurately reflect the addition of Blue Hills Hospital into the administration of CVH and the general psychiatry division to reflect the longer term care division for persons with serious psychiatric disabilities.

This bill would also eliminate references to the Community Mental Health Strategic Investment Board, which has not met in over two years, has completed its original functions as well -- and then we also are looking to eliminate the statute that created the State Administered General Assistance Behavioral Health Program because that has successfully transitioned to the Medicaid Low Income -- or the LIA, Program and that was effective April1, 2010.

This bill would also eliminate the need for duplicative regulations for methadone maintenance programs and allow us to use our state facilities to continue hose meetings for persons in recovery such as AA, ALANON -- without mandated regulations.

And the last change in the bill would make a change to P.A. 10-60 which allows for DMHAS to contract for intermediate care beds in general hospitals. The deferral Medicaid language requires that we refer to these beds in statute as intermediate duration acute psychiatric care beds. And so we've requested that change as well.

And then if I can just take another minute to comment on House Bill 5045, Requiring Health Care Providers to Display Photographic Identification Badges During Work Hours. We have heard some concerns from our clients -- especially that live in the community, regarding this bill.

The bill, as we understand it, would require that individuals providing direct services to our clients in the community would be required to wear an identification badge. While we certainly appreciate the need for our clients to know who they are receiving services from. Clients receiving psychiatric services may view this measure as creating an additional stigma for them in their communities.

Psychiatric treatment is often a very private



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES A Healthcare Service Agency

DANNEL P. MALLOY GOVERNOR PATRICIA A. REHMER, MSN COMMISSIONER

Testimony by Patricia Rehmer, MSN, Commissioner Department of Mental Health and Addiction Services Before the Public Health Committee February 9, 2011

Good morning Sen. Stillman, Rep. Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak in favor of SB 883 An Act Concerning Various Revisions to Statutes Concerning the Department of Mental Health and Addiction Services. I want to thank the Committee for your assistance in raising this bill.

BB 883 An Act Concerning Various Revisions to Statutes Concerning the Department of Mental Health and Addiction Services would make a series of technical changes to the DMHAS statutes. We propose to eliminate all references to Cedarcrest Hospital. DMHAS has received written acknowledgment from the Department of Public Health's Office of Health Care Access (OHCA) regarding the Department's full compliance with the applicable provisions of the settlement agreement to terminate psychiatric inpatient services at Cedarcrest Hospital. January 6, 2011 is the effective date of termination. As of June 2010, we successfully moved over 50 individuals from Cedarcrest and other DMHAS inpatient facilities into the community.

The bill would create the addictions division of Connecticut Valley Hospital (CVH) to accurately reflect the addition of Blue Hills Hospital into the administration of CVH and the general psychiatry division to reflect the longer term care division for persons with serious psychiatric disabilities. The bill would also eliminate references to the Community Mental Health Strategic Investment Board, which has not met in over 2 years and has completed its original functions, as well as eliminate the statute that created the State Administered General Assistance Behavioral Health Program which was successfully transitioned to the Medicaid Low Income Adult (LIA) program effective April 1, 2010.

The bill would eliminate the need for duplicative regulations for methadone maintenance programs and allow us to use our state facilities to continue host meetings for persons in recovery, such as AA and ALANON, without mandated regulations.

The last change in the bill would make a change to PA 10-60 which allowed for DMHAS to contract for intermediate care beds in general hospitals. The federal Medicaid language requires us to refer to these beds in statute as "intermediate <u>duration acute psychiatric</u> care beds". And so we have requested that change.

Thank you for the opportunity to address the Committee. I would be happy to answer any questions or concerns you may have at this time.

(AC 860) 418-7000
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CONNECTICUT GENERAL ASSEMBLY SENATE

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April 27, 2011

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Also on calendar page 7, Calendar 117, Senate Bill 883, move to place that item on the consent calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, moving to calendar page

10 -- yes, Calendar page 10, Madam President, Calendar

161, Senate Bill 462, move to place that item on the consent calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, moving now to calendar page 12, Calendar 182, Senate Bill 368, Madam President, would move to place that item on the consent calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

mb/rgd/gbr SENATE 43 April 27, 2011

at this time.

THE CLERK:

Madam President, I failed to notice on the bottom of page 1, Calendar Number 37, Senate Joint Resolution

Number 40. And then I'll repeat on the top page 2,

Calendar Number 383, Senate joint Resolution Number

41. And on page --

I believe that's all I have as of this point.

THE CHAIR:

No. All of them on page 3, if you might run through them, Mr. Clerk.

THE CLERK:

Okay. This is my first time doing this.

THE CHAIR:

Well, welcome to my world and you're doing a great job.

THE CLERK:

Okav. I understand now.

On page 3, Calendar Number 52, Senate Bill

Number 853; on page 7, Calendar Number 107, substitute

for Senate Bill Number 1025; on page 7, Calendar

Number 117, Senate Bill Number 883; on page 10,

Calendar Number 161, Substitute for Senate Bill

Number 462; on page 12, on the bottom of the page,

Number 368; on page 13, Calendar Number 188,

Substitute for Senate Bill Number 1092; on page 18, the bottom of the page, Calendar Number 252, Substitute for Senate Bill Number 252, Substitute for Senate Bill Number 367; on page 25, Calendar Number 329, House Bill Number 6278; on page 26, Calendar Number 333, Substitute for House Bill Number 5956; also on page 26, Calendar Number 335, House Bill Number 6545; on page 37, near the top, Calendar Number 90, Senate Bill Number 464. And I believe those are all the markings that I have for the first consent calendar.

THE CHAIR:

Thank you. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Just to delete one item from the consent calendar, that last numerated item should not be on the consent under. That's calendar page 37, Calendar 90, Senate Bill 464. We might delete that item. And then if the -- if we would call for a roll call on the consent calendar.

THE CHAIR:

Is there any objection? See no objection at this time, would you please announce another roll call and

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the machine will be opened.

THE CLERK:

An immediate roll call vote has been ordered on the first consent calendar. Will all Senators please return to the Chamber. An immediate roll call vote has been ordered on the first consent calendar. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? All members have voted. The machine will be locked. And Mr. Clerk, would you announce the tally.

THE CLERK:

Madam President.

| Total Number voting | 34 |
|-----------------------------|----|
| Necessary for adoption | |
| Those voting Yea | 34 |
| Those voting Nay | 2 |
| Those absent and not voting | 0 |

THE CHAIR:

The consent calendar is adopted.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, I would yield to Senator LeBeau