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CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
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announcement or point of personal privilege?

Your button is on. Please turn it off.

Will the Clerk please call Calendar Number 163.

THE CLERK:

On page 11, Calendar 163, Substitute for House Bill Number 5045, AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES DURING WORK HOURS, favorable report of the Committee on Public Health.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, you have the floor, sir.

REP. LYDDY (106th):

Thank you, Madam Speaker.

Madam Speaker, I move the committee's -- the acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The motion before us is on acceptance of the joint committee's favorable report and passage of the bill.

Will you remark further, sir?

REP. LYDDY (106th):

Thank you, Madam Speaker.

Madam Speaker, the Clerk has an amendment, LCO 5284. I would ask the Clerk to please call the

amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

Will the Clerk please call LCO 5284, House Amendment "A."

THE CLERK:

LCO Number 5284, House "A," offered by Representatives Ritter and Perillo.

DEPUTY SPEAKER KIRKLEY-BEY:

the Representative has asked leave to summarize. Is there any objection? Is there any objection? Seeing none, please proceed, sir.

REP. LYDDY (106th):

Thank you, Madam Speaker.

Madam Speaker, this is a simple amendment. We worked with the hospital association on this. And basically what it does is in line 23 we strike, in quotes, in surgical settings or other sterile environments.

Madam Speaker, I urge adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

Will you remark further on the amendment that is before us?

Representative Perillo, you have the floor, sir.

REP. PERILLO (113th):

Madam Speaker, thank you very much.

My understanding of this language is that there are concerns about having to wear a badge, whether it be in a surgical center or operating room. And just to clarify that for the group, if I could, a question through you to the proponent.

Madam Speaker, a question through you to the proponent.

DEPUTY SPEAKER KIRKLEY-BEY:

Please prepare yourself, Representative Lyddy.

Please proceed, Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you very much.

And again through you, the source of this proposed language was, I believe, from the medical community, specifically the hospital community that was concerned about sterility and cleanliness in the clinical setting. Is that correct?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Thank you. Thank you very much and I thank the gentleman for his answer.

I just wanted to clarify because there could be some concerns from the group that this was meant for -- as a special carveout. This was meant -- this might have negative repercussions on, you know, hospital guests' ability to tell who was employed there. And that does not -- that is not the case here. And I support the amendment and I would urge adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Sawyer, you have the floor, ma'am.

REP. SAWYER (55th):

Through you to the proponent of the amendment.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, prepare yourself.

Please proceed, madam.

REP. SAWYER (55th):

Thank you. I was just doublechecking to make sure what we were on. Thank you.

Representative Lyddy, in the case where we are striking, in surgical settings or sterile

environments, as opposed to leaving it in as a possible exception, is that leaving room for more possible exceptions such as magnetic imagings -- I'm sorry -- yeah -- magnetic imaging settings? Where we are dealing with magnetism and certain badges that would not be appropriate to wear because of the magnetism that's -- of the information that's contained in them.

Does this allow for, when we open up this last sentence, does this allow for other exceptions for the department to look at?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

And through you, that certainly can be the case. And if the gentlewoman would look at lines 18 through 23 of the underlying bill, it leaves it up to the Department of Public Health in consultation with those providers to determine that information.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Madam Speaker.

The purpose for the question was for intent because the department needs sometimes very clear understanding of what we're asking for in legislation. I know they've been involved in talking about this.

But what we know in certain types of medical settings that as technology increases and improves and changes, that there needs to be some flexibility for the department to be able to make their decisions as to where it is appropriate and where it's not appropriate, or when there are safety concerns around equipment that some of these providers will be using.

Thank you very much.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill, you have the floor, sir.

REP. O'NEILL (69th):

Yes. Thank you, Madam Speaker.

Just to follow-up on the comments of the previous speaker. When this language is deleted, as the amendment proposes to do, the sentence will stop at the word, "providers."

So that the thrust of that second clause, to -- is to ensure the safety of patients and health care

providers, as opposed to what it says now which is, limiting it to the surgical settings.

Is this meant to respond to the testimony during the public hearing of concerns that people had, for example, about badges being worn by people who would be clearly identified as providing psychiatric services? Or is it in that sense that that creates an issue of safety? Or is this, as the previous speaker indicated, something that's more related to technological issues, of things relating magnetic imaging equipment and so forth.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

And through you, another fair point. It certainly leaves it open for consultation again, which would allow these types of concerns to be considered. However in the substitute language we took those initial concerns that the Representative has into consideration. And the underlying bill again, addressed those concerns.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

I appreciate the answer and thank the gentleman for it.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Will you remark further on the amendment that is before us? Will you remark further on the amendment that is before us? If not, let me try your minds. All those in favor, please indicate by saying, aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER KIRKLEY-BEY:

Those opposed, nay.

The ayes have it. The amendment is adopted.

Will you remark further on the bill as amended?

Representative Cook, you have the floor.

REP. COOK (65th):

Good afternoon, Madam Speaker. How are you today up there? Nice to see you.

DEPUTY SPEAKER KIRKLEY-BEY:

Hi. How are you?

REP. COOK (65th):

I just want to stand in full support of this bill as it has been amended. This comes forward from us, from one of my constituents who's been trying to get something like this passed through the General Assembly for quite some time now -- after he had gone to the medical center in our area and did not know who was taking care of him because there was no identification.

And so I feel that we are doing a great service here, making sure that the people that are entering our facilities know who's the medical professional and who's actually taking care of them and has the training and certification. So I stand in strong support and urge my politics to support this as well.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Perillo you have the floor, sir.

REP. PERILLO (113th):

Madam Speaker, thank you very much.

Just a couple of questions, if I may, through you to the proponent?

DEPUTY SPEAKER KIRKLEY-BEY:

Prepare yourself, Representative Lyddy.

Please proceed, sir.

REP. PERILLO (113th):

Madam Speaker, thank you.

Some of the testimony that we've heard and some of the concern that we've heard during the public hearing process was that those providers, whether they be hospitals or otherwise who already had badges in place for their employees, there was concern among them that this legislation require that they change the badges and then purchase a whole new set of badges for their employees. And I believe there's language in the bill that gives the Department of Public Health the ability to set more detailed regulation as to how these would be set apart.

So I'm wondering if hospitals, skilled nursing facilities down the road are going to have to purchase new badges because of the legislation today.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

Through you, that's not true.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you very much.

I just want to make sure that is the case because in the language it seemed -- and maybe I'm missing it and I hope I am -- it seems to state that very clearly that DPH will set the regulations. I don't see anything addressing specifically those facilities that do already have badges in place.

I mean, I understand that the facilities will indeed be involved in the creation of these regulations, but I would imagine that their hospital A has one dimension of badge with a certain type of name placed on it and then facility B may have a different sized badge with different information.

So if we could just clarify that I think it would be helpful, not only for the Chamber, but also for the medical community.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

And through you, in lines 17 on again, the health care facilities in consultation with the department will develop the policies and procedures regarding

those specific identification badges.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you very much.

I understand that. And my own -- and I am hoping that that language will indeed protect the hospitals and facilities that we're talking about. I just wanted it on the record that the intent of this legislation is not to provide or require additional expenditures by these facilities. And that our hope is that those facilities that do already have badges in place will not have to spend additional dollars. So that helps me quite a bit.

I would imagine, though, there are facilities and providers, whether they be, you know, skilled nursing or otherwise that do not currently have badges in place. And whether there's going to be any sort of state funding available to them in order to pay for these badges since it is indeed a requirement that we're putting on them.

So through you, Madam Speaker, is there state funding available for the purchase of these badges for

these facilities that do not have them right now?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

Currently there's no fiscal note on the bill and therefore the answer is, no.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you.

So that leaves the logical conclusion that these facilities that do not currently have badges would be out of pocket for some funds in order to deliver them. That's a concern. I mean, you know, we do put more and more mandates on the health care community. This is just one more and I would imagine that in some instances, specifically in the skilled nursing facility community, I understand that most hospitals already do this. Some skilled nursing facilities may not. We already squeezed them pretty tightly due to Medicaid reimbursement. So I'm concerned about that.

And I am hopeful that in the course of implementing

regulations the Department of Public Health will keep that in mind and not place an undue burden on facilities as they implement the badge process.

I do believe this is a good bill and I think the amendment was indeed appropriate. I just wanted to voice those concerns in the hopes that DPH would hear them and take them into consideration during the regulatory process.

So I urge support.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Srinivasan, you have the floor, sir.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

You're welcome.

REP. SRINIVASAN (31st):

I rise in strong support of this bill. Earlier on, without the amendment I had my reservations because we were looking at the identification badges, A, in a hospital setting, in an acute care setting as well as in an outpatient setting, which is a different scenario altogether.

So with the amendment that we have I think it is very crucial that patients and the families are aware of who is delivering the service to the person, their loved one in the hospital setting. And under the circumstances when we do not know who is at your bedside giving you what service, just looking at the badge is important for the family and of course, for the patient as well.

With the amended language, which I am strongly in favor of, I rise in support of this bill.

Thank you very much, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Will you remark further on the bill as amended?

Representative O'Neill, you have the floor, sir.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

If I may, just a couple of questions on the bill to the proponent?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, prepare yourself.

Representative O'Neill, please proceed.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

In looking at the JF report it indicates that there

was a -- the substitute language that deleted references to a number of state agencies. And apparently in an effort to address the concerns that were raised about the cost of new badges and re-badging a significant population at places like DDS facilities and others, and in the JF report there is a statement that it deletes that reference.

But in looking at the definition of health care facilities, there doesn't seem to be an exclusion of state ones. And I'm just wondering if, in fact, the substitute language really does exclude all of the state facilities from the purview of this statute once it becomes law.

So first of all, I guess I'd like to ask, is it the intent that this bill not apply to various state facilities such as those operated by the Department of Developmental Disabilities, John Dempsey Hospital? That they're going to be left to do as they are currently doing in terms of badges?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

And through you, those state agencies are already using badges and therefore it would not be an issue to them.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL (69th):

If I could ask, if there language that says if an institution is already using some type of the identification badge, that this amendment doesn't apply to them?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

In lines 5 through 10, the health care facility or institution is clearly defined. And I don't believe the state agencies the Representative is referring to would fall into those categories. And should they fall into it they are already using badges.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

Well, as I look at line 5, for example, it says, health care facility or institution means a hospital. And for example, we have John Dempsey Hospital in Farmington. I believe there's the Children's Special Needs Hospital in New Britain. Probably Riverview falls into the category of a hospital, although it's a specialized type of facility.

There's no -- there's a number of different kinds of hospitals we have in regulation, but I think the word "hospital" would probably cover those. So on the face of it those state facilities are hospitals and this thing applies to hospitals and without exclusion saying that it doesn't apply to state-run facilities.

I guess then for purposes of legislative intent, particularly when regulations are being developed, is it the intent of the bill that the state facilities not be included and covered by this bill and the regulations to be developed by the Department of Public Health?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Through you, Madam Speaker.

That characterization is correct.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

Because -- and I think is important, because in terms of developing the regulations I think that the Department of Public Health needs good guidance as to whether the mere absence of language specifically including the facilities was meant to exclude all of those facilities from coverage.

Because the costs apparently of the re-badging of the entire workforce at places like the ones that I've described, just the hospital facilities could be relatively significant and that was recited during the testimony during the public hearing. So I thank the gentleman for his answer.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Miller, you have the floor.

She's not here.

Larry, you have the floor.

REP. L. MILLER (122nd):

Thank you, Madam Speaker.

It's unusual, we have three Millers here. Not three Jones' or Murphys, but Millers.

I have a couple of questions for the proponent.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy, prepare yourself.

Please proceed, Representative Miller.

REP. L. MILLER (122nd):

Thank you, Madam Speaker.

My in-laws, when they were alive had a home care agency come over and take care of them during the day and they never had a badge on. So under this legislation they would be required to have a badge.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Through you, Madam Speaker, that's correct.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miller.

REP. L. MILLER (122nd):

Thank you. And through you, Madam Speaker,

another question.

We have a facility in Trumbull, Connecticut, associated with St. Vincent's Hospital. It's a children's facility and there are at least 25 volunteers that go there to help with some professional employees.

Would there be a requirement that these people have badges as well even though they are volunteers?

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

Through you, if they are considered to be a provider and delivering direct care, any person employed by or acting on behalf of that health care facility should be wearing this identification.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miller.

REP. L. MILLER (122nd):

And through you, Madam Speaker, the badges they would have to wear, would they be listed as a volunteer or would they be listed as associated with the hospital

or with that particular facility, which is the (inaudible) rehabilitation center.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Madam Speaker.

Madam Speaker, that will developed in consultation with the Department of Public Health. However in regards to their title, it should be listed as long as they are pictured.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Miller.

REP. L. MILLER (122nd):

Thank you for the answers.

And thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Will you remark further on the bill as amended? Will you remark further on the bill as amended? If not, staff and guests please come to the well. Members take your seats. The 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 KIRKLEY-BEY:

Have all members voted? Have all members voted? Please check the board to see that your vote has been properly cast. The machine will be locked and the Clerk will prepare the tally. Will the clerk please announce the tally.

THE CLERK:

House Bill Number 5045 as amended by House "A."

Total Number voting	143
Necessary for adoption	72
Those voting Yea	136
Those voting Nay	7
Those absent and not voting	8

DEPUTY SPEAKER KIRKLEY-BEY:

The bill as amended passes.

Are there any announcements or point of personal privileges?

Representative Guerrera, you have the floor, sir.

REP. GUERRERA (29th):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Good afternoon, sir.

REP. GUERRERA (29th):

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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 Senate Bill 852, 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

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

matter to many of the individuals that we serve, and we are obligated to protect their privacy rights. If the committee decided to move forward with this legislation, we would request some language be included to allow individuals who provide psychiatric services in the community to wear a badge that is more generic in nature and does not identify the agency if it is solely an agency that provides psychiatric services.

Thank you for the opportunity to address the Committee and I'd be glad to answer any questions that you have.

REP. RITTER: Thank you, Commissioner.

And before I ask for questions I will say that we would look forward to seeing your suggestions on that language for House Bill 5045. I don't believe we have that information yet.

Are there questions from the Committee?

Representative Srinivasan.

REP. SRINIVASAN: Could you clarify for us your House Bill 5045 that you commented on in the final stages of your testimony? So you're suggesting these health care providers not wear a badge when they're giving services and how does it -- how would it negatively impact, I can't understand that component that you said, because the services are of a very personal psychiatric nature this I thought would be all the more reason that they know who is coming to them to give them services. I'm a little bit confused in what you want -- what you're requesting us to do.

COMMISSIONER PATRICIA A. REHMER: This is not our

bill, just to be clear.

REP. SRINIVASAN: Right. Right.

COMMISSIONER PATRICIA A. REHMER: And what we're suggesting is not that the individuals who are providing the services don't wear some sort of identification badge, but that it not -- for example, our state ID badges say the Department of Mental Health and Addiction Services, and clearly if you're wearing that badge into an apartment building and other people see you then they know that that individual has some sort of either mental health issue or substance abuse issue.

So what we're suggesting is that the badge just be more generic. It could still have somebody's picture, it could still have somebody's name, but it might not need to identify the agency or the department that the individual is coming from.

And that's primarily -- because again, some of the individuals that we serve in the community are quite sensitive to their privacy -- as most of us are, and don't necessarily want other people to know that they're receiving psychiatric services or substance abuse services.

REP. SRINIVASAN: Thank you.

REP. RITTER: Thank you.

Are there any other questions or comments?

Representative -- Senator Kane.

SENATOR KANE: Thank you, Madam Chair.

Just to follow up on that. I -- I think I'd

be more worried about the Department of Revenue Services coming to my building.

But when a person comes to a building, you're saying -- so this is more of an outpatient treatment is it -- is what you're concerned about?

COMMISSIONER PATRICIA A. REHMER: Yes.

SENATOR KANE: Okay. So not necessarily inpatient but outpatient when people are out in the community?

COMMISSIONER PATRICIA A. REHMER: Right. A lot of our providers go into people's homes to provide services. We're doing more and more of that and so I think that's why this has become an issue for us.

SENATOR KANE: And right now they go without a badge?

COMMISSIONER PATRICIA A. REHMER: We don't require them to wear a badge. This legislation would require them to wear a badge.

SENATOR KANE: Thank you.

Thank you, Madam Chair.

REP. RITTER: Questions from the committee?

Hearing none, Commissioner, thank you very much for your testimony.

Next I'd like to call Commissioner Peter O'Meara from the Department of Developmental Services.

HB6278
HB6279 HB5045
SB885

COMMISSIONER PETER O'MEARA: Senator Stillman, Senator Welsh, Representatives Ritter and

Perillo and members of the Public Health Committee. I am Commissioner Peter O'Meara, the Department of Developmental Services and we certainly want to thank you for raising our agency bills today.

We've submitted written testimony, and I'll just try and summarize some of the main point of each of the bills.

First bill that I'd like to comment on would be House Bill 6278, and this is really just a technical change, as you know when the Autism pilot was created by statute the pilot had a -- an end date of June 2009 and that is still in statute. That program is up and running very successfully and actually is currently serving 71 individuals. So we think that it would be appropriate at this time to end the pilot status as it was in the -- in the statute.

Also we're in the process of submitting waivers for the Autism Services that are in play in both DDS. DHMAS and the Department of Children and Families. And one of the good things about that is that we will actually expand openings in the program beyond the original Greater New Haven and Greater Hartford area. So we'll actually be opening the program up to serve the entire state as vacancies and opportunities present themselves.

The other thing that we would just mention in that bill as we're trying to do in one of the other bills that we're going to discuss today is to really just update the language and the terminology to be reflective of respective language as well as Rosa's Lawat the federal level and begin to drop the term mental retardation where it appears mostly in our

charitable organizations such as Special Olympics and Best Buddies to have access to the abuse and neglect registry so that they might screen volunteers to make sure that they have not found their way on to our abuse registry. Which means that there has been a substantiated case of abuse against that person, certainly a volunteer organization would not want to have that individual interacting with the individuals that they support. It is a web-based web access system so from our perspective administratively it would not create any additional burden and we think would provide actually a very good service to a lot of the charitable organizations that could use that information.

Finally, just a comment on House Bill 5045, and to really just mirror Commissioner Rehmer's comments. Certainly I think in today's age it's important that employees are able to be identified and certainly the individuals that are receiving services or supports from them are clearly able to identify who the person is but we do have some concerns that in some of our settings -- many of our settings are very homelike and individuals go out shopping and go out to a dinner and recreational events with their staff and certainly it could be seen as somewhat stigmatizing if a person were to be wearing it.

So if there -- you know, we could take a look and -- and maybe make some type of adjustment for those kinds of things. The other thing is just a cost implication that if we were to follow -- we have a set format for the department's employees but many of our private providers have their own way of identification. If we had a standardized form there could be some considerable cost

associated with revamping and -- and reformatting and we just wanted to point that out.

So with that I will conclude my testimony and be available for any questions that you might have.

REP. RITTER: Thank you, Commissioner.

Are there questions from the committee?

Representative Betts.

REP. BETTS: Thank you, Madam Chair.

Commissioner, I just have two questions; one dealing with House Bill 6278 and I also am new to this so maybe this has already been taken care of I get a little nervous when I see a pilot program ending in June 2009 and then we want to make it permanent. I'm wondering if there's any kind of fiscal impact or has that already been incorporated in the budget?

COMMISSIONER PETER O'MEARA: That's already been incorporated in the budget so we do have an appropriation for those services, sir.

REP. BETTS: Okay. And then the last question is on Senate Bill 885, is that more of a preventative request or is that based on actual incident or a series of incidents in which somebody has -- had a history and been matched up with a person with developmental disabilities?

COMMISSIONER PETER O'MEARA: I think the whole purpose behind the registry and its -- we were actually the first state in the country that instituted an abuse registry specifically for employees that interact with individuals with

developmental disabilities.

So yes, there has to be a specific incident, there are a set of standards that would find a person to be placed on the registry. They would have to have abused an individual in our service system. It would have to be substantiated by either us or the Office of Protection Advocacy then that person's name goes on that list and essentially they are not permitted to work with anyone in our provided system.

I think the concern is that many of the charitable organizations -- and example being Special Olympics, are not necessarily a provided of service, they certainly engage across Connecticut thousands of volunteers who interact with the people that we support and serve.

It's quite possible that some of those individuals that were in our employ or are in our private provider sector might find their way and they possibly could be perpetrators of additional abuse.

So this is really a safety screen for those organizations to try and limit those people of having access to victims.

REP. BETTS: Very good idea. Thank you.

REP. RITTER: Thank you. Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair.

Two questions for you sir, on -- on your Bill 5045, the House Bill that you commented on, when these people go out as you said, to shopping and to dinners and all of those kind

of situations, is that -- is that a social setting or are these people when they go out with them are they going in a professional capacity? I'm confused about that.

COMMISSIONER PETER O'MEARA: I think actually in -- in our areas it's really both. One certainly for the folks that live in our residential programs it is a social opportunity but many of those individuals do need support in order to participate in those community events. And -- and many times those social events are also opportunities for learning and personal growth and development and they need the guidance and support of the staff to be able to do those things.

So clearly the staff have to accompany them. And -- and certainly transportation is -- is a big issue in terms of making sure that -- that people are able to get to those events.

REP. SRINIVASAN: So are you suggesting when the staff goes with these people, the staff wear no badge at all or just wear the badge where it's not very obvious?

COMMISSIONER PETER O'MEARA: I -- I think maybe that. We certainly would want all staff to have their identification with them at all times and I think maybe you suggest an opening there that in those situations where obviously the individuals know the staff very well and have been working with them that as long as the staff had identification with them I think that might suffice to meet the -- the concerns here.

The other point is that for our residential programs many of our staff have been in place for 10 or 15 or 20 or 25 years with the same individuals and they are there -- they're

support system and they're care givers and it's much more like a family setting than it would be someone coming in to provide some type of acute or intermittent kind of service into someone's -- someone's home.

REP. SRINIVASAN: Thank you.

And also if I can ask you to comment on your House Bill 6279. I'm kind of shocked that un-respectful language could ever be even used -- you know, that of course comes as a shock. But if -- do you have a list of suggested -- well you know, language that can be used so that you can explain to people that intellectual disability in the appropriate way and obviously never disrespectfully.

COMMISSIONER PETER O'MEARA: I -- I think the -- the term of moving away from mental retardation --

REP. SRINIVASAN: Right.

COMMISSIONER PETER O'MEARA: -- which has been perceived by our individuals as derogatory and demeaning is a huge step in terms of just kind of trying to re-define the terminology. So that clearly is the intent here. And clearly when -- in a clinical sense when we're discussing people we always try to use people first language that it's a person who happens to have an issue but the most important piece is that the person is first. So --

REP. SRINIVASAN: Thank you.

REP. RITTER: Thank you.

Are there any other questions from the committee?

JAMES MCGAUGHY: Okay.

REP. RITTER: Are there any questions or comments from anyone else on the Committee?

Senator Welsh.

SENATOR WELSH: Thank you, Madam Chair.

I think this is kind of the same question and so if it is I apologize but let me just it more directly. And that is, by changing intellectual -- by changing mental retardation to intellectual disability are you -- and if we do that tomorrow, are you picking up any other disabilities under your jurisdiction once that change is made that you already have -- right now, under mental retardation?

JAMES MCGAUGHY: The answer is no.

SENATOR WELSH: Okay. Thank you. I got it now.

JAMES MCGAUGHY: Okay.

REP. RITTER: Thank you.

Any other questions from the Committee?

Thank you very much for your testimony.

JAMES MCGAUGHY: Thank you.

REP. RITTER: Next we'll be hearing from Representative Michelle Cook.

REP. COOK: Good afternoon. It's kind of weird to be on this side of this. HB5045

Senator Stillman, Representative Ritter and members of the Public Health Committee, I'm Representative Michelle Cook from Torrington

the 65th District. And I'm here today as a supporter and co-sponsor for House Bill 5045.

It's important for health care employees who provide direct patient care to wear photographic identification badges that include names of the health care facility, names of the health care provider and their type of license or job title. Several other states have adopted these requirements as well.

There are many people with different areas of expertise who -- in the hospital emergency rooms, clinics and other private offices. Currently most of the medical personnel in Connecticut do wear identification badges. This serves as the most -- as the purpose for allowing other public providers to know -- you know, who each other are. They're also a way to help keep medical facilities safe and secure. However these identification badges tend to vary greatly from one medical facility to another. This bill suggests that the badges must be clear, easy to read as well as a uniform -- uniformity throughout the state. And we are trying to eliminate small fonts and different text that people cannot identify.

I believe that a uniform standard will comfort -- be a comfort to the sick and elderly who are at time unaware of who are truly those providing treatment for them. By identifying their health care provided, patients will know they are receiving care from a trained professional, adding to their feelings of security.

This comes -- as a concern of one of my constituents who walked in to get a blood draw at a local hospital who did not know who was drawing because there was no identifying

factor on that person. And so it concerned him and alarmed him to say well how do I really know that this is the person that is supposed to be taking care of me and drawing -- you know, withdrawing my blood.

This bill will also provide an extra layer of safety within a medical facility that benefits both the patient and the employer. By requiring health care providers to wear badges medical professionals as well as patients would be able to recognize unauthorized visitors quickly and easily. Without uniform identification badges it would be more difficult to determine a person's identity and quickly realize whether this person should be there in their precise utilization in the hospital of facility. And I urge the committee to support this bill.

And I would love to answer some questions and some other issues that were brought up if you all have those. I could clarify for you.

REP. RITTER: Thank you, Representative Cook.

Are there questions from the Committee?

Representative Perillo.

REP. PERILLO: Madam Chair, thank you very much.

A brief question. I understand the value of having made that -- but the other side of the coin though; I could see where a provider would be concerned that they're putting their name out there to an individual who quite frankly they don't know, particularly in a mental health environment or an emergency care environment where there may be issues of safety.

Is it essential in your opinion that the individual's full name be included on that badge? Would it be acceptable to perhaps put just a first name?

I understand the value of having a badge and having the photo and having of course the facility name but would there be room in your opinion for some -- you know, compromise to be made in terms of exclusion of last name?

REP. COOK: Absolutely. There is -- this bill was brought before the Committee last year, passed out of the Senate and because we had complications with the Board on the House it had -- we had lost it. And so there was an amendment attached to the bill from last year that did clarify and come into some understanding and agreements with some concerns that were brought up before -- a little while ago, from the Commissioners regarding mental health facilities and different types of providers.

We also looked at the component of home health care providers and -- and how we were -- would work with that and we had met with them and made some agreements with them as well.

REP. PERILLO: Thank you very much, I appreciate it.

REP RITTER: Thank you.

Are there any other questions from the Committee?

Thank you, Representative Cook. And we'll look forward to looking at those suggested language changes as they come to us and have some more conversations on this bill. Thank you very much.

concerned about the smoker, itself, but this legislation, we're concerned about second-hand smoke.

REP. PERILLO: Okay. Fair point then.

REP. RITTER: Thank you.

Anything else from the committee?

Thank you for your testimony.

DAWN MAYS-HARDY: You're welcome.

REP. RITTER: We're ready to move on to the fifth bill on our agenda. That's House Bill Number 5045, REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES DURING WORK HOURS. And our first speaker on that bill will be Dr. John Satterfield.

JOHN SATTERFIELD: Thank you, Representative Ritter, members of the Public Health Committee. Good afternoon. My name's John Satterfield. I'm president of the Connecticut State Society of Anesthesiologists. I work as an anesthesiologist at the Hospital of Central Connecticut. To my right is Dr. Tom Halaszynski, immediate past present of our state society. He's attending at Yale University. To my left is Dr. Witold Waberski, anesthesiologist at Hartford Hospital.

I appreciate the opportunity to speak to you today about House Bill 5045. We are in strong support of that bill. I've submitted written testimony. I'd like to just make a couple additional comments.

I think that this is a very important patient care issue. Patients deserve to know who the

health care providers they're interacting with are that are taking care of them. And I can speak to that both from a personal standpoint and a professional standpoint.

Daily, as I introduce myself to patients, I have the opportunity to display to them my badge and identify to them who I am. I certainly know who they are, but they don't' always have that opportunity to have met me previously. This is an opportunity for me to identify myself in a consistent and fair manner to all patients and, especially, to sick and elderly, or when it's in the middle of the night and -- and patients will, again, question who I am. This is an opportunity to do a good job of identifying ourselves.

And from my own standpoint, having had a sick child in the hospital, I understand how important it is that I understand who these people are, who will be taking care of my child.

And, finally, from a professional standpoint, working in a very busy operating room, in a very busy surgical area, even after having been at the Hospital at Central Connecticut for 20 years, there are many days when I encounter an individual, who I'm not aware of who they are. And to have proper identification is very beneficial for me. I certainly try to impress upon you how beneficial is it for the patients. And, in general, our OR safety is further enhanced, in our efforts to support this bill.

I'd be happy to answer any questions that you might have.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

Representative LeGeyt.

REP. LEGEYT: Thank you, Madam Chair. Good afternoon.

JOHN SATTERFIELD: Hello.

REP. LEGEYT: I hear you saying -- I'm in favor of this bill -- and I hear you saying that in addition to giving patients an opportunity to know, readily, who is administering care to them, you also value the -- the effect of this legislation, in allowing you to understand what health care professionals you're talking to. So it's professional to professional there's a benefit there, aside from just professional to the patient.

JOHN SATTERFIELD: Absolutely. And if you don't mind, I'd like -- I'd just like Dr. Halaszynski to comment. He comes from a huge institution, where there are multiple providers in the -- in his operating room and in his surgical suite. And I think he can -- he can also comment on that issue.

REP. RITTER: Could -- excuse me -- we're going to make you have to use the microphone. And I'm also going to ask --

DR. HALASZYNSKI: Is it okay if I speak from here?

REP. RITTER: Yes. That's fine. I'm going to hope that you can be brief.

DR. HALASZYNSKI: Yes. I will be brief.

Again, I could probably make mention of a multitude of instances, which having the ability to identify who the surrounding

circumstances would warrant to know who the people are around you, as an anesthesiologist, we not only operate within the operating room environment, but we have need to go throughout the hospital at various acute instances where -- where we're called.

And to know who the personnel are in the room also attending to an emergency situation is of value, knowing that we're speaking -- directing our efforts and authority and the appropriate directions, again, from a safety perspective, the seconds can be life saving.

REP. LEGEYT: Thank you.

REP. RITTER: Are there further questions from the committee?

Representative Tercyak.

REP. TERCYAK: Thank you very much. Doctors, it sounds like the situation that you're describing are all inpatient situations. Is that true?

JOHN SATTERFIELD: Well, I wouldn't necessarily say inpatient, because we also have a busy outpatient facility that we staff, an ambulatory surgical center, separate from our operating room.

REP. TERCYAK: Okay. Then maybe I mean home -- medical situations you're talking about are home care.

JOHN SATTERFIELD: Yeah. I would say hospital based. Yes. Yes. I'm speaking in terms of hospital-based care. Yes. Yes.

REP. TERCYAK: So this wouldn't be about the patient living in their own home, who is

expecting somebody from the agency that told them they would be there?

JOHN SATTERFIELD: Correct. We're really talking --

REP. TERCYAK: Where an earlier speaker talked about, particularly, for psychiatric patients, privacy and issues like that that's not the issue here. This is the issue that when my mom's in the hospital, the same person who helps her eat, comes back with a chair to stand on and fixes the curtains. When I worked at the Hospital at Central Connecticut those were different jobs.

JOHN SATTERFIELD: Right. Correct.

REP. TERCYAK: I understand now.

Thank you very much, Madam Chair.

Thank you, Doctor.

REP. RITTER: Thank you, Representative.

And, yes, I also wanted to make the point that there -- we had heard earlier testimony -- I don't know if you gentlemen were here to hear it -- concerning different health settings and different providers groups that -- and very very different services with populations with very different needs. And --

JOHN SATTERFIELD: We did hear that, Representative Ritter. And we are very sensitive to that. And we told Representative Cook that we'd be more than willing to help her with appropriate language, so that if there are groups that needed to be excluded, we understand that.

REP. RITTER: Thank you. I might hope you could

extend that discussion to include not just the exclusion of certain groups, but perhaps a different protocol for certain groups concerning this identification.

JOHN SATTERFIELD: We'd happy to do that.

REP. RITTER: And we would appreciate that input. Thank you.

Are there any other questions from the committee? No.

Thank you very much for your testimony.

Our next speaker will be Dr. Denis Lafreniere, if he was able to make it. And, yes, you did.

DENIS LAFRENIERE: Thank you, Representative Ritter. I think you have my testimony. It was submitted. I'm just going to paraphrase a bit. But I am Denis Lafreniere. I'm a board-certified otolaryngologist. I practice in Farmington at UCONN Health Center. And I am representing more than 1,200 physicians, in a variety of medical specialties, in support of H.B. 5045.

Patients today see such a multitude of providers, with different levels of expertise, and this is true in hospitals and facilities. It is true in the outpatient setting, as well. And I think, given a provision for confidentiality, where it needs to exist, I agree with that, but, still, patients need to know: Are they being seen by a nurse? Is it a registered nurse? Is it a licensed practical nurse? Nurse's aide? Is it a physician? Or is it P.A.? And some of these providers do go to the homes. They need to know who -- who they're talking to and who they're looking -- and who is looking at them

and providing them the service and opinions.

So it is accepted that confusion over provider and staff identities can adversely affect patient's care and understanding of their health issues. This bill helps to remedy this problem, provides a needs to standardize and simplify the identification product -- process, when health care providers interact with patients.

We also believe that requiring the provider's degree and specialty training on the badge is vital to the identification process, so the patient knows who is caring for them. This will help demonstrate our commitment -- the commitment of health care professionals, to improving transparency in all areas of health care delivery systems.

And I thank you.

REP. RITTER: Thank you very much for your testimony. And I would ask if anyone from the committee has any questions. I think you pretty much filled in the last holes, in terms of our questions. So thank you very much.

Our next bill Item 6, is House Bill 5048, REQUIRING CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION OF INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL. And our speaker will be Lisa D'Abrosca. And she is here.

LISA D'ABROSCA: Good afternoon, Representative Ritter, members of the Public Health Committee. My name is Lisa D'Abrosca. And I'm a registered nurse at Lawrence & Memorial Hospital in New London, Connecticut. I've worked there for approximately seven years.

And the last of those seven years, I've worked

Connecticut State Medical Society
Founded in 1792

160 St Ronan Street New Haven CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

Connecticut State Medical Society Testimony in Support of
Senate Bill 5045 An Act Requiring Health Care Providers to Display Photographic Identification Badges
Public Health Committee
February 9, 2011

Senator Stillman, Representative Ritter and Members of the Public Health Committee, On behalf of the more than 7,000 physician and physician in training members of the Connecticut State Medical Society (CSMS), thank you for the opportunity to present this testimony to you today in support of House Bill 5045 An Act Requiring Health Care Providers to Display Photographic Identification Badges. At a time when healthcare services are becoming more integrated and an increasing number of healthcare providers are interacting independently with patients, clearly identifying the type of healthcare provider at point of contact is critical. This committee, as well as the State Senate, had the foresight last session to pass similar legislation.

The legislation before you today was amended by the Senate last year to add some additional clarity and ensure that it would not extend beyond the intended institutions and facilities in which multiple disciplines practice and into private offices such as those of physicians, dentists, podiatrists, etc. As these settings typically utilize a very limited number of disciplines, the confusion experienced at larger institutions does not exist and in fact implementing these at the practice level could lead to additional confusion instead of clarification. Therefore, we once again believe it is not the intent of proponents to capture these solo and small practice physician settings. We respectfully request that the attached language from last session's File Copy 77 be amended into the bill.

As the healthcare delivery system evolves, more categories of healthcare providers are engaging in direct contact with patients. These changes increase the need for providers to be clearly identified when interacting with patients. Often patients are overwhelmed and intimidated in healthcare settings. During this sensitive time there is no room for confusion or misunderstanding. Furthermore, it is important to increase patient understanding of who is providing medical care and their educational training and background. This can only be done through increased transparency and clarity in badge identification.

Most facilities and institutions in which multiple disciplines practice receive accreditation from a national accrediting entity such as the Joint Commission on Hospital Accreditation. Typically there is a requirement for identification procedures. It is imperative that ALL such facilities adopt and implement such procedures to clearly identify the license type of the professional providing services.

Thank you for the opportunity to provide comments on HB 5045.

Community Providers Association
Caring for Connecticut.

February 9, 2010
Public Health Committee Public Hearing

Alyssa Goduti, Vice President for Public Policy,
Connecticut Community Providers Association (CCPA)

H.B. 5045 - An Act Requiring Health Care Providers to Display Photographic Identification Badges during Work Hours

Thank you for the opportunity to provide comments on HB 5045, An Act Requiring Health Care Providers to Display Photographic Identification Badges During Work Hours. This testimony is written on behalf of members of the Connecticut Community Providers Association (CCPA). CCPA represents organizations that provide services and supports for people with disabilities and significant needs including children and adults with substance use disorders, mental illness, developmental, and physical disabilities.

Our members provide vital human services to hundreds of thousands of individuals across the state. We provide essential human services that keep people out of emergency rooms, hospitals, emergency shelters and prisons. Our work plays a critical role by serving as the safety net for many of our state's most vulnerable citizens. CCPA members support individual in a variety of community-based residential, employment and day program settings.

Although we understand the positive intent of HB 5045, the bill raises serious concerns for CCPA and could create safety problems, infringe on client privacy rights and lead to a costly unfunded mandate for providers.

1. Safety Concerns – Community provider agencies strive to help clients become active members of the community. They work to integrate individuals with disabilities and special needs into their local neighborhoods. If staff wear photo IDs clients would be readily identified as having specific disabilities. This may foster discrimination, feed into existing prejudices and create unnecessary and unwanted attention.

2. Privacy Rights – Staff name badges automatically identify clients and their disabilities. This contradicts all efforts to integrate individuals seamlessly in the community. If a client wishes to divulge his or her special need it should be up to the client. Staff should not be forced to advertise that they are with a DDS, DCF or DMHAS funded agency. We all have the rights to privacy. Consumers deserve to be respected and protected. This bill would infringe on those privacy rights.

3. Cost Concerns – Community providers have been dramatically underfunded for over 25 years. As the Medical Consumer Price Index has risen by over 200%, funding increases to community providers have only grown by 33%. Any additional cost passed on to community providers would be a major burden and would take away resources that should be focused on client care.

We urge you to review these concerns and ask that you oppose this bill. Please feel free to contact us with any questions or for more information.

Thank you for your time and attention.

Alyssa Goduti
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Testimony of
State Representative Michelle Cook
before the
Public Health Committee
February 9, 2011

House Bill 5045 "An Act Requiring Health Care Providers to Display Photographic Identification Badges During Work Hours"

Senator Stillman, Representative Ritter, and members of the Public Health Committee, I am State Representative Michelle Cook from Torrington's 65th Assembly District. I am here today as a supporter and co-sponsor of **House Bill 5045, "An Act Requiring Health Care Providers to Display Photographic Identification Badges During Work Hours."**

It is important for health care employees who provide direct patient care to wear a photographic identification badge that includes the name of the health care facility, the name of the health care provider, and their type of license or job title. Several other states have adopted requirements similar to this one.

There are many, many people with different areas of expertise who act as caregivers in hospitals, emergency rooms, clinics and private offices. Currently, most medical personnel in Connecticut wear identification badges. This serves the purpose of allowing health care providers to easily identify one another. They also help to keep medical facilities safe and secure. However, these identification badges tend to vary greatly from one medical facility to another. This bill mandates that badges must be clear and easy to read, as well as uniform throughout the state. This is crucial as many identification badges use small fonts and are difficult to read quickly.

I believe a uniform standard will offer comfort to the sick and elderly who are at times unaware of who is truly providing treatment to them. By identifying their health care provider, patients will know they are receiving care from a trained professional, adding to their feeling of security.

This bill will provide an extra layer of safety within a medical facility that benefits both the patient and the employer. By requiring health care providers to wear badges, medical professionals as well as patients would be able to recognize unauthorized visitors quickly and easily. Without uniform identification badges, it would be more difficult to determine a person's identity and quickly realize whether or not their presence is authorized.

I urge the committee to support HB 5045. Thank you for the opportunity to speak on this issue.

AMERICAN OSTEOPATHIC ASSOCIATION

142 East Ontario Street, Chicago, IL 60611-2864 p/f 312 202 8000 | 800 621 1773

February 8, 2011

Andrea L. Stillman
Elizabeth B. Ritter
Co-Chairs, Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

Re: Support HB 5045 in Committee

Dear Representatives Stillman and Ritter:

The American Osteopathic Association (AOA) and the Connecticut Osteopathic Medical Society (COMS) are writing to strongly encourage you to support HB 5045 in Committee. This bill would require any health care provider who provides direct patient care, in a health care facility, to wear in plain view a photographic identification badge that includes the name of the health care provider and the type of license, certificate or employment title that the health care provider holds within the facility or institution. This would allow patients to quickly identify those health care providers who are involved in their direct care.

The AOA proudly represents its professional family of more than 70,000 osteopathic physicians (DOs); promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. The COMS is a divisional (state) society of the AOA and represents the interests of osteopathic physicians in the state of Connecticut.

Patients are confused about the differences between various types of health care providers. They often think that they are seeing a medical doctor, when they are not. A recent survey confirmed patient confusion regarding the qualifications of different health care professionals. For example, 54% of respondents thought that an optometrist was a medical doctor and 41% thought a psychologist was a medical doctor. On the other hand, only 43% of respondents realized that an otolaryngologist is a medical doctor. **Patients deserve clear and accurate information to make informed decisions about who is providing their care.** Moreover, when survey respondents were asked if they would support or oppose legislation to require health care advertising materials to clearly designate the level of education, skill and training of all health care professionals, 87% indicated that they would support such legislation.[1]

[1] Baselice & Associates conducted a telephone survey among 850 adults nationwide between November 4–8, 2010. The overall margin of error is +/- 3.4 percent at the 95 percent level.

It should be noted that while COMS is in strong support of requiring health care providers working in facilities or institutions to wear name badges identifying the type of license under which they are practicing, it is COMS's position that physicians in private practice should not be required to wear such name badges, while providing care to patients in their office.

We urge you to act in the best interests of patients by voting "Yes" on HB 5045, which would increase transparency of health care professionals' qualifications for patients so that they can clearly see and make informed decisions about who is providing their care. Please feel free to contact Andrea Garcia, JD, AOA Director of State Government Affairs, at agarcia@osteopathic.org or (800) 621-1773 ext. 8185 should you require any additional information.

Sincerely,

Karen J. Nichols, DO
President, AOA

Darrin D'Agostino, DO
President, COMS

CC: Martin S. Levine, DO, MPH, President-elect
Boyd R. Buser, DO, Chair, Dept. of Government Affairs
James J. Dearing, DO, Chair, Bureau of State Government Affairs
John B. Crosby, JD, Executive Director
Michael Mallie, Associate Executive Director, Membership and Governance
Linda Mascheri, Director, Dept. of State, Affiliate, Socioeconomic and International Affairs
Amy Bolivar, Manager of Executive Projects and Communications
Elizabeth Harano, Executive Director, Connecticut Osteopathic Medical Society

Testimony of
John Satterfield, M.D
before the
Public Health Committee
on
House Bill 5045
"An Act Requiring Health Care Providers To Display Photographic Identification Badges"
February 9, 2011

Representative Ritter, Senator Stillman, and members of the Public Health Committee, my name is John Satterfield. I am a Board Certified Anesthesiologist, a practicing physician at The Hospital of Central Connecticut and President of the Connecticut State Society of Anesthesiologists (CSSA). I come before you today in support of **House Bill 5045, "An Act Requiring Health Care Providers To Display Photographic Identification Badges".** CSSA welcomes the opportunity to comment to you today.

Many health care facilities today require staff to wear photo identification badges. They are used to identify doctors, nurses and other staff employees. This is crucial because photo identification badges serve as a critical part of a health care facility's overall security plan. Aside from personal identification, the cards can be used to control access to authorized areas of a facility. Badges are often color coded by department so that patients and visitors can easily identify staff members and distinguish their areas of expertise.

Visible identification badges provide patients with peace of mind, knowing they are being tended to by the appropriate medical professional. When we are sick we are privileged in this country to have access to the finest medical care. There are many people with many different skill sets who serve us as caregivers. Many people now serve as primary caregivers in individual settings including private offices, hospitals, emergency rooms and pharmacy clinics. **However, Connecticut does not require healthcare providers to wear identification badges when providing direct patient care.** Requiring healthcare providers to wear identification badges would enhance patient safety by reducing the potential for confusion.

Also, visible identification badges provide assistance to health care facility employees. This allows medical staff to understand who they are directly speaking and working with.

We realize most facilities require personnel to wear name badges. The problem is that there is no consistency with where it is displayed or what information is written on it. Information is often too small to read at a conversational distance. The main point is that all

health care facilities need to require identification badges that are clear and visible so that a patient understands who they are speaking to and who is caring for them.

Currently, Pennsylvania and Illinois are the two most recent states to enact specific provisions. These states have responded to the increased confusion among patients and enacting a common sense provision that applies to all health care professionals.

The Joint Commission on the Accreditation of Healthcare Organizations accredits health care organizations and programs throughout the country. The organization is expected to determine who requires identification and how the process is implemented. If the policy requires all staff to wear ID badges, then all staff (including Physicians) would need to comply.

I urge the committee to support HB 5045. Thank you again for the opportunity to speak today.

CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, February 9, 2011

HB 5045, AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES DURING WORKING HOURS

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 5045, An Act Requiring Health Care Providers To Display Photographic Identification Badges During Working Hours.** CHA does not support this bill as written.

HB 5045 would require healthcare providers who work for, or on behalf of, a facility or institution, to wear photographic identification badges when providing direct patient care during working hours. CHA recognizes the value of identifying personnel who are treating patients and agrees with the need for security in the healthcare workplace. But the mandated use of identification badges with particular information in the hospital setting is far more complex than it may seem.

The Joint Commission, which currently accredits all acute care hospitals in Connecticut, has standards that require hospitals to have policies for implementation of identification methods in the facility. To conform with The Joint Commission standards, hospitals already have robust systems for identification, including badges, to maintain or improve patient safety and the work environment. Each hospital in Connecticut employs thousands of workers who are required to wear badges. Replacing all of their badges with a Connecticut-specific standard issue badge, would be an unnecessary cost and would draw resources away from direct patient care

In addition, key areas of patient safety in hospitals are affected by the details and protocols for identification badges. For example, there are circumstances when wearing an identification badge would be at odds with proper infection prevention techniques that must be followed for certain surgeries and special procedures.

Finally, important workplace protections are also affected. The federal Occupational Safety and Health Administration (OSHA) has advised, through its Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers (OSHA Publication 3148, 2004), that identification badges should not contain full names, because it has been shown to increase the potential for workplace violence against healthcare providers, particularly in mental health settings.

In order to preserve the purpose of the bill, but avoid any confusion regarding the information to be listed on the badges, or the rules required to maintain a safe environment; and to avoid unnecessary costs to hospitals; we request that a new subsection be added to the bill as follows:

> Subsection (c): A hospital shall be deemed in compliance with the provisions of this act if it is in compliance with The Joint Commission's identification standards.

Thank you for your consideration of our position.

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

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Connecticut ENT Society
Connecticut Urology Society
Connecticut Society of Eye Physicians
Connecticut Dermatology and Dermatologic Surgery Society
HB5045 AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES DURING WORKING HOURS.
Testimony Before thePublic Health Committee
On
February 9, 2011

Good Morning, Senator Stillman, Representative Ritter, and other distinguished members of the Public Health Committee, I am Denis Lafreniere, M.D. and I am a board certified otolaryngologist practicing in Farmington, CT at the UCONN Health Center. I am here today to represent more than 1200 physicians in a variety of medical specialties in support of HB 5045 AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES DURING WORKING HOURS.

While there are many differing opinions regarding the direction healthcare should go in Connecticut today, there is no question that seeking healthcare has become increasingly complex for patients. Long gone are the days when people went to their local general practitioner who was either a trained internist or family practitioner, and was well known as such throughout the community.

When today's patients present for a medical visit they are likely to encounter multiple staff members and healthcare providers who have different levels of training and expertise. This is especially true in hospitals and facilities, where patients often seek emergent or extendedcare. While we all strive to introduce ourselves by name and position, patients (who are often anxious regarding their health) meet so many new faces that names and roles are often forgotten.

The modern array of healthcare personnel can be bewildering. Patients may not know who is treating them. Was that a physician or a nurse or technician? If it was a nurse, was it a Registered Nurse, Licensed Practical Nurse, Nurse's Aide, or Advanced Practice Registered Nurse? Or was it a physician or physician's assistant? Who is recommending treatment and providing me care? Where is the medical doctor?

We, as healthcare providers, already have patients identified. We can easily refer to the chart for the patient's name and identification. In a facility, patients have wrist bands we use for identification purposes. Why shouldn't patients get the same privilege?

It is generally accepted that confusion over provider and staff identities can adversely affect the patient's care and understanding of their health issues. HB5045 helps to remedy this problem and provides the means to standardize and simplify the identification process when healthcare providers interact with patients. We also believe that requiring the provider's degree and specialty training on the badge is vital to the identification process so the patient knows who is caring for them.

In closing, some institutions, and even some of our colleagues may object to additional costs, however small, but we believe the improvements in patient comfort and understanding, and the greater efficiency of care it will achieve will far

outweigh the cost of these identification badges. It will also demonstrate the commitment of healthcare professionals to improving transparency in all areas of the health care delivery system.

Thank you for your consideration and for raising this important consumer protection bill.

DR STEVEN G
LEVINE
MEDICAL
STAFF
STEVEN
LEVINE M.D.

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 address our concerns with **HB 5045 AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES DURING WORK HOURS.**

We have heard concerns about this bill from our clients that are served in the community. The bill as we understand it would require that individuals providing direct care 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 additional stigma for them in their communities. Psychiatric treatment is a very private matter to many of the individuals that we serve, and we are obligated to protect their privacy rights. If the committee decides to move forward with this legislation, we would request some language be included to allow individuals who provide psychiatric services in the community to wear a badge that is more generic in nature and does not identify the agency if it is solely an agency that provides psychiatric services.

Thank you for the opportunity to address the Committee on this issue and I'd be happy to answer any questions you may have.

Dannel P. Malloy
Governor

State of Connecticut
Department of Developmental Services

DDS

Peter H. O'Meara
Commissioner

Kathryn du Pree
Deputy Commissioner

**TESTIMONY OF THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
TO THE
PUBLIC HEALTH COMMITTEE**

H.B. 5045 - An Act Requiring Health Care Providers to Display Photographic Identification Badges during Work Hours

February 9, 2011

Senators Stillman and Welch, Representatives Ritter and Perillo and members of the Public Health Committee. I am Commissioner Peter O'Meara of the Department of Developmental Services (DDS). Thank you for the opportunity to testify on House Bill No. 5045 – An Act Requiring Health Care Providers to Display Photographic Identification Badges during Work Hours.

While I appreciate the good intentions behind H.B. No. 5045 and understand the concerns of people who want to know that the persons caring for them or their family members have legitimate identification, there are several concerns that our department has in mandating the display of badges by the department's employees and the employees of our private providers and contractors.

Our first concern is for the safety of the department's consumers, our employees and our providers' employees. While all DDS employees are issued photo identification (ID) badges that they are required to have on their person at all times, in certain situations, these badges, if displayed, could cause a potential danger due to the nature of some of our consumers' disabilities. In many cases, the badges are specifically not displayed for this reason.

Our second concern is for the protection of our consumers' rights under HIPAA. Our consumers' HIPAA privacy rights could be breached every time one of our employees enters or exits the consumers' residence if a photo ID is required to be worn by all employees in Community Living Arrangements (CLA) and Community Training Homes (CTH). If employees were required to wear their badges at all times, it would mean that any trip into a public place would identify that consumer as a person with a disability. This would be in direct opposition to our department's mission statement that e*veryone has the right to be treated with respect and dignity*. This requirement of visible ID badges would negate much of our mission to have individuals with intellectual disability or autism spectrum disorder become full members of their community, free from discrimination, and to have all the rights and responsibilities of any Connecticut citizen.

The department's third concern has to do with the specific requirements for information that must be displayed on each badge. Currently, all DDS employees have employee ID badges, but these badges would not conform to the bill's requirements to have "the name of the health care facility or institution, the name of the health care provider, and the type of license, certificate or employment title that the health care provider holds with the health care facility or institution." DDS would be required to reissue new photo ID badges to all our employees with this new information in a badge configuration yet to be determined. DDS staff time and labor required to redesign and reissue photo ID badges to roughly 3000 employees in multiple geographic locations would be considerable and would have a real impact in terms of re-directing staff hours to this project. In addition, there will be costs incurred by our private providers for providing these badges to all of their employees who work in CLAs and CTHs licensed under section 17a-227 of the Connecticut General Statutes.

There is also a question of whether persons licensed to operate a Community Training Home (CTH) would be required to wear badges at all times in their own home. Community Training Homes are licensed to provide a residence and support services for DDS consumers who need some supervision and help. CTHs are private residences that are owned or rented by persons licensed under section 17a-227 and these residences would fall under this bill's requirements. CTH licensees are persons who open their own homes to our consumers and are a much valued component of the DDS system of supports and services. Under this proposal, it appears that CTH licensees would be compelled to wear badges in their own homes.

Again, DDS appreciates the intent of the bill to "allow patients to quickly identify health care providers who are involved in their care. However, we believe that there are unintended consequences of the proposal that need to be addressed.

Thank you again for the opportunity to testify before you today. I would be happy to answer any questions that you might have, or you may contact Christine Pollio Cooney, DDS Director of Legislative Affairs at (860) 418-6066.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

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I believe there's an offer of consent,

Mr. President.

THE CHAIR:

The motion is to place this item on the consent calendar. Is there objection? Is there objection? Seeing none, so ordered.

THE CLERK:

Calendar page 20, Calendar Number 483, File Number 266 and 776, Substitute for House Bill 5045, AN ACT REQUIRING HEALTH CARE PROVIDERS TO DISPLAY PHOTOGRAPHIC IDENTIFICATION BADGES DURING WORK HOURS, as amended by House Amendment Schedule "A," favorable report of the Committee on Public Health.

THE CHAIR:

The Chair will recognize the gentlelady from the 6th District, Senator Gerratana.

SENATOR GERRATANA:

Thank you. Mr. President.

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill in concurrence with the House.

THE CHAIR:

The question for the Senate's consideration is acceptance and passage in concurrence.

SENATOR GERRATANA:

Yes, sir.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President, this bill will require health care providers who provide direct patient care as an employee -- or on behalf of a health care facility or institution to wear employer-issued photo identification badges during working hours.

Mr. President, this bill came to us because of testimony and listening to what people were saying, that sometimes it can be very confusing in a health care institution or facility and people don't always wear badges that can be easily read. This of course will help our constituents/patients in these kinds of facilities.

Also Mr. President, I wanted to mention that there was some -- even though the bill identifies what these institutions would be, and facilities, I want to make it very clear that it does not include residential care homes. Just so we know, that is not under the definition of a health care facility

or institution.

And Mr. President, I thank you very much.

THE CHAIR:

Thank you, ma'am.

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I too rise in support of this bill. One important aspect of the bill that I do want to point out the Chamber is that there is the possibility to create exemptions in connection with the Department of Public Health. Therefore we've recognized that there are situations where it might not be prudent for a health care worker to identify him or herself.

And so that option there provided that the safety of the patient and the health care provider is in play -- will allow us to create exemptions down the road.

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Do you care to remark further? Will you remark further? If not, Senator Gerratana.

SENATOR GERRATANA:

Mr. President, if there are no objections I would ask that this be placed on the consent calendar.

THE CHAIR:

Seeing no objection, so ordered.

SENATOR LOONEY:

Mr. President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Mr. President.

Mr. President, thanks to the cooperation of the minority we have another item to place on consent at this time, and that was the next item that we had previously marked go, calendar page 26, Calendar 51, Senate Bill 852. If that item might be placed on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CLERK:

Calendar page 29, Calendar Number 122, File

Number 5558, Madam President, move to place that item on the foot of the calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

And one additional item, Madam President, calendar page 45, Calendar 452, Senate Bill Number 1059, Madam President, move to refer that item to the Appropriations Committee.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

And Madam President, if the Clerk would call the second consent calendar.

THE CHAIR:

Mr. Clerk.

SENATOR LOONEY:

One additional item. Excuse me. And one additional item, Madam President, to place on the consent calendar. Madam President, that is calendar page 14, Calendar 432, Senate Bill 1192, would also move to place that item on the consent calendar.

THE CHAIR:

Thank you.

Mr. Clerk, would you read the bill.

THE CLERK:

Immediate roll call 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.

Madam President, the items placed on Consent Calendar Number 2 begin on calendar page 3, Calendar 101, House Bill 6096; calendar page 6, Calendar 229, Substitute for Senate Bill 205; calendar page 9, Calendar 330, House Bill 6373; calendar page 14, Calendar Number 432; Calendar page 20, Calendar 483, Substitute for House Bill 5045. SB1192

Calendar page 26, Calendar 51, Substitute for Senate Bill 852; calendar page 28, Calendar 108, Substitute for Senate Bill 1039; calendar page 29, Calendar 122, Substitute for Senate Bill 844; and calendar page 36, calendar 273, substitute for Senate Bill 1115.

Madam President, I believe that completes those items placed on Consent Calendar Number 2.

THE CHAIR:

Thank you, sir.

Will you once again announce the roll call vote. And the machine will be open.

THE CLERK:

The Senate is now voting by roll call on the second consent calendar. Will all Senators please return to the Chamber. The Senate is now voting by roll call on the second consent calendar. Will all Senators please return to the Chamber.

THE CHAIR:

All members have voted. All members have voted. The machine will be locked. Mr. Clerk, will you call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 2.

Total Number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The consent calendar has been adopted, Consent Calendar Number 2.

Senator Looney.

SENATOR LOONEY:

Yes. Thank you, Madam President.

Madam President, an additional item to mark go at the present time, calendar page 34, Calendar 242, Senate Bill 1173.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 34, Calendar 242, File Number 433 Senate Bill 1173, AN ACT CONCERNING QUALIFIED PRIVATE INVESTMENTS FOR CONNECTICUT INNOVATIONS, INCORPORATED'S PRESEED PROGRAM, favorable report of the Committee on Commerce and Export, Higher Education and Appropriations.

THE CHAIR:

Senator LeBeau.

SENATOR LeBEAU:

Good afternoon, Madam President. How are you today?

THE CHAIR: