

PA12-091

HB5476

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**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 2
261 – 527**

2012

Bremby, from DSS, followed by Representative Kupchick, and then Vicki Veltri, the Healthcare Advocate.

COMMISSIONER RODERICK L. BREMBY: Good afternoon, Senator Musto, Representative Tercyak, distinguished members of the committee.

I'm Rod Bremby, Commissioner of DSS, and I'm here today to testify on a number of bills that impact our department. I believe you have before you our testimony, so I'll just hit the -- the highlights and stand for questions, along with several members of my staff.

Regarding Senate Bill 391, AN ACT EXPANDING ACCESS TO VETERANS TO PUBLIC ASSISTANCE PROGRAMS, this bill proposes that Veterans' aid and attendance be excluded from determining eligibility for DSS programs and services. We believe that there will be a minimal impact for withholding, and so based on the information we have at this time, we support this proposal.

Senate Bill 392, AN ACT CONCERNING PHARMACY MEDICATION REIMBURSEMENT. The purpose of this bill is to establish various reimbursement rates for different types of pharmacies, to establish tiers, in effect. The reimbursement would be based on whether a retail pharmacy is a chain versus an independent pharmacy. The language in the bill distinguishes independent pharmacies from chain pharmacies, based on ownership, as privately owned versus publicly traded, and by the number of in-state stores. While this proposal is well intended, funding was not including in the Governor's recommended budget adjustments to support this increase. Therefore, this proposal cannot be supported by the department.

Senate Bill 394, AN ACT CONCERNING MEDICAID

SB395
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part -- as a part of the department's rebalancing initiative. The final report has been released, is available on our web site; the bill, therefore, is not necessary, as it would duplicate efforts already underway.

House Bill 5476, AN ACT EXPANDING CONSUMER CHOICE FOR SKILLED NURSING CARE AT HOME. This bill would establish a pilot program under Section 1115 Medicaid waiver to allow individuals receiving continuous skilled nursing services in their home to have the option of directly hiring registered and licensed practical nurses rather than the State paying for services through a home health agency. The department would be required to create a methodology and fee to certify nurses; certification would include but not be limited to nurses who (1) have a current affiliation with an accredited hospital or nursing facility; (2) have a current Medicaid provider number; (3) have at least one year of experience providing care; (4) certify in writing that they have not -- they shall not terminate care without providing a two-week written notice to the consumer, except in documented cases of severe illness, injury or death; (5) agree to implement a physician-approved plan of care; (6) submit to a criminal background check and demonstrate no convictions; and, (7) certify in writing that they shall assist the consumer in obtaining replacement care in the event the nurse is unavailable to work for any reason.

The department would also be required to survey Medicaid recipients living at home with continuous skilled nursing services to determine whether they have experienced interruptions of care and reasons for such interruptions to determine the staffing levels of home health agencies and salaries these

agencies pay their nursing staff.

The department funds nursing services provided to the individuals in their homes by enrolling and paying home health agencies as providers. While federal law permits the State to cover private-duty nursing without the use of licensed health care agencies, the department currently limited coverage to services provided by home health agencies because such agencies are well regulated and afford the most protection for clients.

The department has opposed legislation similar to this bill in the past because it removes the protections that clients have if their regular nurse cannot provide service or if the agency wishes to discontinue services. In both cases, the agency is required to maintain services until another care provider is identified.

Lastly, this bill requires a survey of Medicaid clients requiring continuous skilled nursing services in their homes to assess the frequency that their services are interrupted. The department is not opposed to such a measure and will endeavor to conduct such a survey. This survey can be conducted administratively, therefore legislation is not required.

This change to our services would require the department to seek a Medicaid waiver from the federal C -- Centers for Medicare and Medicaid Services, a long and arduous process which consumes limited resources. Moreover, if approved by CMS, these changes would not apply to just one individual but to all Medicaid recipients, hence, we do not support the bill.

House Bill 5477, AN ACT CONCERNING MEDICAID.
This bill would require that we conduct a -- a study of Medicaid programs including (1) the

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HUMAN SERVICES COMMITTEE

March 13, 2012
3:30 P.M.

REP. GIBBONS: Thank you, Mr. Chairman.

Good afternoon --

COMMISSIONER RODERICK L. BREMBY: Good afternoon.

REP. GIBBONS: -- Commissioner. It's nice to have you here.

Thank you for your long testimony on a variety of bills. I hope that some of them can be worked out with negotiations with your office so that we can see which ones are -- are really going to help the most people for the most --

COMMISSIONER RODERICK L. BREMBY: We'd like --

REP. GIBBONS: -- dollars --

COMMISSIONER RODERICK L. BREMBY: -- to do that.

REP. GIBBONS: -- available.

Specifically, I'd like to ask you a couple questions about H.B. 5476, EXPANDING CONSUMER CHOICE FOR SKILLED NURSING CARE AT HOME. I know that you and a constituent of mine and I have had considerable conversations on this, but I would just like to ask you a couple questions.

The -- the basic reason behind this is that if you got some constituent or a consumer, a Medicaid consumer with severe medical needs, he's found that the agencies just cannot keep enough qualified nurses on staff or on the registry because of the low reimbursement rates. By offering the ability of an LPN or an RN to be his or her own Medicaid provider, the amount paid to the -- to the nurse would be less than what the agency is currently

billed but more than what the nurse makes from the agency deduction of the fee; that's number one.

And number two, I think the other point you make is that this legislation is keeping it a nation-wide -- keeping up with a nation-wide trend where the Federal Health Reform Act was trying to offer consumers less restrictive care at home. And 24 states already offer some sort of provision that home health care nurses can be their own providers.

You mention in your testimony that you were concerned that this was going to expand into all Medicaid recipients. We would be very happy to limit this to a pilot, to a geographic area, to people simply on ventilators. Some of the states that we researched allow this program only for people with severe medical disabilities who are at home, and ventilators was one of the -- one of the things.

If we could come in and talk to you and restructure the bill so as it would be very limited, would you be adverse to going forward with the waiver?

COMMISSIONER RODERICK L. BREMBY: Yes, I think we would be very interested in having more conversation with you about the bill. We also would like to engage CMS in that dialogue, because it's our understanding that it would require a waiver. And typically there are cost caps that in this particular incident would be exceeded. But -- but let's talk.

REP. LYDDY: Thank you, Commissioner.

I think one of the points is that we were hoping that it, the cost would -- would eventually be reduced because the State would

have to pay, would pay a less fee or a smaller fee to a home health care provider who was doing it on his or her own than through an agency. And we're not trying to cut out the agencies altogether, because I think the vast majority of Medicaid consumers would want to go through an agency, just because it's easier. But I think there's some consumers who feel they can handle that procedure on their own.

COMMISSIONER RODERICK L. BREMBY: Let's talk.

REP. LYDDY: Okay; thank you, Commissioner.

Thank you, Mr. Chairman.

SENATOR MUSTO: Representative Thompson.

REP. THOMPSON: Good afternoon, Commissioner.

COMMISSIONER RODERICK L. BREMBY: Good afternoon.

REP. THOMPSON: Telemedicine --

HBS683

COMMISSIONER RODERICK L. BREMBY: Yes.

REP. THOMPSON: -- and providing expand -- and having a great promise to provide expansion services for those most in need, and it seems to me that allied or rather affecting that progress is the increasing evidence of shortage of primary care providers; that's not just a problem here in Connecticut but it's a national problem, and it's receiving serious attention. It would seem to me that we -- we are sitting here in Connecticut with a -- a -- an organization of federally qualified health centers who provide primary care; that's their primary business, if I may play on words, and you are well aware of that. We've had very brief conversations in subcommittees.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 3
528 – 785**

2012

DAVID L. BOOMER: Mr. Chairman, I'm David Boomer with the Kowalski Group, and I'm just going to present, briefly, Gerri Bouchard's testimony.

SENATOR MUSTO: Sure.

DAVID L. BOOMER: She's the Legislative Chair for the Connecticut Society for Respiratory Care, which are the respiratory care therapists in the state. There are approximately 2000 of them, and what Gerri was going to talk about was House Bill 5476, a bill that creates a pilot project for certain Medicaid recipients that are living at home that need 24-hour care.

And part of the bill relates to one of the services that they're entitled to have is respiratory care. So Gerri was going to simply ask you to add in the -- the profession respiratory care therapists to the bill to make clear they could provide that service too.

So, I'd be happy to answer any questions, and you have Gerri's testimony.

SENATOR MUSTO: That's it?

DAVID L. BOOMER: Yes, sir.

SENATOR MUSTO: We have a question.

REP. GIBBONS: Thank you for coming to testify, because this is a bill that I've been working with, with a constituent or a couple of constituents for a long time to get forward. And always in the past we've heard that it can't be done; that you have to ask for a waiver; it will cost too much; and, we just can't afford to do it. We've since found out that a lot of states do, indeed, offer the ability for home health or licensed LPNs, I

guess, and RNs. And we'd be happy to add your group to the list to get their own Medicaid numbers and be -- do direct billing to Medicaid.

DAVID L. BOOMER: Great.

REP. GIBBONS: I think that from what I heard from the conversation with Dr. Bremby earlier is that we'll have to sit down and have a discussion. We'll have to make sure that we limit the pilot, probably to ventilator patients, and if that is something that would be okay with your group --

DAVID L. BOOMER: Yup, (inaudible) --

REP. GIBBONS: -- or respiratory patients, then it narrows down the group, so it isn't just everybody on Medicaid.

DAVID L. BOOMER: We look forward to working with you on this.

REP. GIBBONS: Okay. And your name again, please?

DAVID L. BOOMER: I'm David Boomer, with the Kowalski Group, and --

REP. GIBBONS: Okay.

DAVID L. BOOMER: -- we represent the Connecticut Society for Respiratory Care. I'll stop up --

REP. GIBBONS: You do have --

DAVID L. BOOMER: -- at your office.

REP. GIBBONS: -- a card? Okay; I'd like it.

DAVID L. BOOMER: You bet.

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mhr

HUMAN SERVICES COMMITTEE

March 13, 2012
3:30 P.M.

REP. GIBBONS: Thank you.

DAVID L. BOOMER: You bet.

SENATOR MUSTO: All right; thank you.

Any other questions?

No. Thank you, very much.

Lindsey Morelle come back?

Rick Carbray.

RICHARD T. CARBRAY: Good evening -- excuse me --
Senator Musto, and members of the committee.

My name is Rick Carbray. I am an independent
pharmacy owner, two pharmacies in Hamden,
Connecticut, and also Co-chair of the
Legislative Committee for the Connecticut
Pharmacists Association.

SB392

Our executive director has spoken already and
as my colleagues have been up here this
afternoon, so I won't be redundant and go over
some of the things they mentioned and maybe try
to highlight a few of the things that they
might not have picked up.

Probably for over the last 25 years, I've been
in front of this committee as well as
Appropriations, talking about Medicaid
reimbursement. So it's not a new issue; it's
something that we've been going back and forth
on for many, many years. And certainly what's
happened in the last years has been pretty
devastating to all pharmacy, in general.

This bill is a significant assistance to
independent pharmacy in leveling the playing
field with the chain pharmacies. And you can

Human Service Committee
Room 2000, Legislative Office Building
Hartford , CT 06106

To Whom It May Concern:

On behalf of the Connecticut Society for Respiratory Care (CTSRC) representing the interests of nearly 2000 licensed Connecticut respiratory therapists, I am requesting that the language of HB 5476 'An Act Expanding Consumer Choice for Skilled Nursing Care At Home' be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

The CTSRC supports the intent of HB 5476, a pilot project to offer a home care option to ventilator dependent patients in need of skilled care.

However, licensed respiratory therapists, who are the primary clinician that provides care to ventilator patients was omitted from the bill language.

Mechanical ventilation is a complex task that requires the caregiver to understand the technical components of the ventilator, the pathophysiology of the respiratory system, and patient-ventilator interaction.

Respiratory therapists are specifically educated and competency tested in all aspects of cardio-respiratory services, including management of the ventilator patient in all care settings.

There are numerous Clinical Practice Guidelines (CPGs) to be utilized specifically by respiratory therapists. These CPGs are either peer reviewed or evidence based and are published in the scientific Journal Respiratory Care. <http://www.rcjournal.com/cpgs/index.cfm>

For example there are but several CPGs respiratory therapists follow which are directed specifically at providing ventilator care. These include:

Long-Term Invasive Mechanical Ventilation in the Home

Selection of Device, Administration of Bronchodilator, and Evaluation of Response to Therapy in Mechanically Ventilated Patients

Evidence-Based Guidelines for Weaning and Discontinuing Ventilatory Support

Care of the Ventilator Circuit and Its Relation to Ventilator-Associated Pneumonia

Endotracheal Suctioning of Mechanically Ventilated Patients With Artificial Airways 2010

Selection of Device, Administration of Bronchodilator, and Evaluation of Response to Therapy in Mechanically Ventilated Patients

Patient-Ventilator System Checks

Respiratory therapists are clearly on the forefront of providing the full range of services to ventilator dependent patients and would be invaluable to the patients if permitted to be part of this important pilot project.

The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

Sincerely,

Dorothy Alvarez RRT



TA



Testimony before the Human Services Committee

Commissioner Roderick L. Bremby

March 13, 2012

Good afternoon, Senator Musto, Representative Tercyak and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am Commissioner of the Department of Social Services (DSS). I am here today to testify on a number of bills that impact the department.

S.B. No. 391 (RAISED) AN ACT EXPANDING ACCESS BY VETERANS TO PUBLIC ASSISTANCE PROGRAMS.

This bill proposes that Veterans' Aid and Attendance be excluded from determining eligibility for DSS programs and services. We believe that the impact would be minimal due to the small number of clients that would be affected and could easily be implemented by the department on behalf of veterans. Therefore, based on the information we have at this time, we support this proposal.

S.B. No. 392 (RAISED) AN ACT CONCERNING PHARMACY MEDICAID REIMBURSEMENT.

The purpose of this bill is to establish various reimbursement rates for different types of pharmacies. Reimbursement would be based on whether a retail pharmacy is a chain versus an independent pharmacy. The language in this bill distinguishes independent pharmacies from chain pharmacies based on ownership (privately owned versus publicly traded) and by the number of in-state stores.

The CT Pharmacy Association has for years advocated for the department to establish differential reimbursement for independent pharmacies and chain pharmacies. Due to the volume of transactions, chain pharmacies have enhanced negotiating power and are able to purchase pharmaceuticals at a much more discounted rate than independent pharmacies.

While this proposal is well-intended, funding was not included in the Governor's recommended budget adjustments to support this increase. Therefore, this proposal cannot be supported by the department.

SB394

SB395

SB396

SB397

HB5450

HB5451

HB5452

HB5475

HB5476

HB5477

HB5480

HB5481

HB5482

HB5483

H.B. No. 5476 (RAISED) AN ACT EXPANDING CONSUMER CHOICE FOR SKILLED NURSING CARE AT HOME.

The bill would establish a pilot program under a Section 1115 Medicaid waiver to allow individuals receiving continuous skilled nursing services in their home to have the option of directly hiring registered and licensed practical nurses rather than the state paying for the services through a home health agency. The Department would be required to create a methodology and fee to certify nurses to provide such skilled care. Certification requirements would include, but not be limited to, nurses who (1) have a current affiliation with an accredited hospital or other nursing facility; (2) have a current Medicaid provider number; (3) have at least one year of experience providing such care; (4) certify, in writing, that they shall not terminate care without providing a two-week written notice to the consumer, except in cases of documented severe illness, injury or death; (5) agree to implement a physician-approved plan of care; (6) submit to a criminal background check and demonstrate no convictions and (7) certify in writing, that they shall assist the consumer in obtaining replacement care in the event the nurse is unable to work for any reason. The Department would also be required to survey Medicaid recipients living at home with continuous skilled nursing services to determine whether they have experienced interruptions of service and the reasons for such interruptions, and to determine the staffing levels of home health agencies and the salaries these agencies pay their nursing staff.

The Department funds nursing services provided to individuals in their homes by enrolling and paying home health care agencies as providers. Home health care agencies employ registered nurses, licensed practical nurses and home health aides, in addition to physical and occupational therapists. Home health care agencies are licensed by the Department of Public Health pursuant to state statute (§§19a-490 and 19a-491) and state regulations (§§ 19-13-D66 to -D79 and §§ 17b-262-724 to -735, inclusive).

Under federal law, nursing services performed as a component of home health services must be provided "on a part-time or intermittent basis by a home health agency . . . or if there is no agency in the area, a registered nurse" who is licensed to practice in the state and who meets other specific requirements outlined in the law (42 C.F.R. § 440.70(b)(1)).

While federal law permits states to cover private duty nursing without the use of licensed home health care agencies, the Department currently limits coverage to services provided by home health care agencies because such agencies are well regulated and afford the most protection for clients. For example, in the event that a nurse or other caregiver is unable to cover a shift one day, the home health care agency is responsible for arranging for coverage. Furthermore, if the home health care agency chooses to discontinue providing services to a client, they may do so only with proper notice and must continue service until another provider is identified.

The Department has opposed legislation similar to this bill in the past because it removes the protections clients have if their regular nurse cannot provide service, or if the agency wishes to discontinue services. In both cases, the agency is required to maintain services

until another care provider is identified. Few clients, under the best of circumstances, have the resources to recruit and hire their own nurses. Similarly, the Department does not have the resources to recruit, certify and maintain a list of nurses interested in providing such services, nor does it have the resources to police the employment policies of home health agencies, a role more appropriate to the Department of Public Health. The language of Section 1(b) suggests that nurses employed by hospitals and nursing facilities could be enlisted to certify for the pilot, however, since these employers struggle themselves to maintain their cadres of nursing staff, it is doubtful that they would either welcome or cooperate with this pilot.

The pilot would also allow LPNs to practice without the supervision of an RN, which would require significant changes to Connecticut's Nurse Practice Act. A further review of this provision needs to be undertaken by the Department of Consumer Protection and the Department of Public Health.

Lastly, the bill requires a survey of Medicaid clients requiring continuous skilled nursing services in their homes to assess the frequency that their services are interrupted. The Department is not opposed to such a measure and will endeavor to conduct such a survey. This study can be conducted administratively, therefore legislation is not required.

It is our understanding that this legislation is being proposed to address the needs of one individual. However, this change to our services would require the department to seek a Medicaid waiver from the federal Centers for Medicare and Medicaid services, a long and arduous process which consumes limited resources. Moreover, if approved by CMS, this change would not apply to just this one individual but to all Medicaid recipients. Thus, we do not support the bill.

H.B. No. 5477 (RAISED) AN ACT CONCERNING MEDICAID.

This bill would require that the Commissioner of Social Services conduct a study of Medicaid programs including: (1) factors the Commissioner deems pertinent to quality of care, and (2) whether there are any gaps in access by eligible residents. This new requirement appears to duplicate in part the much broader access and quality reporting that is required of the Commissioner under existing statute that establishes the Medical Assistance Program Oversight Council (MAPOC). The Department does not support new reporting requirements that duplicate those that are required by the MAPOC or that fragment the oversight of access and quality performance monitoring.

H.B. No. 5480 (RAISED) AN ACT CONCERNING INCREASING HOME AND COMMUNITY-BASED CARE FOR ELDERLY MEDICAID RECIPIENTS.

Section 1 requires DSS to seek approval of a 1915(i) Medicaid state plan amendment to improve access for individuals who are eligible for the state-funded categories (Levels 1



Testimony to the Human Services Committee

Regarding

Senate Bill 394, An Act Concerning Medicaid Eligibility and the Identification and Recovery of Assets

Senate Bill 395, An Act Increasing the Personal Needs Allowance for Certain Long-Term Care Facility Residents

House Bill 5475, An Act Concerning Nursing Homes

House Bill 5476, An Act Expanding Consumer Choice for Skilled Nursing Care at Home

House Bill 5480, An Act Concerning Increasing Community-Based Care for Elderly Medicaid Recipients

House bill 5482, An Act Expanding the Congregate Meals Program for the Elderly

House Bill 5483, An Act Concerning Coverage of Telemedicine Services Under Medicaid

Presented by Mag Morelli, President of LeadingAge Connecticut

March 13, 2012

Good afternoon Senator Musto, Representative Tercyak and members of the Human Services Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership association of over 130 mission-driven and not-for-profit provider organizations serving older adults across the entire continuum of long term care. (*LeadingAge Connecticut was formerly known as the Connecticut Association of Not-for-profit Providers for the Aging or CANPFA.*) LeadingAge Connecticut members are sponsored by religious, fraternal, community and municipal organizations and are dedicated to expanding the world of possibilities for aging.

We have submitted written testimony on several bills before you today and I would like to speak in support of one of those bills, **Senate Bill 394, An Act Concerning Medicaid Eligibility and the Identification and Recovery of Assets.**

LeadingAge Connecticut would like to thank the Committee for raising this bill which proposes to ease the financial burden placed on nursing homes when a Medicaid penalty period is imposed on a nursing homes resident. This legislation would also strengthen asset recover efforts and insert common sense rules into the eligibility process. We believe that modifying the regulations in this manner will not only assist nursing homes, but will also promote the use of private resources to pay for nursing home care rather than encouraging a reliance on Medicaid funding.

this legislation, the state payments would trigger the existing statute and allow the state to pursue recovery of the transferred asset.

We believe that involving the state in the recovery effort will not only increase the amount of recovered assets, but will also influence the behavior of consumers who might otherwise attempt to move assets when a relative is admitted to a nursing home. We believe that consumers will be more fearful of intentionally taking an asset from a nursing home resident if they believe that the state will assist the nursing home in pursuing collection.

Single Disqualifying Asset

A nursing home resident is deemed eligible for Medicaid once their assets are spent down to less than \$1,600. If a Medicaid applicant is found to have an asset that is more than that, it is considered a "disqualifying asset" and the applicant is not eligible for Medicaid during the month in which they possessed the disqualifying asset. The difficulty occurs when a single disqualifying asset is not discovered right away or cannot be easily liquidated and serves to deem the applicant ineligible for each month that they possessed the asset. A simple example would be if you applied for Medicaid in January and it was discovered in June that you possessed a \$2,000 disqualifying asset, then that asset disqualified you in January, in February, in March, in April, in May, and then in June. Six months of ineligibility because of a \$2,000 asset.

The delays in processing Medicaid applications have exacerbated this problem. Medicaid applicants are being deemed ineligible for several months due of the *delayed discovery* of a single disqualifying asset that triggers ineligibility for all the months the application sat pending in the state office. It might be just a \$5,000 life insurance policy purchased fifty years ago that no one was aware of at the time of the application, but it will deem the person ineligible for all the months that application sat waiting to be processed. *And the nursing home will not be paid for those months of care provided.* Similarly, single disqualifying assets that are difficult to liquidate have historically caused distressing eligibility situations and months of uncompensated care. This proposed legislation offers a common sense solution that *acknowledges* and *accounts* for the disqualifying asset without causing extended periods of uncompensated care.

Again, we thank the Committee for raising this bill and addressing these crucial issues.

Senate Bill 395, An Act Increasing the Personal Needs Allowance

LeadingAge Connecticut supports this and other bills proposed to increase the amount of the nursing home resident's personal needs allowance which was reduced in the last legislative session. The additional amount of money provided through an increase can enhance an individual's personal experience and quality of life as a resident of a skilled nursing facility.

House Bill 5475, An Act Concerning Nursing Homes

LeadingAge Connecticut appreciates the proposal to conduct this study of the factors deemed pertinent to nursing home quality of care and the current nursing home bed need, but it is our understanding that these same issues are expected to be addressed by the consultants currently assisting in the development of the Long Term Care Rightsizing Strategic Plan being conducted through the Money Follows the Person Program.

House Bill 5476, An Act Expanding Consumer Choice for Skilled Nursing Care at Home

LeadingAge Connecticut promotes a long term care system that provides for consumer choice, but we have some concerns and reservations with this specific proposal to create the independent practice of nursing. First, we do not understand why the current licensed home care field can not meet the consumer demand articulated in this bill. It appears that this proposal

is challenging the home health care agency model of care and we do not understand why. Second, we are concerned with how this proposal changes the current scope of practice for nursing and how those changes will affect other elements of the health care field. Third, the creation of a central registry raises questions regarding whether the registry will be exclusive and whether consumers would be able to choose outside of the registry. At this point this bill raises too many concerns and we are not in a position to support it.

House Bill 5480, An Act Concerning Increasing Home and Community-Based Care for Elderly Medicaid Recipients

LeadingAge Connecticut would support the state's effort to apply for the State Balancing Incentive Payment Program.

House Bill 5482, An Act Expanding the Congregate Meals Program for the Elderly

LeadingAge Connecticut supports efforts to increase support and funding for the elderly nutrition programs. Funding for the nutrition programs has not increased for several years, but the costs associated with the delivery of congregate and home delivered meals have dramatically increased over that same period and the result has been a reduction in the ability to provide the same level of service to our elderly. It is critical that we increase support and provide an adequate level of service because affordable, nutritious meals for seniors are essential for their health and well-being. For many, the meal they receive at the congregate meal sites or through home delivery is the only nutritious meal they can afford. That is why we support this bill to expand the Congregate Meals Program for the Elderly.

House Bill 5483, An Act Concerning Coverage of Telemedicine Services Under Medicaid

LeadingAge Connecticut believes that technology will transform the aging experience and that telemedicine will play a crucial role in the future of aging services. LeadingAge CAST has just released an analysis of state payments for Aging Services Technologies (AST) and the link to that report is printed below. The analysis shows that 44 states reimburse for Personal Emergency Response Systems (PERS), 16 states reimburse for medication management and seven states reimburse for home telehealth/telemonitoring. While this is promising, we do remain cautious regarding the reimbursement for telemedicine. Precautions must be in place to ensure a standard of care that is required by state statute and regulation. We would therefore recommend that Medicaid reimbursement be limited to telehealth/telemonitoring that is being performed by licensed Connecticut providers.

Link to the CAST Analysis of State Payments for AST:

http://www.leadingage.org/uploadedFiles/Content/About/CAST/CAST_State_Paymen_%20Analysis.pdf

Thank you for this opportunity to testify and I would be glad to answer any questions.

Mag Morelli, LeadingAge Connecticut, mmorelli@leadingagect.org (860) 828-2903

LeadingAge Connecticut, 1340 Worthington Ridge, Berlin, CT 06037
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State of Connecticut
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RANKING MEMBER
 HUMAN SERVICES COMMITTEE

MEMBER
 FINANCE, REVENUE AND BONDING COMMITTEE
 TRANSPORTATION COMMITTEE

TO: Chairman Tercyak, Chairman Musto, Ranking Member Markley,
 Members of the Human Services Committee

FROM: Lile Gibbons, House Ranking Member, Human Services Committee

DATE: March 13, 2012

RE: HB 5476 AA Expanding Consumer Choice for Skilled Nursing Care at
 Home

Good afternoon, members of the Human Services Committee. I am standing in for a constituent today as he is disabled, home bound and unable to make the trip to Hartford today to testify. I am writing to ask for your support for HB 5476, "AA Expanding Consumer Choice for Skilled Nursing Care at Home".

The purpose of this bill is to help Medicaid consumers, with medically complex cases and living at home, the option to hire private duty nurses on their own or to use the state's agency based plan (or both); some constituents with severe medical needs have found that agencies simply cannot keep enough qualified nurses on staff because of low reimbursement rates.

The bill would increase the pool of qualified nurses by raising the hourly rates many now receive under the state's agency-based system. This proposal could ultimately be a cost savings for the state as the initial hourly rate for a nurse would be less than the hourly rate through the agency, (but more than the nurse's current take-home pay).

This bill directs DSS to apply for a Section 115 Federal waiver to begin a five year limited pilot project to allow LPNs (licensed practical nurses) and RNs (registered nurses) to obtain their own Medicaid number permitting them to be a direct Medicaid provider and hired independently of an agency by a Medicaid consumer. This, or another type of waiver from federal Medicaid requirements, would allow the state to offer this option on a limited basis, rather than statewide, to determine its effectiveness.

The purpose of the agency is to screen available nurses for current certification and also to ensure patient safety by agreeing not to terminate patient coverage without a two-week notice. However, some consumers are able and willing to make informed choices regarding management of the services they receive, or have a legal guardian or designated relative able and willing to make the choices. Under the legislation, similar to programs in other states, applicants would be screened for competency to directly hire nurses and must state how they will maintain their care if the nurse is sick or doesn't show, since there is no agency involvement.

I believe the current bill addresses these certification, termination and cost concerns. The state would take on the initial administrative burdens and costs of establishing a certification system, a registry of such nurses and a reimbursement plan to pay them as independent Medicaid providers (something already in place for other health care professionals). But the cost would be mitigated in the long run via hourly rates lower than they are now for some consumers.

Lastly, the bill asks the DSS Commissioner to conduct a survey of Medicaid recipients receiving continuous, skilled nursing care at home to collect data on consumers requesting direct hires and on agencies providing home health care.

This legislation is in keeping with a nationwide trend, fueled by federal health reform laws, to offer consumers more options for less restrictive care at home. In 2010, 24 states, including all other New England states—offered private duty nursing as part of their state Medicaid plan, with several limiting that option to ventilator dependent consumers. While this bill does not designate a geographic area or detail the type of consumer eligible to directly hire his nursing staff, we could be amenable to including that in that bill should it move forward.

Thank you for your time and attention.

Sincerely,



Lile R. Gibbons

Human Service Committee
Room 2000, Legislative Office Building
Hartford , CT 06106

To Whom It May Concern.

As a member of the Connecticut Society for Respiratory Care (CTSRC) . I am requesting that the language of HB 5476 ' An Act Expanding Consumer Choice for Skilled Nursing Care At Home' be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

The CTSRC supports the intent of HB 5476, a pilot project to offer a home care option to ventilator dependent patients in need of skilled care

However, licensed respiratory therapists, who are the primary clinician that provides care to ventilator patients was omitted from the bill language.

Mechanical ventilation is a complex task that requires the caregiver to understand the technical components of the ventilator, the pathophysiology of the respiratory system, and patient-ventilator interaction.

Respiratory therapists are specifically educated and competency tested in all aspects of cardio-respiratory services, including management of the ventilator patient in all care settings.

There are numerous Clinical Practice Guidelines (CPGs) to be utilized specifically by respiratory therapists. These CPGs are either peer reviewed or evidence based and are published in the scientific Journal Respiratory Care <http://www.rcjournal.com/cpgs/index.cfm>

For example there are but several CPGs respiratory therapists follow which are directed specifically at providing ventilator care. These include:

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Selection of Device, Administration of Bronchodilator, and Evaluation of Response to Therapy in Mechanically Ventilated Patients

Evidence-Based Guidelines for Weaning and Discontinuing Ventilatory Support

Care of the Ventilator Circuit and Its Relation to Ventilator-Associated Pneumonia

*Endotracheal Suctioning of Mechanically Ventilated Patients
With Artificial Airways 2010*

Selection of Device, Administration of Bronchodilator, and Evaluation of Response to Therapy in Mechanically Ventilated Patients

Patient-Ventilator System Checks

Respiratory therapists are clearly on the forefront of providing the full range of services to ventilator dependent patients and would be invaluable to the patients if permitted to be part of this important pilot project.

The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

These patients deserve the best respiratory care that can be provided for them, and the Respiratory Care Practitioners of Connecticut can provide them with this care.

Sincerely,

Paul Trigilia

Paul Trigilia, RRT, RCP, MPH
Manager Respiratory Services
Lawrence & Memorial Hospital
365 New London, Connecticut 06320
Office: 860-442-0711 Extension 4803
Fax 860-444-3740
ptrigilia@lmhosp.org

Human Service Committee
Room 2000, Legislative Office Building
Hartford , CT 06106

To Whom It May Concern:

On behalf of the Connecticut Society for Respiratory Care (CTSRC) representing the interests of nearly 2000 licensed Connecticut respiratory therapists, I am requesting that the language of HB 5476 ' An Act Expanding Consumer Choice for Skilled Nursing Care At Home' be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

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The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

Sincerely,

Antonio J Buckner, RRT
Treasurer, Connecticut Society for Respiratory Care

Human Service Committee
Room 2000, Legislative Office Building
Hartford, CT 06106

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The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

Sincerely,

Connie Dills, MBA, RRT, RPFT
Vice President of External Affairs, Connecticut Society for Respiratory Care

March 12, 2012

Human Service Committee
Room 2000, Legislative Office Building
Hartford, CT 06106

To Whom It May Concern:

On behalf of the Connecticut Society for Respiratory Care (CTSRC) representing the interests of nearly 2000 licensed Connecticut respiratory therapists, I am requesting that the language of HB 5476 ' An Act Expanding Consumer Choice for Skilled Nursing Care At Home' be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

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The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

Sincerely,

Peter W. Kennedy, PhD, RRT
Respiratory Care Program Director

Human Service Committee
Room 2000, Legislative Office Building
Hartford, CT 06106

To Whom It May Concern:

On behalf of the Connecticut Society for Respiratory Care (CTSRC) representing the interests of nearly 2000 licensed Connecticut respiratory therapists, I am requesting that the language of HB 5476 'An Act Expanding Consumer Choice for Skilled Nursing Care At Home' be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

The CTSRC supports the intent of HB 5476, a pilot project to offer a home care option to ventilator dependent patients in need of skilled care.

However, licensed respiratory therapists, who are the primary clinician that provides care to ventilator patients was omitted from the bill language.

Mechanical ventilation is a complex task that requires the caregiver to understand the technical components of the ventilator, the pathophysiology of the respiratory system, and patient-ventilator interaction.

Respiratory therapists are specifically educated and competency tested in all aspects of cardio-respiratory services, including management of the ventilator patient in all care settings.

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Therapy in Mechanically Ventilated Patients*

Patient-Ventilator System Checks

Respiratory therapists are clearly on the forefront of providing the full range of services to ventilator dependent patients and would be invaluable to the patients if permitted to be part of this important pilot project.

The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

Sincerely,
Maureen C. Parmelee
Maureen C. Parmelee, RCP, RRT
Delegate
Connecticut Society for Respiratory Care

Human Service Committee
 Room 2000, Legislative Office Building
 Hartford, CT 06106

To Whom It May Concern:

I am a respiratory therapist from Danbury and am writing because I'm concerned about HB 5476. I request that your committee strongly consider that the language of HB 5476 "An Act Expanding Consumer Choice for Skilled Nursing Care At Home" be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

I strongly support the intent of HB 5476, a pilot project to offer a home care option to ventilator dependent patients in need of skilled care. I have worked with many patients who have needed ventilator care in the home and have not had sufficient access to professionals who can care for them and teach their family how to care for them as well.

Licensed respiratory therapists, who are the primary clinician that provides care to ventilator patients was omitted from the bill language.

Mechanical ventilation is a complex task that requires the caregiver to understand the technical components of the ventilator, the pathophysiology of the respiratory system, and patient-ventilator interaction.

Respiratory therapists are specifically educated and competency tested in all aspects of cardio-respiratory services, including management of the ventilator patient in all care settings.

There are numerous Clinical Practice Guidelines (CPGs) to be utilized specifically by respiratory therapists. These CPGs are either peer reviewed or evidence based and are published in the scientific Journal Respiratory Care. <http://www.rcjournal.com/cpgs/index.cfm>

For example these several of the CPGs respiratory therapists follow which are directed specifically at providing ventilator care. These include:

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Patient-Ventilator System Checks

Respiratory therapists are clearly on the forefront of providing the full range of services to ventilator dependent patients and would be invaluable to the patients if permitted to be part of this important pilot project.

The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

Sincerely,



Frank R. Salvatore Jr., RRT, MBA, FAARC

Frank R. Salvatore Jr., RRT, MBA, FAARC
1903 Revere Rd
Danbury, CT 06811-2661
(203) 792-9104 – Home
(845) 551-8945 – Work

Human Service Committee
Room 2000, Legislative Office Building
Hartford , CT 06106

To Whom It May Concern

As a member of the Connecticut Society for Respiratory Care (CTSRC), I am requesting that the language of HB 5476 "An Act Expanding Consumer Choice for Skilled Nursing Care At Home" be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

As a respiratory therapist I support the intent of HB 5476, a pilot project to offer a home care option to ventilator dependent patients in need of skilled care.

However, as a licensed respiratory therapist, I am the one who is the primary clinician that provides care to ventilator patients and this was omitted from the bill's language.

Mechanical ventilation is a complex task that requires the caregiver to understand the technical components of the ventilator, the pathophysiology of the respiratory system, and patient-ventilator interaction.

Respiratory therapists are specifically educated and competency tested in all aspects of cardio-respiratory services, including management of the ventilator patient in all care settings.

There are numerous Clinical Practice Guidelines (CPGs) to be utilized specifically by respiratory therapists. These CPGs are either peer reviewed or evidence based and are published in the scientific Journal Respiratory Care. <http://www.rcjournal.com/cpgs/index.cfm>

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Patient-Ventilator System Checks

Respiratory therapists are clearly on the forefront of providing the full range of services to ventilator dependent patients and would be invaluable to the patients if permitted to be part of this important pilot project

As a respiratory therapist I respectfully request that HB 5476 be revised to include licensed respiratory therapists

Sincerely,

Kerry McNiven MS, RRT
Professor, Director of Clinical Education
Respiratory Care Program
Manchester Community College
1 Great Path
Manchester, CT 06045-1046
860-512-2716
kmcniven@mcc.commnet.edu

Human Service Committee
Room 2000, Legislative Office Building
Hartford , CT 06106

To Whom It May Concern.

As a Connecticut licensed respiratory therapist with over 30 years of experience, I am requesting that the language of HB 5476 ' An Act Expanding Consumer Choice for Skilled Nursing Care At Home' be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

I support the intent of HB 5476, a pilot project to offer a home care option to ventilator dependent patients in need of skilled care. I have helped take care of ventilator dependent patients in an acute care hospitals and I truly understand patient and family needs and concerns when it is time to transition care out of the hospital.

My concern, however, is that licensed respiratory therapists, who are the primary clinician that provides care to ventilator patients, are omitted from the bill language.

Respiratory therapists should be an invaluable part of the health care team who support these patients.

Thank you for your consideration

Sincerely,

Donna Barnick, RRT-NPS
Guilford, CT

Tan

Human Service Committee
Room 2000, Legislative Office Building
Hartford, CT 06106

David Boomer, speaker

To Whom It May Concern:

On behalf of the Connecticut Society for Respiratory Care (CSRC) representing the interests of nearly 2000 licensed Connecticut respiratory therapists, I am requesting that the language of HB 5476 ' An Act Expanding Consumer Choice for Skilled Nursing Care At Home' be amended to include licensed respiratory therapists as those who may provide services under this pilot project.

The CRSC supports the intent of HB 5476, a pilot project to offer a home care option to ventilator dependent patients in need of skilled care.

However, licensed respiratory therapists, who are the primary clinician that provides care to ventilator patients was omitted from the bill language.

Mechanical ventilation is a complex task that requires the caregiver to understand the technical components of the ventilator, the pathophysiology of the respiratory system, and patient-ventilator interaction.

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Patient-Ventilator System Checks

Respiratory therapists are clearly on the forefront of providing the full range of services to ventilator dependent patients and would be invaluable to the patients if permitted to be part of this important pilot project.

The Connecticut Society for Respiratory Care respectfully requests that HB 5476 be revised to include licensed respiratory therapists.

Sincerely,

Geri Bouchard, RRT
President

H – 1130

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2012**

**VOL.55
PART 8
2447 – 2761**

just welcome and I hope you have a good day. Thank
you very much.

Will the Clerk please call Calendar 259.

THE CLERK:

On page 12, Calendar 259, Substitute for House
Bill 5476, AN ACT EXPANDING CONSUMER CHOICE FOR LIFE
SUPPORT CARE AT HOME, favorable Committee on Human
Services.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Tercyak, you have the floor, sir.

REP. TERCYAK (26th):

Thank you, Madam Speaker.

Thank you very much for you and Representative
Godfrey giving me the opportunity to share in that fun
bipartisan moment.

I move for the acceptance of the joint
committees' favorable report and passage of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The motion before us is acceptance of the joint
committees' favorable report and passage of the bill?

Will you remark further?

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

For some of us this idea has been kicking around for a few years as we've looked for a way to make it happen. This bill began as an effort to establish a Medicaid waiver program to expand both consumer choice and the available pool of nurses to provide care for those receiving life-support services at home.

After discussing this in committee and with the Department of Social Services, the Department of Social Services suggested that instead of a waiver program we could initiate it faster as a small-scale pilot program for the State would run and administer under the Medicaid program, but it would not be a full Medicaid program. This will allow some people at home, a small group, to be able to hire nurses and also respiratory therapists directly instead of as the presently required going through healthcare agencies. There are safeguards to check up on standards of the people involved.

The Department will pay less than what the agencies will get, although it will be a bit more than they would be paying because the State will bear the cost of the study instead of sharing it with the federal government under Medicaid, but that also allows us to keep it with a very small group as a

pilot program without the possibility of it starts spreading like top seed and that's important with pilot programs, too.

Thank you, Madam Chair, through you.

DEPUTY SPEAKER KIRKLEY-BEY:

You're welcome.

Would anyone else speak on the bill that is before us?

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

REP. GIBBONS (150):

Thank you, Madam Speaker, and good afternoon.

I want to thank the leadership for bringing this bill forward, and I especially want to thank the co-chairs of the Human Services Committee. As Representative Tercyak commented to Representative Godfrey, there was a brief bipartisan moment there. We have many bipartisan moments in Human Services, and it's really thanks to Representative Tercyak's leadership that we were able to do this.

I also want to thank the LCO attorney, Marie Grady, who helped work on this bill with the DSS staff. And because they all work so carefully and closely together, I think this is a bill that will

benefit the consumers who are on ventilator support and need home healthcare at home, but is also a bill that will pass DSS scrutiny and is one we can actually make work.

I just want to show the chamber that this is my file on this bill, just for this year. We've worked on it long and hard. It's been through many iterations. It will certainly help those who are looking for nursing home -- care at home because what happens now, because the nurses are paid less than what they feel they can really make on outside world, so to speak, they really don't take ventilator patients if they have to go through a nursing agency. And hopefully, this will benefit the nursing agency. It will benefit the state. It will benefit the home healthcare consumers and the nurses, as well.

Because we're doing as a small pilot, we can see at the end of the year how many people this benefits, what the cost is to the State, which we think will be negligible and, in fact, will be a savings. So in the esteemed the words of many of my colleagues before me, this is a good bill and it ought to pass. I urge everybody to support it.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

Representative Butler, you have the floor, sir.

REP. BUTLER (72nd):

Thank you, Madam Speaker.

I stand in support of this bill. I'd like to thank my chairman, Chairman Tercyak, for bringing this forward. I was supportive, in general, but I am in strong support of this because I talked to Representative Gibbons about this and while we talked about the wide implications of the lives that this can help make a meaningful difference in the lives, I -- Representative Gibbons actually shared a personal story about how this can really help individuals who just have -- have a challenge just to make it through one day, so I am supporting this because this is the type of bill that can make the difference of those people who are out there who are just trying to get through one day of their life, one day at a time. And I'm proud that we're bringing this kind of legislation forward. And I would encourage all our colleagues here to support this bill.

Thank you, Madam Chair.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative Butler.

Representative Srinivasan, you have the floor,
sir.

REP. SRINIVASAN (31st):

Good afternoon, Miss -- Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Good afternoon.

REP. SRINIVASAN (31st):

I, too, rise in strong support of this bill. The need is definitely there, and this pilot study will definitely enable us to get valuable information of how to help the people that need so much help. And I will definitely urge my colleagues on both sides of the aisle to support this bill.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, Representative.

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

If not, staff and guests please come to the well. Members take your seat. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote, 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.

The Clerk will announce the tally.

THE CLERK:

House Bill 5476

Total number voting	149
Necessary for passage	75
Those voting Yea	149
Those voting Nay	0
Those absent and not voting	2

DEPUTY SPEAKER KIRKLEY-BEY:

The bill passes.

Will the Clerk please call Calendar Number 72.

THE CLERK:

On page 35, Calendar 72, Substitute for House Bill Number 5035, AN ACT CONCERNING PROPERTY TAX ASSESSMENTS BY MUNICIPALITIES, favorable report by the Committee on Finance.

S - 648

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
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rc/law/gdm/gbr
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May 8, 2012

402, House Bill 5299. Madam President, move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 12, Calendar 425, House Bill 5476. Madam President, move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 13, Calendar 426, House Bill 5443. Madam President, move to place this item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 14, where we have two items. The first is Calendar 439, House Bill 5388.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Madam President, move to place this item on the consent calendar.

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May 8, 2012

On calendar page 28, Calendar 512, House Bill 5424. Madam President, move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

And a final item is on calendar page 30, Calendar 522, House Bill 5289. Madam President, move to place this item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would -- would read the items on the consent calendar for a verification and then if we might move to a vote on the consent calendar.

THE CHAIR:

Mr. Clerk.

SENATOR LOONEY:

Thank you, Madam President.

THE CHAIR:

Thank you, sir.

THE CLERK:

On page 6, Calendar 364, House Bill 5089; page 7, Calendar 378, House Bill 5554; page 8, Calendar 391, House Bill 5446; page 9, Calendar 395, House Bill 5483.

On page 10, Calendar 402, House Bill 5299; page 12, Calendar 425, House Bill 5476.

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On page 13, Calendar 426, House Bill 5443; on page 14, Calendar 438, House Bill 5347; Page 14, Calendar 439, House Bill 5388; page 15, Calendar 441, House Bill 5501.

Also on page 15, Calendar 442, House Bill 5536; page 16, Calendar 445, House Bill 5145; page 16, Calendar 446, House Bill 5395; on page 16, Calendar 448, House Bill 5414; page 17, Calendar 451, House Bill 5548; page 18, Calendar 456, House Bill 5285.

Also on page 18, Calendar 458, House Bill 5031; on page 20, Calendar 468, House Bill 5217; page 21, Calendar 471, House Bill 5164; page 22, Calendar 476, House Bill 5263.

On page 23, Calendar 485, House Bill 5237. On page 25, Calendar 497, House Bill 5512; page 26, Calendar 502, House Bill 5497; page 26, Calendar 503, House Bill 5409.

On page 28, Calendar 512, House Bill 5424. And on page 30, Calendar 522, House Bill 5289.

THE CHAIR:

That seems correct.

Mr. Clerk, would you please call for a roll call vote on the consent calendar. (Inaudible.)

THE CLERK:

Immediate roll call has been ordered in the Senate. Will senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Gomes, would you like to vote, please. Thank you.

If all members have voted, if all members have voted, the machine will be closed.

Mr. Clerk, would you please call a tally.

THE CLERK:

On today's consent calendar,

rc/law/gdm/gbr
SENATE

279
May 8, 2012

Total Number Voting	35	
Necessary for passage	18	
Those Voting Yea	35	
Those Voting Nay	0	
Those Absent and Not Voting		1

THE CHAIR:

The consent calendar passes.

Are there any points of personal privilege or announcements? Are there any points of personal privilege or announcements?

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Yes, Madam President, if there are no announcements or points of personal privilege, we will, of course, be in session tomorrow -- or actually it's later today but -- but not on Thursday. But --

THE CHAIR:

Okay. Promise?

SENATOR LOONEY:

-- we will -- we will convene later this morning. We will have a -- announce the Democratic caucus at eleven followed by session at noon today.

Thank you, Madam President.

With that, would move the Senate stand adjourned, subject to the call of the chair.

THE CHAIR:

So ordered, sir. Everybody drive safely.

On motion of Senator Looney of the 11th, the Senate, at 12:32 a.m. adjourned subject to the call of the chair.