



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
AGING COMMITTEE PUBLIC HEARING
MARCH 9, 2021

In support of HB 6554, AN ACT CONCERNING AGING AND COVID-19, *with suggested amendment*

In support of HB 6552, AN ACT CONCERNING THE RIGHTS OF RESIDENTS IN LONG-TERM CARE FACILITIES TO USE THE TECHNOLOGY OF THEIR CHOICE FOR VIRTUAL CONNECTIONS TO FAMILY, FRIENDS AND OTHER PERSONS, *with suggested amendment*

In support of SB 973, AN ACT STRENGTHENING THE VOICE OF RESIDENTS AND FAMILY COUNCILS.

In support of SB 975, AN ACT STRENGTHENING THE BILL OF RIGHTS FOR LONG-TERM CARE FACILITY RESIDENTS, *with suggested amendment*

Senator Miller, Representative Phipps, Senator Kelly, Representative Wilson and distinguished members of the Aging Committee:

Good afternoon. My name is Kathy Flaherty and I am the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order that mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community.

I want to thank the members of this committee, and indeed all the members of the Connecticut General Assembly, for their dedicated attention to the issues facing the older residents in our state. I am in support of these four bills on today's agenda, but I would ask you to consider adding some friendly amendments.

HB 6554: If you are going to be asking the state Department of Aging **and Disability** Services (emphasis added) to do a study on the impact of the COVID-19 pandemic on the health, safety and welfare of senior citizens, I would ask that you amend that study request to include a review of the impact of the pandemic on younger disabled residents of nursing homes and other congregate facilities. Not all residents of long-term care facilities are senior citizens. Younger disabled people exist.

HB 6552: We are all aware of the impact of social isolation on people who live in congregate settings during this pandemic. People residing in the state-operated inpatient psychiatric facilities, where the average length of stay is 300 or more days (see <https://portal.ct.gov/-/media/DMHAS/EQMI/DMHASDCFPsychiatricServicesReportpdf.pdf?la=en>), experienced similar deprivation of contact with the outside world as visits were restricted because of COVID-19. I would encourage you, as you are looking to amend the statutes relating to the bill of rights for long-term care facility residents, that you also look at the Patients' Bill of Rights for psychiatric facilities. I have attached a document with suggested language changes. Although inpatient stays at private hospitals tend to be shorter than 10 days, stays in state-operated facilities are getting longer.

SB 973: If you want to find the people with the best solutions to problems, look at the people most affected by those problems. We have a phrase that we use in the disability community: nothing about us without us. The voices of nursing home residents and their family members should be uplifted and amplified.

SB 975: In the same way that you propose amending the Bill of Rights for long-term care facility residents, I encourage you to consider amending the Patients' Bill of Rights for psychiatric facilities. The attached document includes recommendations for suggested language change to bring the communication rights of psychiatric patients into the 21st century.

Bring the Patients' Bill of Rights Into the 21st Century

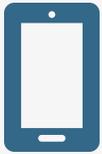
The Problem



We hear a lot of talk about the importance of maintaining social connections during the pandemic. Why, then, are patients in inpatient psychiatric facilities limited to connecting to friends and family through mail and a community use telephone?



The Solution



Connecticut law should be changed so that people can have access to their personal cell phone and access to a computer and internet for e-mail while they are in an inpatient psychiatric facility.



Current Law

(Proposed Text underlined)

Sec. 17a-546. (Formerly Sec. 17-206g). Communication by mail and telephone.

(a) Every patient shall be permitted to communicate by sealed mail or by email with any individual, group or agency, except as provided in this section.

(b) Every hospital for treatment of persons with psychiatric disabilities shall furnish writing materials and postage to any patient desiring them, and shall furnish access to a computer and the internet for the purpose of sending and receiving e-mail.

(e) Every patient shall be permitted to make and receive telephone calls, except as provided in this section. Public telephones shall be made available in appropriate locations.

Patients shall have access to their own personal cell phones to make and receive calls, to send and receive texts and to send and receive email, except as provided in this section.



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