

Testimony of Eastern CT Health Network
before the Public Health Committee
on
Senate Bill 1 *An Act Equalizing Comprehensive Access to Mental, Behavioral
and Physical Health in Response to the Pandemic*

Eastern CT Health Network (“ECHN”) is pleased to submit this testimony on Senate Bill 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

ECHN supports much of the intent of the bill; however, this bill contains a number of provisions that could do just the opposite of what the title says for mental, behavioral and physical health care in Connecticut. While we commend the Committee, and the State, for focusing on mental and behavioral health during the pandemic and there are parts of this bill we can support, we have great concerns with a number of provisions contained in this bill.

As background, ECHN has invested over \$11.3 million in just the past 5 years for Behavioral Health facility improvements, and we are currently implementing additional provisions for the safety of our Behavioral Health environments. Capital expenses required to maintain facilities, coupled with the recruitment and advancement of psychiatric experts, continue to rise each year. ECHN provides needed and important Behavioral Health services to care for people across our region.

During the COVID-19 crisis, we converted in-person visits to Telehealth visits to ensure no disruption in Behavioral Health care, when it is needed most. Emergency behavioral health services, including Crisis services, are available at both the Manchester Memorial Hospital and Rockville General Hospital Emergency Departments. ECHN has established a Post-COVID Recovery Line to help patients who may experience lingering symptoms of this virus, ranging from medical issues to mental health concerns, which can be debilitating and prevent people from returning to their pre-COVID lifestyle and routines. Now, more than ever, we are committed to address this important element of overall health and the growing demand for mental health services.

All Connecticut hospitals are committed to providing the highest quality care to achieve optimal patient outcomes. They are intensely engaged in building and sustaining organizational cultures of safety and employing high reliability strategies and evidence-based practices to prevent patient care complications and ensure the best patient experience. The State could do more for the behavioral health system, and providers, by increasing rates to effectuate additional capaci-

ty and continued investments in facilities. These programs are incredibly important to the community and are very expensive to operate.

Some of the key aspects of this bill that will significantly harm hospitals in this state include the staffing ratios provisions in Section 8. Hospitals, and the health care professionals inside the Hospitals, including our Chief Nursing Officers, should be making the clinical decisions not the state, through the Department of Public Health. Nursing professionals at Connecticut hospitals continuously assess patient care needs and consider a wide range of factors, such as patient acuity levels, and skill levels of their own nursing teams that go beyond numbers and ratios to make staffing decisions. Our nursing officers know the capabilities and expertise that each of our nurses possess and plan accordingly. These elements are not captured by simply mandating the total number of patients and the total number of staff at any level.

Linda Alken, Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania states the “California, the only state with mandated ratios in all hospital departments, has shown that in the 15 years since the law was passed that California had experienced a more rapid decline in mortality than other states.” Most importantly for our professional nurses, this bill would undermine the nurses autonomy and decision making in determining the appropriate staffing for each unique unit.

Section 18 contains another version of the Community Benefits Program bill that was heard, and voted on, by the Committee. We are aware of the ongoing discussions between the Hospitals and the Office of Health Strategy; however, the state should not be dictating a minimum community benefit plan and minimum spending thresholds for hospitals. Hospitals already perform these functions and do exhaustive analysis of community needs in the best interest of people in our service area and to create programs and services that are responsive to the care needs. The state, in many ways, limits hospitals, and community needs, through certificate of need processes and provider rate requests that are often times denied. ECHN, as many hospitals in our state, seek to provide additional access to care and expand services to serve identified needs.

ECHN applauds the committee for its focus in this bill on mental, behavioral and physical health care in *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health in Response to the Pandemic*. We believe, that a particular focus on the policy changes and amendments to the statutes to improve the state’s response to future pandemics as highlighted in Sections 4 and 5 of the bill are extremely important. The state should partake an equal focus on improving Behavioral Health and work with hospitals and providers to improve

outcomes - not focus on additional regulatory and staffing mandates that are counter to health care outcomes.

Thank you for your attention.