Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

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Senate Bill 1, An Act Equalizing Comprehensive Access to Mental, Behavioral, and Physical Health Care in Response to the Pandemic

The Department of Public Health (DPH) provides the following information regarding Senate Bill 1, which makes various recommendations for several state agencies to implement that are intended to equalize comprehensive access to mental, behavioral and physical healthcare in response to the pandemic. The Department is testifying on the sections of the bill that impact DPH, which include Sections 2, 4, 5, 8 through 10, 12 through 17, 19, 22 through 32, 33 and 35. Thank you for the opportunity to provide testimony on this important issue.

This bill includes seven sections that require DPH to conduct studies. The Department is concerned that we would be unable to complete all the studies in the bill within the specified timeframes. If passed as is, we would want to give each endeavor the thoughtful attention it deserves. DPH recommends combining the studies and staggering timelines to allow the Department the opportunity to do the work, as it is anticipated that we will be continuing our response to the COVID-19 pandemic into the Fall of 2021, which could affect our ability to complete the studies.

Section 2 requires DPH to adopt regulations to implement a peer support specialist certification program. The Department of Mental Health and Addiction Services (DMHAS) currently has a training and certification program in place for recovery support specialists that is similar to a peer support specialist as envisioned in this bill. The Department recommends continuation of this program in lieu of adopting regulations to implement a certification program through DPH.

Section 4 requires DPH to conduct a study of the state's COVID-19 response, offer recommendations for policy changes and statutory amendments to improve the state's response to future pandemics and report such information to the Public Health Committee by January 1, 2022. Specifically, the study would consider recommendations regarding how to improve administration of mass vaccinations, personal protective equipment supply and health care facilities' care for patients. Such study would require significant resources to implement that are not built into the Governor's FY 2022 - 2023 biennial budget. DPH anticipates that our response

to the COVID-19 public health emergency will continue through the Fall of 2021. Should this section move forward, the Department respectfully requests an extension of the timeframe by which we would conduct this study to July 1, 2022.

Section 5 requires the Department to designate an employee within the Office of Public Health Preparedness and Response to serve as a pandemic preparedness officer. Such person will have specific responsibilities regarding taking inventory of the state's stockpile of medical equipment and supplies, reviewing and ensuring the adequacy of infection prevention at healthcare facilities in the state, and providing periodic updates to members of the General Assembly during a pandemic-related public health emergency. Lastly, the pandemic preparedness officer will report on the state's preparedness to respond to a pandemic to the Public Health Committee on or before January 1, 2022 and annually thereafter.

The DPH Office of Public Health Preparedness and Response (OPHPR) is responsible for the development and implementation of the state's public health emergency plan and initiatives. OPHPR promotes the health and safety of Connecticut by preparing the state against public health emergencies and ensuring the timely response of emergency countermeasures through local and state means while maintaining equal access to preparedness services for all communities.

The Office ensures compliance with all state and federal mandates with respect to preparedness and response and coordinates Department operations during emergencies. To support these activities, the OPHRP identifies and secures grants that strengthen the state's public health preparedness, including administering the Centers for Disease Control and Prevention's Public Health Emergency Preparedness (PHEP) and the Hospital Preparedness Program (HPP) cooperative agreements.

The Department looks forward to reporting on an annual basis to the General Assembly on our public health preparedness efforts.

Section 8 establishes the minimum daily staffing ratio of two nurses per patient in the intensive care unit and requires DPH to enforce such staffing requirement. In addition, this section requires DPH to review quarterly reports from hospitals regarding staffing ratios, and randomly audit hospitals for staffing level compliance. DPH will also be required to adopt regulations to implement this section. There are already minimum staffing requirements in place for hospitals in Section 19-13-D3 of the Regulations of Connecticut State Agencies. However, these regulations do not cover the intensive care unit within a hospital. Should this legislation move forward, the Department can review quarterly reports on staffing ratios during our inspection process and conduct such audits. The Department respectfully requests that the language regarding the adoption of regulations be made permissive as the statute is prescriptive and regulations may not be necessary.

Section 9 requires DPH, within available appropriations, to establish a program to advance breast health and breast cancer awareness in Connecticut. DPH has secured federal funding to operate the Connecticut Early Detection and Prevention Program (CEDPP), to provide outreach and education to underserved residents including, but not limited to, women of color. The CEDPP is a comprehensive screening program available throughout Connecticut for medically underserved women, age 21 and over. The primary objective of the program is to significantly increase the number of women who receive cardiovascular, breast and cervical cancer screening, diagnostic and treatment referral services. All services are offered free of charge through contracted health care providers located statewide. The CEDPP serves 4,400 women every year. We have helped 70,000 women visit doctors, get mammograms, pap tests, HPV tests, cardiovascular screenings and more. Eligible women include women who are at or below 250% of the federal poverty level and have no health insurance or have insurance with a high deductible.

The American Cancer Society estimates more than 41,000 women in the United States will die this year from breast cancer and that more than 430 will be in Connecticut. These numbers warrant attention because when detected early, a woman's chance of surviving breast cancer increases. Non-white women and those of lower socioeconomic status, remain less likely to obtain breast health and breast cancer services. Such women are more likely to present with life-threatening, advanced-stage disease. According to the American Cancer Society, while African American women are less likely to die of breast cancer today, they have a 42 percent higher death rate (31.0 per 100,000) than white women. Breast cancer also continues to be diagnosed at later stages in black women compared to white women. Establishing a program that works in tandem with the existing DPH program will reach and educate more residents on breast health, screening, treatment and prevention programs. The Department supports efforts to ensure women in underserved communities have access to breast health. Should the proponents of the bill wish to expand the current CEDPP, additional funds would need to be appropriated.

Section 10 requires the Department to conduct a study to determine whether DPH should establish a state process to certify individuals as doulas. The Department recognizes the important role that doulas can play related to maternal and child health and is glad to establish a doula scope of practice review committee and issue a report on the committee's work. The reporting deadline outlined in this section aligns with reporting for committees convened through the scope of practice process pursuant to C.G.S. Sections 19a-16d through 19a-16f. If this legislation moves forward, the doula committee will be conducted in lieu of such committee for another profession to allow the Department to complete the process within available resources.

Section 12 establishes a task force to study racial inequities in maternal and mortality and severe maternal morbidity in the state, lists the Commissioner of Public Health as a member of the task force and requires the task force to terminate upon submission of a report to the Public Health Committee by January 1, 2022. C.G.S. Secs. 19a-59h and 19a-59i formally established a Maternal

Mortality Review Program and Committee within DPH. The Maternal Mortality Review Committee (MMRC) is co-chaired by DPH and an obstetrician appointed by the Connecticut State Medical Society. The MMRC meets monthly to review pregnancy associated deaths, identify their relationships to the pregnancies, identify contributing factors to pregnancy associated deaths and make recommendations for prevention. The MMRC has reviewed all maternal deaths from 2015 through 2019, collects data on each case and conducts a screening to identify if discrimination or bias played a role in the death. The statute requires the MMRC to routinely report recommendations and findings to the DPH Commissioner. We believe the intent of this section is largely fulfilled by the existing MMRC and would be happy to have further discussions with the proponents to determine how the Committee's work can support the legislators' objectives.

Section 13 requires DPH to establish a pilot program that would allow emergency medical services (EMS) personnel, in coordination with community health workers, to conduct home visits for individuals who are at high risk of being repeat users of emergency medical services. It is important to note that C.G.S. Sec. 19a-175 already allows DPH to approve a Mobile Integrated Health Care Programs whereby a licensed or certified ambulance service or paramedic intercept service can provide clinically appropriate medical evaluations and treatment to patients in their home. This is done under nonemergency conditions by a paramedic. The Department would caution the proponents of the bill that it would not be within the scope of practice for certified EMS personnel to engage in such a pilot program.

Section 14 mandates a physician to perform a mental health exam on a patient during an annual physical examination. The Department supports this objective, but recommends that advanced practice registered nurses and physician assistants also be included in this proposal because they too conduct annual physicals.

Section 15 requires the Office of Policy and Management to consult with the Departments of Public Health, Mental Health and Addiction Services, Children and Families, Social Services, Developmental Services, Education, Housing and Aging and Disability Services, Labor and the Office of Early Childhood to study the impacts of the COVID-19 pandemic, specifically regarding the disparate impact on individuals based on race, ethnicity, language and geography. Additionally, DPH is required submit a report of the findings to the Public Health Committee by February 1, 2022. The Department would welcome a conversation with the proponents of the bill to get a better understanding of what specific items would be included in such a study.

Section 16 requires a city, town or borough to report their designation of an acting local director of health to DPH. The new language is unclear as to whether an acting municipal director of health would require the approval of the Commissioner, and appears to contradict language in subsection (a) of C.G.S. Section 19a-200, which requires the Commissioner of Public Health to approve an acting director of health to fill a vacancy.

Section 17 requires any agency that collects demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state for purposes of healthcare to: ensure such data is collected in a manner that allows for aggregation and disaggregation of data; expand race and ethnicity categories; and provide the option to select "other" when responding to a request for ethnic or racial designations. DPH is substantially in compliance with this request, and we welcome the opportunity to discuss this further.

Section 19 requires DPH, in consultation with the Department of Children and Families, to conduct a study to identify areas of the state where access to quality and affordable mental and behavioral healthcare services for children is limited due to various barriers. Findings must be reported to the Public Health Committee by January 1, 2022. DPH strongly supports a comprehensive approach to addressing access and affordability for behavioral healthcare services for children. We look forward to working with our sister state agencies and members of the General Assembly to address this issue. DPH would welcome a conversation with the proponents of the bill to get a better understanding of the study's scope.

Sections 22 to 32 implement a Uniform Emergency Volunteer Health Practitioners Act, which will set up a registration system of volunteer health practitioners while an emergency declaration is in effect. During the COVID-19 pandemic, the Department relied on the state's Medical Reserve Corps (MRC) to recruit volunteers to bolster response efforts. MRC is a national network of local groups of volunteers engaging local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities. The MRC network comprises nearly 1,000 community-based units and almost 20, 000 volunteers located throughout the United States and its territories. Connecticut has 23 MRC units, grouped into the five regions of the state. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers, as well as local and state-level partners, to strengthen public health, improve emergency response capabilities, and build community resiliency. They prepare for and respond to natural disasters, such as wildfires, hurricanes, tornadoes, blizzards and floods, as well as other emergencies affecting public health, like disease outbreaks.

At the federal level, MRC is supported by the Medical Reserve Corps program, the national office of the MRC housed within the Office of the Assistant Secretary for Preparedness and Response, and the U.S. Department of Health and Human Services. In Connecticut, the Department's Office of Public Health Preparedness and Response, working in conjunction with the Connecticut Division of Emergency Management and Homeland Security, serves as the state MRC coordinator.

Because Connecticut participates in this national network and has a robust volunteer system, we do not believe these sections are necessary. Protections are in place for these individuals under C.G.S. Section 28-1, as "civil preparedness forces."

Section 27 allows DPH to impose administrative sanctions upon a practitioner who is not licensed in Connecticut for conduct in this state in response to an in-state emergency. The bill does not define “administrative sanctions" nor does it set forth the standards for which a sanction can be imposed. As drafted, the section’s provisions could be subject to substantial legal challenges.

Section 33 appropriates funding to the Department in FY 2022 to expand services at existing school-based health centers (SBHCs) and establish new SBHCs. During the COVID-19 pandemic, the provision of physical health care by SBHCs has been impacted by access limitations due to school closures. SBHC sites have provided a consistent level of behavioral health services through telehealth. Additional funds would need to be appropriated annually to allow for program sustainability.

Section 35 appropriates funding to the Department to provide three-year grants to community-based healthcare providers in primary care settings. DPH would welcome a conversation with the proponents of the bill to get a better understanding of how they envision such a program would operate.

Thank you for your consideration of this information. DPH looks forward to working with the Committee to determine the impacts of several sections of the bill and is happy to respond to any questions members may have.

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