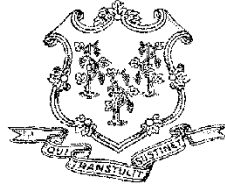


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TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE
Senator Martin M. Looney
March 17, 2021

IN SUPPORT OF
Senate Bill 1
AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL
AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC.

Good morning and Happy Saint Patrick's Day to Senator Abrams, Representative Steinberg, Senator Somers, Senator Hwang, Representative Petit and members of the Public Health Committee. I am here today to testify in support of **Senate Bill 1, An Act Equalizing Comprehensive Access To Mental, Behavioral And Physical Health Care In Response To The Pandemic.**

Most civilizations have suffered deadly pandemics. The Plague of Athens in 430 BC devastated the city-state during the second year of the Peloponnesian War when victory over Sparta still seemed within reach. The Black Death, the most fatal pandemic in human history, killed some 40 percent of Europeans in the mid-fourteenth century and created religious, social, and economic upheavals, with profound effects on the course of European history. And, of course, 1918 influenza pandemic infected 500 million people – about a third of the world's population at the time – in four successive waves, with a death toll estimated to have been somewhere between 20 million and 50 million people.

Just as those before us, we are now faced with the challenges of grappling with the powerful after effects of a pandemic. The last year has taught us a great deal about not only our health care delivery system, but our society as a whole. Senate Bill 1 endeavors to take some of the lessons of COVID 19 and use them to create responsive policies and use them to create responsive policies that will provide future benefits.

The first lesson that we must learn - and absolutely not forget - is that another pandemic will come.

Over the last 20 years, the world has seen six significant infectious disease threats - SARS, MERS, Ebola, avian influenza and swine influenza. And, in the words of Professor Matthew Baylis from the University of Liverpool, "We dodged five bullets but the sixth got us." Scientists say there are a variety of reasons why the modern world creates a greater risk for deadly pandemics. Human encroachment on natural environments creates contact with new animals and, inevitably, new zoonotic infectious diseases. Climate change is causing a greater number of heat waves and flooding events, bringing more opportunity for waterborne diseases such as cholera and for disease vectors such as mosquitoes. Growing populations and urbanization increase the likelihood of transmission within those areas, while international travel allows infections to spread across the globe faster than ever before. All this adds up to one inevitable fact – we will face another pandemic, and we need to be prepared.

To this end, Senate Bill 1 requires the Department of Public Health to conduct a study on the state's COVID-19 response and report the public health committee regarding their recommendations for policy changes and amendments to the general statutes necessary to improve the state's response to future pandemics. It requires DPH to designate an employee within its Office of Public Health Preparedness and Response to serve as the pandemic preparedness officer to be responsible for, among other things, providing periodic updates to us in the General Assembly during a pandemic-related public health emergency. The bill also contains other preparedness initiatives, such as the adoption of the Uniform Emergency Volunteer Health Practitioners Act, model legislation that, during a declared emergency, allows a state to recognize the licensure of physicians and health practitioners in other states if those professionals have registered with a registration system, thus increasing access to care during a critically difficult situation.

COVID-19 has also revealed a profound need for additional healthcare resources. Not just physical care, but mental healthcare as well. Public health actions, such as social distancing, are necessary to reduce the spread of COVID-19, but they can make us feel isolated and lonely and can increase stress and anxiety. The COVID-19 pandemic has laid bare the need for significant improvements in access to mental health resources. Senate Bill 1 requires DPH to establish a certification program for peer support specialists, which is a person with "lived experience" who has been trained to support those who struggle with mental health, psychological trauma, or substance use. It requires DMHAS to develop a mental health toolkit to help employers in the state address employee mental health needs that arise as a result of COVID-19. It requires boards of education to provide students who withdraw from school without graduating or being granted a diploma to provide resources pertaining to mental health services, adult education opportunities and apprenticeship programs for at least one year after withdrawal. The bill also pledges more money to mobile crisis intervention services and School Based Health Centers. It requires DPH, in consultation with DCF, to conduct a study to identify areas of the state where access to quality and affordable mental and behavioral health care services for children is limited due to various barriers. This information will be critical in making future decisions about where to locate additional school-based health centers which have been so effective and creative in providing comprehensive care to school aged children during the pandemic.

However, one of the most striking aspects of the COVID-19 pandemic is the disproportionate toll it has taken on communities of color. These outcomes are not a result of the disease itself, but inequalities in the social determinants of health. According the CDC, factors that contribute to increased risk for racial and ethnic minority groups include discrimination, healthcare access and utilization, occupation, educational, income and wealth gaps, and housing. And "to achieve health equity, barriers must be removed so that everyone has a fair opportunity to be as healthy as possible."¹ We therefore have a duty to reform our system in a comprehensive way to ensure equitable treatment of all Connecticut residents.

For this reason, Senate Bill 1 declares that the policy of the State of Connecticut is to recognize that racism is a public health crisis. Further, the bill creates a Truth and Reconciliation Commission to examine racial disparities in public health across state and local government. The bill also mandates improvements to our data collection practices and makes changes to our hospital community benefits program statutes which would encourage the use of hospital community benefit plans to address racial and ethnic health disparities and facilitate the integration of such plans with the actual needs of the community. The bill also takes steps to improve the health of women of color, specifically during the pregnancy and postpartum period by requiring each hospital to provide implicit bias training to staff members who provide direct care to individuals or who are pregnant or are in the postpartum period; establishing a task force to study racial inequities in maternal mortality and severe maternal morbidity in the state; and requiring DPH to conduct a study on whether Connecticut should certify doula - trained, nonmedical professionals who provides continuous physical, emotional and informational support to pregnant individuals.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

Thank you for your attention to these critical issues on behalf of residents of our state. Over the past year we have learned about vulnerabilities in our society many have never considered. We have also had to exhibit resilience many never imagined ever needing. However, when this pandemic is over, to quote President Biden "we'll come out stronger with a renewed faith in ourselves, a renewed commitment to one another, to our communities, and to our country. This is the United States of America, and there is nothing... we can't do when we do it together."