

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5485

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH

**Title:** STATUTES.

**Vote Date:** 3/25/2022

**Vote Action:** Joint Favorable

**PH Date:** 3/21/2022

**File No.:**

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## **SPONSORS OF BILL:**

The Public Health Committee

## **REASONS FOR BILL:**

This bill makes the following changes to the public health statutes:

- removes the Public Health Committee Chairs and Ranking Members, and their 4 appointees, from the state's Chronic Kidney Advisory Committee.
- allows licensed professional counselors and marital and family therapists who are members of a Department of Mental Health and Addiction Services (DMHAS certified community support program or crisis team, to issue emergency certificates directing a person with psychiatric disabilities to be taken to a hospital for evaluation.
- specifies that assisted living agencies may provide services to people in need of end-of-life care.
- and (excluding assorted technical changes), it allows certified individuals to practice auricular acupuncture to treat alcohol and drug abuse under the supervision of a physician's assistant (PA), an advanced practice registered nurse (APRN), or licensed acupuncturist, instead of only a physician.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Representative Brian Lanoue:**

The expansion of the group of mental health professionals that may issue an emergency certificate prior to commitment would be very beneficial for the residents of the state. This section will more effectively utilize mental health providers that are already certified in our state and give them the necessary tools to make an assessment on recommitments to address mental health emergencies quicker. Currently, if a professional counselor or marriage and

family therapist is involved in a crisis intervention, they are unable to process the pre-committal like an LCSW or APRN can which slow down the process.

**Jonny Dach, Policy Director, Office of Governor Ned Lamont:**

The Governor's Office requests an additional section be added to the bill. Section 19a-401 of the statutes creates a Commission on medicolegal investigations to supervise the Office of the Chief Medical Examiner. The current process for choosing the professors of pathology and law who serve on the commission is cumbersome and outdated. The new language must preserve the qualifications for membership but create a nimbler process for identifying candidates that possess those qualifications. Suggested language is included in the written testimony.

**NATURE AND SOURCES OF SUPPORT:**

**Dr. Mimi DeLessio-Matta, President, Connecticut State Dental Association (CSDA):**

CT state statute allows dental assistants to complete on-the-job training under direct supervision of a licensed dentist, however, an important function of their job is to take dental x-rays. The pandemic caused workforce shortages making it very difficult for dental practices to find and hire dental assistants. CSDA is advocating for an alternative pathway to Dental Assisting National Board (DANB's) radiology exam like that of DANB's infection control exam that was passed several years ago. Through this statutory change, we can help make the radiology exam more accessible, affordable, and streamlined.

**Joseph Pandolfo, Board Member, Connecticut Society of Acupuncturists:**

The Society supports the supervised practice of certified Acupuncture Detoxification Specialists (ADS). While the practice of ADS is narrow in scope, we know that it is an effective adjunct therapy for patients undergoing professional addiction treatment. Section 10 of this bill will improve the availability of this valuable treatment in our health care system, and we appreciate the opportunity to support it.

**Diane Manning, President, United Services Inc.:**

Currently, only Licensed Clinical Social Workers (LCSW) and Advanced Practice Registered Nurses (APRN,) who are trained and members of crisis teams, can issue an emergency certificate authorizing and directing that an individual be taken to a hospital for further evaluation. Adding other licensed clinicians, such as Licensed Professional Counselors and Licensed Marriage and Family Therapists to mobile crisis teams who can provide the emergency certification for transport expands the capacity for providers to respond to a behavioral health crisis at a time when we are seeing an exponential increase in need for such services in our community.

**Jill Mitchell, Assistant Director of Health, Town of Fairfield:**

As currently written, the statute allows for coaches and athletic trainers to administer medications to students with certain medical diagnoses. This includes intramuscular glucagon for insulin-dependent students with Type 1 diabetes. Since the statute was written in 2018, glucagon administration methods have evolved. Nasal glucagon administration is

now available. Nasal glucagon is safe, effective, and has been approved by the FDA. The statutes need change to reflect that.

### **Additional Sources of Support**

- Jason Prevelige, Legislative Committee Chair, Connecticut Academy of PAs
- Christopher Ferace, Chief, Putnam Police Department
- Kristina Glaude, Crisis Services Clinical Director, United Services Inc.
- Chelsea Bellefleur, Adult Outpatient Services Program Manager, United Services, Inc.

### **NATURE AND SOURCES OF OPPOSITION:**

#### **Margaret Watt, Policy Chair, National Alliance on Mental Illness-CT Chapter (NAMI-CT):**

Section 6 would expand the categories of clinicians who can issue an emergency certification to send someone experiencing a mental health crisis to the hospital. Too often the process leads to people in crisis waiting for a full day with no services, in a traumatic and unsupportive environment, and ultimately being sent home again with no resolution. Rather than allow more professionals to mandate people to the hospital, what we need is safe and supportive alternatives to divert people from hospital-level care to respite programs.

#### **Thomas Burr, Community & Affiliates Relations Manager, NAMI Connecticut:**

NAMI objects to the language in Sec. 6, and strongly believes that we have more than enough people capable of writing emergency certifications to force people into locked psychiatric wards, an environment which far too many members of the mental health community find more traumatic than therapeutic. They ask that that language be removed.

#### **Mag Morelli, President, LeadingAge Connecticut:**

LeadingAge opposes modifying the assisted living statute by adding an additional condition before one could be admitted into an assisted living setting. While currently one's condition must be considered chronic and stable upon admission, this bill proposes to add "or in need of supportive end-of-life care." Instead, LeadingAge requests using the model of affordable assisted living services provided to residents living within an elderly housing complex assisted by the federal Department of Housing and Urban Development (HUD) that has received funding through the federal Assisted Living Conversion Program (ALCP).

#### **Christopher Carter, President, Connecticut Assisted Living Association (CALA):**

CALA is opposed to this bill because the proposed language which seeks to amend the Assisted Living Service Agency (ALSA) definition is tailored to the needs of one very small and unique provider. This would more appropriately be addressed via the Department of Public Health (DPH) waiver process as suggested by DPH.

#### **Tracy Wodatch, President, Connecticut Association for Healthcare at Home:**

They oppose the change to the definition of "Assisted Living Services Agency" (ALSA) to add those "in need of supportive end-of-life care" to the current chronic and stable definition. This change impacts just one ALSA in the state of CT, the Fairfield County House. Rather than

change the definition of an ALSA for just one provider, we encourage Fairfield County House to apply for a waiver that requests an amendment to their ALSA definition to include “or in need of supportive EOL care.”

**Daniel Freess, Legislative Chair, Connecticut College of Emergency Physicians**

**(CCEP):**

Regarding the requirement that a billing statement list the “corresponding Medicare facility fee reimbursement rate for the same service,” CCEP notes that healthcare financing is not prepared to support this change until there are major reforms. The entire system revolves around private insurance paying higher rates than Medicare or Medicaid. Thus, listing the corresponding Medicare rate only serves to confuse the consumer and provide the patient with a false equivalency. CCEP recommends the deletion of this language.

**Reported by: Dallas Emerle**

**Date: 4/7/2022**