



## Legislative Update #29 May 26, 2009

### DEFICIT MITIGATION PLAN #4

The legislature has passed another round of budget cuts and “account” sweeps to help resolve the projected \$1 billion budget deficit for this fiscal year which ends on June 30th. (Note: Each time the projected budget deficit reaches a certain point, the Governor is obligated by law to prepare a deficit mitigation plan, i.e., how the state will fill the gap between projected revenues and budgeted expenses.) This 4<sup>th</sup> Deficit Mitigation plan is contained in S.B 1167. It makes one cut to a DMHAS line item and also takes dollars from a few of the DMHAS non-appropriated accounts. The details are as follows:

- \$1, 800,000 cut to the Medicaid Adult Rehab Option Account
  - 5,329 from the General Education Account
  - 346,135 from the Drug Assets Forfeiture Account
  - 805,114 from the Connecticut Mental Health Strategic Investment Account
  - 200,000 from the Gamblers’ Treatment and Rehabilitation Account
  - 20,000 from a Psychological Psychosexual Account
  - 200,000 from the Connecticut Recovery Purchase Project Phase 2 Account
  - 2,960 from the PACCT Account

In addition, S.B. 1167 takes money from the Tobacco Trust Fund.

All of the dollars taken will be used to help fill the budget gap in the current fiscal year. We have no information about the budget negotiations for the 2009-2011 biennium. At this time, it is unclear whether there will be a budget in place before session ends on June 3rd. We will keep you updated.

#### **Passed Bills:**

The following are some additional bills we have been following that have passed. Where known, we have included their Public Act number.

-- **S.B. 710, An Act Concerning Updates to the Family and Medical Leave Act.** Summary: This bill permits an employee to take up to 26 weeks in unpaid leave from work under the state family and medical leave (FML) acts to care for an immediate family member or next of kin who is a member of the U.S. armed forces, National Guard, or the military reserves and is: undergoing outpatient medical treatment, recuperation or therapy; otherwise in outpatient status; or on the temporary disability retired list for a serious injury or illness. The bill provides for 26 weeks of leave over a 12-month period

under the private sector law and 26 weeks of leave over a two-year period under the state employee law. Under the private sector law, the 12-month period begins on the first day of military caregiver leave. Effective date: Upon passage. (Public Act 09-70.)

-- **S.B. 854, An Act Concerning the Office of Protection and Advocacy for Persons with Disabilities.** Summary: The Office of Protection and Advocacy for Persons with Disabilities (OPA) is an independent state agency whose purpose is to protect and advocate for the civil rights of people with disabilities. This bill adds to the director's existing powers the authority to ensure that all aspects of the agency's operations comply with federally established confidentiality requirements. By law, the director must ensure that all aspects of the agency's operations conform to federal protection and advocacy requirements for program independence and authority. Effective date: Upon passage. (Public Act 09-65.)

-- **S.B. 893, An Act Concerning Notification to the Office of Protection and Advocacy for Persons with Disabilities of DMHAS Client Deaths.** Summary: This bill requires the Department of Mental Health and Addiction Services (DMHAS) commissioner to report to the Office of Protection and Advocacy for Persons with Disabilities (OPA) director, the death of any individual receiving inpatient behavioral health services from a DMHAS-operated facility. The OPA director must be notified no later than 30 days after the individual's death. Current law requires only that the commissioner report to the OPA director incidents in which a person is seriously injured or dies as a result of the use of physical restraint or seclusion in a facility DMHAS operates, licenses, or supports (CGS § 46a-152, 153). Effective date: Upon passage. (Public Act 09-67.)

-- **S.B. 957, An Act Concerning Medicaid Eligibility for Persons Living in Residential Care Homes.** Summary: In general, State Supplement Program applicants who transfer assets within 24 months before applying for assistance are presumed to have done so to qualify. Such transferors are generally ineligible for State Supplement for a period of time based on the value of the asset. But eligibility is not affected if the applicant can provide convincing evidence that the transfer was made for another reason. This bill adds a second exception by allowing transfers to "special needs trusts" by individuals who (1) are living in residential care homes (RCH) or New Horizons, Inc. (a facility for people with severe physical disabilities, located in Farmington) and (2) have available income that is above 300% of the maximum federal Supplemental Security Income (SSI) program benefit for an individual (\$ 2,022 per month in 2009) and below the private rate that the RCH or New Horizons charges. Currently, an individual whose income exceeds 300% of the SSI benefit cannot qualify for State Supplement benefits. The bill requires the social services commissioner to disregard excess income deposited into such trusts for purposes of State Supplement eligibility. The bill requires the trust to be funded solely with the individual's excess income. The trust must provide that, once the individual dies, the state will receive all amounts remaining in it after the Medicaid program is reimbursed for Medicaid-funded services the individual received, up to the amount of State Supplement provided. The type of trust someone may establish is the same that federal law allows for purposes of Medicaid eligibility (42 USC § 1396p(d)(4)). \*Senate Amendment "A" requires the social services commissioner to disregard the excess income deposited into the trusts. Effective date: July 1, 2009. (Public Act 09-73.)

**S.B. 1010, An Act Concerning Exposure to Infectious Diseases and Emergency Responders.** This bill requires hospitals to timely notify an emergency service organization (ESO) when a patient the ESO attended, treated, assisted, handled, or transported to the hospital is diagnosed with infectious pulmonary tuberculosis (but not other infectious diseases). The bill prohibits the hospital from revealing the patient's identity. The bill requires each ESO to designate an employee or volunteer to

(1) receive the notification; (2) initiate notification requests in cases where an ESO member or volunteer reports possible exposure to an infectious disease, including TB; and (3) perform related functions with regard to infectious diseases. Under the bill, "infectious diseases" include (1) infectious pulmonary tuberculosis; (2) hepatitis A, B, or C; (3) human immunodeficiency virus ("HIV"), including "AIDS"; (4) diphtheria; (5) pandemic flu; (6) methicillin-resistant staphylococcus aureus (MRSA); (7) hemorrhagic fevers; (8) meningococcal disease; (9) plague; and (10) rabies. "Exposure" means "percutaneous or mucous membrane exposure to the blood, semen, vaginal secretions, or spinal synovial, pleural, peritoneal, pericardial or amniotic fluid of another person." Effective date: October 1, 2009. ([Public Act 09-76.](#))

**S.B. 1079, An Act Concerning the Connecticut Health Information Network (CHIN).** Summary: This bill allows state agencies participating in the Connecticut Health Information Network (CHIN) to disclose personally identifiable information in their data bases to the CHIN administrator and its subcontractors for (1) network development and verification and (2) data integration and aggregation to allow for responses to network inquiries. Such disclosure is subject to federal restrictions on disclosure or redisclosure of such information. The CHIN administrator and CHIN subcontractors must not disclose personally identifiable information. The bill prohibits state agencies participating in CHIN from disclosing information to CHIN if it would be a violation of federal law, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act of 1974 and associated regulations. Effective date: October 1, 2009. ([Bill currently awaits a Public Act number.](#))

-- **H.B. 6264, An Act Concerning Statewide Healthcare Facility Planning.** This bill revises the way the Office of Healthcare Access (OHCA) (1) conducts health care facility utilization studies and (2) develops a state health care facilities plan. It requires OHCA to prepare the utilization study annually and the facilities plan every five years. In developing the plan, OHCA (1) must consider recommendations from any advisory bodies the commissioner establishes and (2) may use recommendations from authoritative organizations that promote best practices or evidence-based research. OHCA must consult with hospital representatives to develop a process that encourages hospitals to incorporate OHCA's plan into their long-range planning. Finally, OHCA must help appropriate state agencies communicate about innovations or changes that may affect future health planning. Effective date: July 1, 2009. ([Bill is currently awaiting a Public Act number.](#))

-- **H.B. 6341, An Act Concerning Competency to Stand Trial (DMHAS Bill).** Summary: This bill permits information sharing among health care providers treating or evaluating a defendant who has been, or is believed to be, not guilty due to a mental disease or defect. Currently, there is no express authorization for sharing this information without the defendant's consent. The bill gives clinical teams evaluating a defendant's competency access to information on treatment dates and locations in the treatment history in the Department of Mental Health and Addiction Service's (DMHAS) database of treatment episodes for the purpose of requesting a release of information from the defendant. It specifies that no treatment in the database can be included in the evaluators' written report or introduced at the competency hearing unless the defendant authorized its release. Under the bill, the limitation in access to information for this purpose does not limit any other lawful release or use of information from the database. In addition, when a court orders a defendant to be treated to restore his or her competency, the bill requires the clinical evaluating team to give the court-ordered health care provider information they obtained in the course of their evaluation. They must do this within 24 hours of the court's restoration order. Finally, no later than five business days after a court determines that the defendant (1) will not become competent within the time that he or she can be detained or supervised or (2) has become competent, the person in charge of the treatment facility, or a designee,

must give a copy of its progress report to the clinical team that originally evaluated the defendant. The bill extends the deadline for completing the initial competency exam from 15 calendar to 15 business days. \*House Amendment "A" places restrictions on access and use of treatment information in the DMHAS database. Effective date: Upon passage. ([Bill is currently awaiting a Public Act number.](#))

-- **H.B. 6599, An Act Concerning Patient Safety.** Summary: This bill permits only licensed or certified ambulance and rescue services to transport patients on stretchers in motor vehicles. The Public Health Department licenses commercial ambulance and rescue services and issues certificates to volunteer and municipal ambulance services. By law, anyone who wilfully violates an emergency medical services law can be fined up to \$250, imprisoned for up to three months, or both (CGS § 19a-180(d)(5)). The bill requires any ambulance used to transport patients between hospitals to meet state regulatory requirements for basic ambulance service, including those concerning medically necessary supplies and services. These regulations require, among other things, one medical response technician and one emergency medical technician in the ambulance, the latter who must attend the patient at all times. The bill permits a licensed registered nurse, advanced practice registered nurse, physician assistant, or respiratory care practitioner to supplement the ambulance transport if he or she has current training and certification (1) in pediatric or adult advance life support or (2) from the American Academy of Pediatrics' neonatal resuscitation program, as appropriate and based on the patient's condition. \*House Amendment "A" adds the provisions on ambulance transport between hospitals. Effective date: Upon passage for inter-hospital transport; October 1, 2009 for stretcher transport. ([Public Act 09-16.](#))

### **Accessing Information via the Connecticut General Assembly Web Page:**

**If you wish to get the details/status on a bill, read the text of a bill, or check on committee agendas or upcoming events in the Bulletin, log onto the Connecticut General Assembly web page at:**

<http://www.cga.ct.gov>

If you wish to look up committee agendas or check upcoming events in the Bulletin, these can be accessed on that same page by scrolling down and clicking on the appropriate item.

If you are seeking info on a specific bill, type the bill number in the box (upper right of page) – just the actual number, you do not need S.B. or H.B. – and click on “GO”. The page which will come up shows the bill history, summary, etc. for that bill. If you wish to read the bill text, scroll down the page, and click on the bill text, and the bill will come up on the screen.