PA12-109

HB5483

House	1737-1750	14
Human Services	466, 477-480, 487-489, 659, 670, 676, 679	12
Senate	4171, 4177-4179	3
		29

H – 1127

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2012

VOL.55
PART 5
1395 – 1745

Mr. Clerk, Calendar 281, please.

THE CLERK:

On page 20, Calendar 281, Substitute for House Bill Number 5483, AN ACT CONCERNING COVERAGE OF TELEMEDICINE SERVICES UNDER MEDICAID, favorable report on the Committee of Human Services.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Human Services Committee, Representative Tercyak.

REP. TERCYAK (26th):

Thank you, very much, Mr. Speaker.

I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage.

Will you explain the bill, please, sir?

REP. TERCYAK (26th):

Yes, Mr. Speaker.

The Clerk has an amendment, LCO 3319. I would ask the Clerk to please call the amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER GODFREY:

The Clerk is in possession of LCO Number 3319, which will be designated House Amendment Schedule

"A." Will the Clerk please call.

THE CLERK:

LCO Number 3319, House "A," offered by Representative Tercyak.

DEPUTY SPEAKER GODFREY:

The gentleman's asked to leave the Chamber to summarize. Is there objection? Hearing none, Representative Tercyak.

REP. TERCYAK (26th):

Thank you, very much, Mr. Speaker.

This is a strike-all amendment to clean up a couple details in the underlying bill. It does not -- and change the intent.

To the extent permitted by federal law, this bill will allow, and where it is deemed medically and clinically appropriate, this bill permits Medicaid-covered health care services to be provided by telemedicine in place of in-person contact between a patient and health care provider.

Under the bill, "telemedicine" means the use of interactive audio, video or data-communication delivery of medical advice, diagnosis, care or treatment; it doesn't mean faxes.

It includes a provision through electronic

communications or interstate commerce of diagnostic or treatment services, including primary diagnosis of pathology specimens, slides or images to any person located in the state as well as similar telehealth services approved by federal Medicare regulations. Facsimile and audio-only telephone transmissions are excluded from the definition of "telemedicine."

I move adoption.

DEPUTY SPEAKER GODFREY:

The question is on adoption.

Will you remark, sir?

REP. TERCYAK (26th):

I think I said too much the first time, sir.

Thank you.

DEPUTY SPEAKER GODFREY:

We won't argue.

REP. TERCYAK (26th):

I don't think --

DEPUTY SPEAKER GODFREY:

The distinguished Ranking Member of the Human Services Committee, Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker; good afternoon.

DEPUTY SPEAKER GODFREY:

Good afternoon.

REP. GIBBONS (150th):

Certainly when this bill came up before Human Services, we all on both sides of the aisle were enthusiastic about it, and we're ready to support it, which I believe we did unanimously.

But if I may please, through you, sir, ask a couple questions of the proponent of the amendment.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. GIBBONS (150th):

Through you, Mr. Speaker.

The wording has been changed from "medically appropriate" to "clinically appropriate." Could you please explain what the difference is, please?

And through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Tercyak, do you care to respond?

REP. TERCYAK (26th):

I believe that medically appropriate is a more narrow definition than clinically appropriate. One of the things that's included in this definition of "clinically appropriate" is that the services

cost less than providing them in other ways, and I would hate to see cost be a -- be a deciding factor in what's medically appropriate, so that's one reason I prefer the -- the change to clinically appropriate.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you.

And -- and again, through you, Mr. Speaker, if I may ask another question, please.

DEPUTY SPEAKER GODFREY:

Uh-huh.

REP. GIBBONS (150th):

And in the original bill, the Commissioner of DSS was going to consult with the Commissioner of DPH. And it is my understanding now that DPH already regulated telemedicine in our state. Is that correct, please?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Tercyak.

REP. TERCYAK (26th):

Yes, that is correct, and that's the within why DPH is excluded from this bill, which is instead dealing only with the method of payment for this demonstration project to extend these services that already exist in Connecticut for others to some Medicaid patients, through some facilities which will be FQHCs.

DEPUTY SPEAKER GODFREY:

Representative Gibbons.

REP. GIBBONS (150th):

I think it'll be excellent to get it started. It's -- again, it's my understanding that telemedicine is already conducted in our state on a fee-for-service basis through some of the private insurance companies. And this will open it up to Medicaid patients or clients, and I think that's all to the better because some of them cannot get into the clinics, especially if they need heart monitoring or diabetes monitoring, which can easily be done through telemedicine.

I think this is an excellent bill and I urge all my colleagues to support it.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

The gentleman from the 31st, Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, if I can ask a couple of questions of the proponent of --

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. SRINIVASAN (31st):

-- the bill.

Thank you, Mr. Speaker.

I see in line 2 -- line 4, interactive audio and in line 9, audio-only telephone. I would just like for myself a clarification, the difference between what is an interactive audio and what is audio-only telephone.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you, very much, Mr. Speaker, and through you.

I'll start with the second part of the

question. Audio-only telephone is the telephones that we are all familiar with. Interactive, the interactive audio, where it's used there, I do not believe is a free-standing thing because it would be -- because if it's free-standing, all it means is it's telephone, but it -- it would allow for audio and -- and other parts of -- other ways of -- of communication and data communication. But it -- it is meant to be part of but not the entirety of telemedicine.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker.

I am still not clear what the difference between or I do understand the old-fashioned, standard audio-only telephone, but the interactive audio by itself, in what way is that different? Because it says there in line 8 telemedicine does not include the use of fax and audio-only telephones. So I just want that for my clarification. I do understand the interactive video, interactive data communication, but the interactive audio is a part that I'm not able to

kind of comprehend.

Through you, Mr. Speaker.

REP. TERCYAK (26th):

In line --

DEPUTY SPEAKER GODFREY:

Representative --

REP. TERCYAK (26th):

-- 4 --

DEPUTY SPEAKER GODFREY:

-- Tercyak.

REP. TERCYAK (26th):

-- when we refer to interactive audio, we do not mean using it exclusively.

In line 4, to -- and through you, Mr. Speaker -- when we refer to "interactive audio," it is not meant to be only interactive audio but to be part of the other interactive communication forms, whether that be written data or -- or video.

It is not -- in line 9 we're talking about only a phone call without using other forms of data or video would not be sufficient to meet the definition of telemedicine. And that's where the distinction is. I wouldn't claim that interactive audio free standing would be separate, necessarily, from

H – 1128

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2012

VOL.55
PART 6
1746 – 2095

audio-only telephone. But it is meant -- it is -- that part is meant to make clear that while discussion can be part of telemedicine, a phone-call discussion, in and of itself, is not sufficient for reimbursement under telemedicine.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, so would it then mean that it is interactive audio and interactive video or interactive data communication as opposed to either being one of the three?

DEPUTY SPEAKER GODFREY:

Representative Tercyak.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker.

REP. TERCYAK (26th):

Thank you, very much.

Through you, Mr. Speaker.

It, if you keep want -- if I'm asked this question often enough, I may get to a definition that I like yet.

REP. SRINIVASAN (31st):

Yeah.

REP. TERCYAK (26th):

I'll keep on trying.

Interactive audio as opposed to a telephone call where people talk with each other --

REP. SRINIVASAN (31st):

Yeah.

REP. TERCYAK (26th):

-- would include, for instance, the ability of a patient to hold something up to the -- to themselves and have a doctor able to actually hear and assess their heart rate, rhythm, and quality --

REP. SRINIVASAN (31st):

Oh.

REP. TERCYAK (26th):

-- as opposed to a conversation. So, in fact, it wouldn't necessarily have to be accompanying to other things, in spite of how insistent I was that -- on that the last time I answered --

REP. SRINIVASAN (31st):

Right.

REP. TERCYAK (26th):

-- this exact same question but would include more than, as I said before, a conversation.

Science is moving forward quickly with this.

It could be listening to a heartbeat here. It could be listening to a buoy of the -- of the sound of whether or not we have a clog in an artery somewhere else. That's the more interactive part and a better definition.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker.

I do want to thank the proponent for his explanation. And the second, this time around, I think he made the distinction very clear. It is not just an audio part, but there is some extra component to just being a telephone call, and I agree with that.

Those components will definitely make the assessment of the patient or the clinical condition more relevant to the physician and definitely, as you said, in this day and age, that is the right way to go.

And I will definitely urge my colleagues to support the bill as well.

DEPUTY SPEAKER GODFREY:

Thank you --

REP. SRINIVASAN (31st):

Thank you --

DEPUTY SPEAKER GODFREY:

-- sir.

REP. SRINIVASAN (31st):

-- Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Will you remark further on House Amendment Schedule "A?" Will you remark further on House Amendment Schedule "A?"

If not, let me try your minds. All those in favor, signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay.

The ayes have it; the amendment is adopted.

Remark further on the bill as amended? Will you remark further on the bill as amended?

If not, staff and guests please come to the well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call; all members to the Chamber, please. The House of Representatives is voting by roll call.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If so, the -- all the members have voted. The machine will be locked.

The Clerk will take a tally. And the Clerk will announce the tally.

THE CLERK:

House Bill 5483, as amended by House "A."

Total number voting	146
Necessary for passage	74
Voting Yea	146
Nay	0
Not voting	5

DEPUTY SPEAKER GODFREY:

The bill as amended is passed.

Will Clerk please call Calendar 144.

THE CLERK:

On page 7, Calendar 144, Substitute for House Bill Number 5230, AN ACT CONCERNING VARIOUS CHANGES TO PROPERTY AND CASUALTY INSURANCE STATUTES, favorable report on the Committee of Insurance and

JOINT STANDING COMMITTEE HEARINGS

HUMAN SERVICES PART 2 261 – 527

2012

Bremby, from DSS, followed by Representative Kupchick, and then Vicki Veltri, the Healthcare Advocate.

COMMISSIONER RODERICK L. BREMBY: Good afternoon, Senator Musto, Representative Tercyak, distinguished members of the committee.

I'm Rod Bremby, Commissioner of DSS, and I'm here today to testify on a number of bills that impact our department. I believe you have before you our testimony, so I'll just hit the -- the highlights and stand for questions, along with several members of my staff.

Regarding Senate Bill 391, AN ACT EXPANDING ACCESS TO VETERANS TO PUBLIC ASSISTANCE PROGRAMS, this bill proposes that Veterans' aid and attendance be excluded from determining eligibility for DSS programs and services. We believe that there will be a minimal impact for withholding, and so based on the information we have at this time, we support this proposal.

Senate Bill 392, AN ACT CONCERNING PHARMACY MEDICATION REIMBURSEMENT. The purpose of this bill is to establish various reimbursement rates for different types of pharmacies, to establish tiers, in effect. The reimbursement would be based on whether a retail pharmacy is a chain versus an independent pharmacy. The language in the bill distinguishes independent pharmacies from chain pharmacies, based on ownership, as privately owned versus publicly traded, and by the number of in-state stores. While this proposal is well intended, funding was not including in the Governor's recommended budget adjustments to support this increase. Therefore, this proposal cannot be supported by the department.

Senate Bill 394, AN ACT CONCERNING MEDICAID

SB395
SB396
SB397
HB5450
HB5451
HB5452
HB5475
HB5476
HB5477
HB5480
HB5481
HB5482
HB5483

support the bill, pending completion of our analysis of chronic disease hospital reimbursement. Implementing an unfunded annual rate increase for only one of the State's four free-standing chronic disease hospitals defeats the purse of this comprehensive rate review.

House Bill 5482, AN ACT EXPANDING THE CONGREGATE MEALS PROGRAMS FOR THE ELDERLY. This bill would offer congregate meals under the Elderly Nutrition Program for at least one additional day. There are several concerns with the bill. It's not clear from the language whether program or programs in this bill, whether it's intended to mean a minimum of six days of meals in both the congregate and home delivery programs under the act. Likewise, the language requires that every ENP provides a minimum of six days of meals at every congregate meal site or to every home-delivered client. It's just not sure.

The program has served over a-million-two home-delivered meals to 6200 consumers and 832,000 congregate meals to 1800 consumers in the last State fiscal year. The cost of each -- these meals were met through combining all the sources of funding. To fund one meal for one additional day would require an increase of at least 20 percent but at an amount to make up the cost per meals that would be funded by other sources.

The cost of a meal on a weekend doesn't necessarily equate to the cost of a meal on a weekday because the facilities, the resources, the personnel may simply not be unavailable. The bill is well intentioned but would result in an unbudgeted cost and therefore the department cannot support the bill.

And, finally, House Bill 5683, it's AN ACT

CONCERNING COVERAGE OF TELEMEDICINE SERVICES UNDER MEDICAID. The department recognizes the potential of telemedicine and would be happy to work with the authors of the bill to study the need for these services or these service modalities, their cost effectiveness, and the best ways to safely implement them.

So, with that, I conclude my remarks and would be happy to stand for any questions. And I have staff along with me to assist.

SENATOR MUSTO: Thank you, Commissioner.

If you could just hang tight for one minute, we have to recess.

REP. TERCYAK: Recess this.

SENATOR MUSTO: Yeah, so we're going to real quickly recess the public hearing, and we'll reconvene in one minute. So we're doing that.

(Recess.)

SENATOR MUSTO: And we'll reconvene the public hearing with questions for -- questions for Commissioner Bremby.

Yes; Representative Lyddy.

REP. LYDDY: Thank you, Mr. Chair.

Thank you, Commissioner, for your testimony. It was quite lengthy, so I'm trying --

COMMISSIONER RODERICK L. BREMBY: Right.

REP. LYDDY: -- to sift through it a little bit.

I'm going to jump to the last bill that you testified on, the telemedicine services.

COMMISSIONER RODERICK L. BREMBY: Yes.

REP. LYDDY: Can you tell me if telemonitoring or any type of telehealth is currently covered under Medicaid?

COMMISSIONER RODERICK L. BREMBY: We do. Yeah, we currently have a pilot actually written into one of our waivers.

And, Mark, you can go ahead and respond. When I start answering, they come up, and I don't know if they'd still come up this way.

MARK SCHAEFER: You can see me looking around the room. I'm Mark Schaefer, Director of Medicaid. Because I'm not sure I'm going to be able to elaborate on what the commissioner responded.

We were looking under the Money Follows the Person program, I think, at a telemonitoring pilot, and -- and I'm not sure of the status of that. We can get back to you with a written response.

REP. LYDDY: Okay.

I just want to make a -- a point and make it very clear that although in your testimony you state that the telemedicine is typically used in rural communities, for rural communities, the population that we're looking to serve with Money Follows a Person clearly have significant challenges to accessing health care. And so I'd encourage both this committee and the -- and the department to look very closely at some of those studies that you referenced throughout the country to see how they're being used to support low-income families in urban -- urban

settings and rural settings.

COMMISSIONER RODERICK L. BREMBY: I -- I appreciate your comments.

We use the modality for rural because that's what is commonly thought of. But there are many, many pilots across the country where people with chronic health, congestive heart failure, within urban settings have telemetry that's available on a day-in, day-out basis, that's monitored by a bank of nurses. So it's unclear how extensive, how broad telemedicine is referenced here, but we're on board with that.

REP. LYDDY: Great.

And I'm going to jump over to the BHP, and I was a little taken back by the department's position with not moving forward with a BHP, understanding that we're talking about people who earn a hundred and thirty --

HB5450

COMMISSIONER RODERICK L. BREMBY: A hundred thirty-three?

REP. LYDDY: Yeah, a-hundred-and-thirty-three to two-hundred percent of the poverty level. This is a significant group of people that are going to have, and continue to have currently, a significant struggle to accessing care. Can you justify a little bit more --

COMMISSIONER RODERICK L. BREMBY: Yeah.

REP. LYDDY: -- as to what we're going to do with this group of people and how we're going to ensure that they not only have access to care but to continuous care --

COMMISSIONER RODERICK L. BREMBY: I'd be --

000487

have to pay, would pay a less fee or a smaller fee to a home health care provider who was doing it on his or her own than through an agency. And we're not trying to cut out the agencies altogether, because I think the vast majority of Medicaid consumers would want to go through an agency, just because it's easier. But I think there's some consumers who feel they can handle that procedure on their own.

COMMISSIONER RODERICK L. BREMBY: Let's talk.

REP. LYDDY: Okay; thank you, Commissioner.

Thank you, Mr. Chairman.

SENATOR MUSTO: Representative Thompson.

REP. THOMPSON: Good afternoon, Commissioner.

COMMISSIONER RODERICK L. BREMBY: Good afternoon.

REP. THOMPSON: Telemedicine --

HB5683

COMMISSIONER RODERICK L. BREMBY: Yes.

REP. THOMPSON: -- and providing expand -- and having a great promise to provide expansion services for those most in need, and it seems to me that allied or rather affecting that progress is the increasing evidence of shortage of primary care providers; that's not just a problem here in Connecticut but it's a national problem, and it's receiving serious attention. It would seem to me that we -- we are sitting here in Connecticut with a -- a -- an organization of federally qualified health centers who provide primary care; that's their primary business, if I may play on words, and you are well aware of that. We've had very brief conversations in subcommittees.

I wonder if it isn't time to bring all that together and using the federally qualified health centers as a weapon to expand services to this population. But it will require some give on the part of other physicians in the specialties.

We have worked on that in different regions and have at least one program where a health network with two hospitals is working closely with the federally qualified health center in that area to -- they provide the primary care and will accept referrals for -- from that primary care system to the specialized care system. And we gave them $50,000 -- generous, when you talk about millions and millions of dollars -- which provided 500, 100-dollar visits to specialists to pick up from there.

And the question, of course, is: Well, where do you go from there? Suppose you -- the first patient that goes across has some very serious problem. And they said, we will vet that patient. We will look at that patient and if they're entitled to anything, we'll make -- make sure it works. But if they're not entitled to anything, we'll sit down and we have a responsibility.

And so it seems to me that you'd have to enlist the -- the practitioners, particularly primary care. And we do have a system out there now with over 160 sites that can be used, and a tragedy in our state is that not many people are aware -- it. Everybody's using it, but that needs it -- that -- that everybody who needs it uses it, but not everybody is aware of its existence. So we got to do is a better job, but it's out there waiting for us to --

COMMISSIONER RODERICK L. BREMBY: I --

REP. THOMPSON: -- pull together.

COMMISSIONER RODERICK L. BREMBY: I would think the promise of health reform allows us to align many different systems together and bred them and thread them in a way that gets complete coverage. We're currently working with FQHCs. Mark has had conversations and has had a lot of hand-in-hand work over the years.

Telemedicine is an opportunity to connect primary care with specialists as well as primary care to people in rural settings, as well as urban settings. So telemedicine holds a promise for linking a lot of us together in many, many ways, and we continue to be available to have those conversations and be a part of those plans.

Thank you.

REP. THOMPSON: Thank you.

SENATOR MUSTO: Are there questions from members of the committee?

Thank you, Commissioner.

COMMISSIONER RODERICK L. BREMBY: Just one --

SENATOR MUSTO: Yes.

COMMISSIONER RODERICK L. BREMBY: -- last item. In terms of our expectations, we will definitely have someone here for the balance of the meeting, if that is your expectation. Okay.

SENATOR MUSTO: All right.

COMMISSIONER RODERICK L. BREMBY: Thank you.

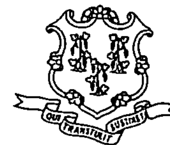
SENATOR MUSTO: We'll go to Ms. Barbara Albert. Is

JOINT STANDING COMMITTEE HEARINGS

HUMAN SERVICES PART 3 528 – 785

2012

(T2)



Testimony before the Human Services Committee

Commissioner Roderick L. Bremby

March 13, 2012

Good afternoon, Senator Musto, Representative Tercyak and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am Commissioner of the Department of Social Services (DSS). I am here today to testify on a number of bills that impact the department.

SB394 SB395 SB396 SB397 HB5450 HB5451 HB5452 HB5475 HB5476 HB5477 HB5480 HB5481 HB5482 HB5483

S.B. No. 391 (RAISED) AN ACT EXPANDING ACCESS BY VETERANS TO PUBLIC ASSISTANCE PROGRAMS.

This bill proposes that Veterans' Aid and Attendance be excluded from determining eligibility for DSS programs and services. We believe that the impact would be minimal due to the small number of clients that would be affected and could easily be implemented by the department on behalf of veterans. Therefore, based on the information we have at this time, we support this proposal.

S.B. No. 392 (RAISED) AN ACT CONCERNING PHARMACY MEDICAID REIMBURSEMENT.

The purpose of this bill is to establish various reimbursement rates for different types of pharmacies. Reimbursement would be based on whether a retail pharmacy is a chain versus an independent pharmacy. The language in this bill distinguishes independent pharmacies from chain pharmacies based on ownership (privately owned versus publicly traded) and by the number of in-state stores.

The CT Pharmacy Association has for years advocated for the department to establish differential reimbursement for independent pharmacies and chain pharmacies. Due to the volume of transactions, chain pharmacies have enhanced negotiating power and are able to purchase pharmaceuticals at a much more discounted rate than independent pharmacies.

While this proposal is well-intended, funding was not included in the Governor's recommended budget adjustments to support this increase. Therefore, this proposal cannot be supported by the department.

service at least 5 days per week at every congregate site or to every home delivered client, but rather that provision of meal services is available five days per week For example, some ENPs are contracted to only provide meals on the weekend Other sites operate three days per week.

Other concerns include the following:

- It is not clear from the use of the language "program" or "programs" in this bill whether it is the intention to require a minimum of six days of meals (one more day than is currently required by the Older Americans Act) in both the congregate and home-delivered programs under the Act Likewise, does the language require that every ENP provide a minimum of six days of meals at every congregate meal site or to every home delivered client?

- The Program served 1,233,154 home-delivered meals to 6,239 consumers and 832,916 congregate meals to 18,554 consumers in FY 2011. The cost of each of these meals was met through combining all the sources of funding. To fund one meal for one additional day would require not only an increase of at least 20% of state funding, but an amount to make up for the per meal cost funded by the other sources.

- The cost of a meal on a weekend doesn't necessarily equal the cost of a meal on a weekday. Providers may not find it feasible to operate on a weekend because they may be unable to get volunteers to serve on a weekend, may need to pay workers higher wages to produce the food or transport it, or be unable to use the same congregate meal sites (such as senior centers) on a weekend as a weekday.

This bill is well-intentioned but would result in an unbudgeted cost, and, therefore, the department cannot support the bill

H.B. No. 5483 (RAISED) AN ACT CONCERNING COVERAGE OF TELEMEDICINE SERVICES UNDER MEDICAID.

Telemedicine is a modality used in remote and rural areas of the nation to serve populations who find it difficult to access health care There are few such areas in Connecticut, therefore the need for and the ultimate cost of such services is unclear. It is also unclear what is intended by "interactive data communication" and its impact on the Medicaid population.

The Department recognizes the potential of telemedicine and would be happy to work with the authors of the bill to study the need for these service modalities, their cost-effectiveness, and the best ways to safely implement them

I thank you for the opportunity to testify before you today and welcome any questions you may have

Testimony to the Human Services Committee

Regarding

Senate Bill 394, An Act Concerning Medicaid Eligibility and the Identification and Recovery of Assets

Senate Bill 395, An Act Increasing the Personal Needs Allowance for Certain Long-Term Care Facility Residents

House Bill 5475, An Act Concerning Nursing Homes

House Bill 5476, An Act Expanding Consumer Choice for Skilled Nursing Care at Home

House Bill 5480, An Act Concerning Increasing Community-Based Care for Elderly Medicaid Recipients

House bill 5482, An Act Expanding the Congregate Meals Program for the Elderly

House Bill 5483, An Act Concerning Coverage of Telemedicine Services Under Medicaid

Presented by Mag Morelli, President of LeadingAge Connecticut

March 13, 2012

Good afternoon Senator Musto, Representative Tercyak and members of the Human Services Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership association of over 130 mission-driven and not-for-profit provider organizations serving older adults across the entire continuum of long term care. *(LeadingAge Connecticut was formerly known as the Connecticut Association of Not-for-profit Providers for the Aging or CANPFA.)* LeadingAge Connecticut members are sponsored by religious, fraternal, community and municipal organizations and are dedicated to expanding the world of possibilities for aging.

We have submitted written testimony on several bills before you today and I would like to speak in support of one of those bills, ***Senate Bill 394, An Act Concerning Medicaid Eligibility and the Identification and Recovery of Assets.***

LeadingAge Connecticut would like to thank the Committee for raising this bill which proposes to ease the financial burden placed on nursing homes when a Medicaid penalty period is imposed on a nursing homes resident. This legislation would also strengthen asset recover efforts and insert common sense rules into the eligibility process. We believe that modifying the regulations in this manner will not only assist nursing homes, but will also promote the use of private resources to pay for nursing home care rather than encouraging a reliance on Medicaid funding.

is challenging the home health care agency model of care and we do not understand why. Second, we are concerned with how this proposal changes the current scope of practice for nursing and how those changes will affect other elements of the health care field. Third, the creation of a central registry raises questions regarding whether the registry will be exclusive and whether consumers would be able to choose outside of the registry. At this point this bill raises too many concerns and we are not be in a position to support it.

House Bill 5480, An Act Concerning Increasing Home and Community-Based Care for Elderly Medicaid Recipients
LeadingAge Connecticut would support the state's effort to apply for the State Balancing Incentive Payment Program.

House Bill 5482, An Act Expanding the Congregate Meals Program for the Elderly
LeadingAge Connecticut supports efforts to increase support and funding for the elderly nutrition programs. Funding for the nutrition programs has not increased for several years, but the costs associated with the delivery of congregate and home delivered meals have dramatically increased over that same period and the result has been a reduction in the ability to provide the same level of service to our elderly. It is critical that we increase support and provide an adequate level of service because affordable, nutritious meals for seniors are essential for their health and well-being. For many, the meal they receive at the congregate meal sites or through home delivery is the only nutritious meal they can afford. That is why we support this bill to expand the Congregate Meals Program for the Elderly.

House Bill 5483, An Act Concerning Coverage of Telemedicine Services Under Medicaid
LeadingAge Connecticut believes that technology will transform the aging experience and that telemedicine will play a crucial role in the future of aging services. LeadingAge CAST has just released an analysis of state payments for Aging Services Technologies (AST) and the link to that report is printed below. The analysis shows that 44 states reimburse for Personal Emergency Response Systems (PERS), 16 states reimburse for medication management and seven states reimburse for home telehealth/telemonitoring. While this is promising, we do remain cautious regarding the reimbursement for telemedicine. Precautions must be in place to ensure a standard of care that is required by state statute and regulation. We would therefore recommend that Medicaid reimbursement be limited to telehealth/telemonitoring that is being performed by licensed Connecticut providers.

Link to the CAST Analysis of State Payments for AST:
http://www.leadingage.org/uploadedFiles/Content/About/CAST/CAST_State_Paymen_%20Analysis.pdf

Thank you for this opportunity to testify and I would be glad to answer any questions.

Mag Morelli, LeadingAge Connecticut, mmorelli@leadingagect.org (860) 828-2903

LeadingAge Connecticut, 1340 Worthington Ridge, Berlin, CT 06037
www.leadingagect.org

S - 648

CONNECTICUT GENERAL ASSEMBLY SENATE

PROCEEDINGS 2012

VOL. 55
PART 13
3941 – 4222

004171

consent calendar thereafter.

First, Madam President, first item is calendar page 6, Calendar 364, House Bill 5089. Madam President, would move to place that item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Second item, calendar page 7, Calendar 378, House Bill 5554. Move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 8, Calendar 391, House Bill 5446. Madam President, move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 9, Calendar 395, House Bill 5483. Move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Calendar page 10, Calendar

On calendar page 28, Calendar 512, House Bill 5424. Madam President, move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

And a final item is on calendar page 30, Calendar 522, House Bill 5289. Madam President, move to place this item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would -- would read the items on the consent calendar for a verification and then if we might move to a vote on the consent calendar.

THE CHAIR:

Mr. Clerk.

SENATOR LOONEY:

Thank you, Madam President.

THE CHAIR:

Thank you, sir.

THE CLERK:

On page 6, Calendar 364, House Bill 5089; page 7, Calendar 378, House Bill 5554; page 8, Calendar 391, House Bill 5446; page 9, Calendar 395, House Bill 5483.

On page 10, Calendar 402, House Bill 5299; page 12, Calendar 425, House Bill 5476.

On page 13, Calendar 426, House Bill 5443; on page 14, Calendar 438, House Bill 5347; Page 14, Calendar 439, House Bill 5388; page 15, Calendar 441, House Bill 5501.

Also on page 15, Calendar 442, House Bill 5536; page 16, Calendar 445, House Bill 5145; page 16, Calendar 446, House Bill 5395; on page 16, Calendar 448, House Bill 5414; page 17, Calendar 451, House Bill 5548; page 18, Calendar 456, House Bill 5285.

Also on page 18, Calendar 458, House Bill 5031; on page 20, Calendar 468, House Bill 5217; page 21, Calendar 471, House Bill 5164; page 22, Calendar 476, House Bill 5263.

On page 23, Calendar 485, House Bill 5237. On page 25, Calendar 497, House Bill 5512; page 26, Calendar 502, House Bill 5497; page 26, Calendar 503, House Bill 5409.

On page 28, Calendar 512, House Bill 5424. And on page 30, Calendar 522, House Bill 5289.

THE CHAIR:

That seems correct.

Mr. Clerk, would you please call for a roll call vote on the consent calendar. (Inaudible.)

THE CLERK:

Immediate roll call has been ordered in the Senate. Will senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Gomes, would you like to vote, please. Thank you.

If all members have voted, if all members have voted, the machine will be closed.

Mr. Clerk, would you please call a tally.

THE CLERK:

On today's consent calendar,

Total Number Voting 35
Necessary for passage 18
Those Voting Yea 35
Those Voting Nay 0
Those Absent and Not Voting 1

THE CHAIR:

The consent calendar passes.

Are there any points of personal privilege or announcements? Are there any points of personal privilege or announcements?

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Yes, Madam President, if there are no announcements or points of personal privilege, we will, of course, be in session tomorrow -- or actually it's later today but -- but not on Thursday. But --

THE CHAIR:

Okay. Promise?

SENATOR LOONEY:

-- we will -- we will convene later this morning. We will have a -- announce the Democratic caucus at eleven followed by session at noon today.

Thank you, Madam President.

With that, would move the Senate stand adjourned, subject to the call of the chair.

THE CHAIR:

So ordered, sir. Everybody drive safely.

On motion of Senator Looney of the 11th, the Senate, at 12:32 a.m. adjourned subject to the call of the chair.