

Legislative History for Connecticut Act

PA 15-120

HB6708

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Transcripts from the Joint Standing Committee Public
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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2015**

**VOL.58
PART 7
2093 - 2443**

/dd
HOUSE OF REPRESENTATIVES

8
May 12, 2015

SPEAKER SHARKEY:

Perhaps, madam, yes.

REP. FRITZ (90th):

I think that may be true.

SPEAKER SHARKEY:

Truer words have not been spoken. Yes.

That's right. So congratulations to Representative Ritter and Representative Berger for their making it this far and happy birthday to you all.

Are there any other announcements or introductions? If not, let's get to the call of the Calendar and start our business for the day.

Mr. Clerk, would you please call Calendar 72.

CLERK:

On page 3, House Calendar 72, Favorable Report HB6708 of the Joint Standing Committee on Public Health, AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES.

SPEAKER SHARKEY:

Our birthday boy, Representative Ritter, you have the floor, sir.

REP. RITTER (1st):

Thank you and what a way to spend your birthday so -

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SPEAKER SHARKEY:

Absolutely.

REP. RITTER (1st):

- nice to see everybody here today. And I
move acceptance of the Joint Committee's Favorable
Report and passage of the bill.

SPEAKER SHARKEY:

The question is on acceptance of the Joint
Committee's Favorable Report and passage of the
bill. Will you remark, sir?

REP. RITTER (1st):

Thank you, Mr. Speaker. This really is a
technical reviser. It basically does two things;
one is it clarifies that whether or not you receive
state funding, if you're providing mental health or
substance abuse treatment, you need to comply with
the reporting requirements to the Commissioner. As
you can imagine from a state policy perspective,
we'd like to have this information. It helps us in
a number of ways. It also allows the Commissioner
to authorize somebody in her office to enter into
certain contracts and sign certain agreements. The
current statutory language is a little more
limiting in that regard. Thank you, Mr. Speaker.

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SPEAKER SHARKEY:

Thank you, sir.

Would you care to remark? Would you care to remark further on the bill that is before us? If not, staff and guests to the Well of the House. Will members take your seats. The machine'll be opened.

CLERK:

[bell rings] The House of Representatives is voting by roll. The House of Representatives is voting by roll. Will members please report to the Chamber immediately.

[pause]

DEPUTY SPEAKER GODFREY:

[gavel] Have all the members voted? Is your vote properly recorded? If so, the machine'll be locked.

Mr. Clerk, please announce the tally.

CLERK:

House Bill 6708

Total Number Voting 147

Necessary for Passage 74

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HOUSE OF REPRESENTATIVES

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Those voting Yea	147
Those voting Nay	0
Absent and not voting	4

DEPUTY SPEAKER GODFREY:

The bill is passed. [gavel]

Mr. Clerk, kindly call Calendar 276.

CLERK:

On page 19, Calendar 276, AN ACT CONCERNING
MINOR AND TECHNICAL CHANGES TO COMMERCE-RELATED
STATUTES.

HB 6917

DEPUTY SPEAKER GODFREY:

The House will stand at ease.

(Chamber at ease.)

DEPUTY SPEAKER GODFREY:

[gavel] The House will come back to order.
The Clerk had just called Calendar 276. Lemme call
on the distinguished Chairman of the Commerce
Committee, Representative Perone of Norwalk.

REP. PERONE (137th):

Thank you very much, Mr. Speaker. This bill
essentially makes minor technical revisions -

DEPUTY SPEAKER GODFREY:

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SENATE**

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SENATE

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June 1, 2015

Senate Bill No. 811

Total Number Voting	36
Necessary for Passage	19
Those voting Yea	36
Those voting Nay	0
Absent/not voting	0

THE CHAIR:

[gavel] The bill is passed. Mr. Clerk.

CLERK:

On Page 14, Calendar 509, House Bill No. 6708, AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES, Favorable Report of the Committee on Public Health.

THE CHAIR:

Let's keep this going. Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President. Madam President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the House.

THE CHAIR:

Thank you. The motion is on acceptance and passage in concurrence. Will you remark, ma'am?

SENATOR GERRATANA:

Yes, thank you, Madam. This bill comes to us from the Department of Mental Health and Addiction Services and makes some technical changes in their statutes. It clarifies and strengthens DMHAS' ability to collect data from behavioral health providers in Connecticut.

It gives the Commissioner also, statutory authority to designate someone other than her to sign contracts and finally eliminates the prescriptive language for the appointment of deputy commissioners and a medical

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director. I urge the Chamber's support of the bill.
Thank you, Madam.

THE CHAIR:

Will you remark further on the bill? Will you remark further? Senator Markley, good afternoon, sir.

SENATOR MARKLEY:

Good afternoon, Madam President. I rise in support of this bill. There's some sections in it that I think are very important in the short term for the Department and there's some other things about reporting that we've discussed over some time that I believe we're comfortable with at this point, so I would hope that the Chamber can support this legislation. Thank you.

THE CHAIR:

Will you remark? Senator Kane.

SENATOR KANE:

Thank you, Madam President. I rise for a few questions to the proponent of the bill.

THE CHAIR:

Please proceed, sir. Senator Gerratana, prepare yourself.

SENATOR KANE:

Thank you, Madam President. Through you to Senator Gerratana, I've had numerous conversations with the liaison from DMHAS as well as the agency. And one of the concerns I have with the underlying bill is the collection of data, and in the bill, I believe the way it's written is that not only do providers who receive funding from DMHAS have to provide data, but even those who do not receive any DMHAS funding. Is that your understanding as well, through you, Madam President?

THE CHAIR:

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Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, yes, it says on Line 8 whether or not such agencies are operated or funded by the state, through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President, and that's where I have my concern. So if DMHAS doesn't provide any funding to a provider, then why should they have to submit data to an agency that they're not receiving funding from, through you, Madam President?

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, certainly I understand your concern. I know this is the second year that the bill has been here. We haven't had any testimony opposing it from providers. They understand and of course DMHAS has explained to us too, that this information is collected of course from organizations from our nonprofit entities that do receive state money, state funding, excuse me, money through the budget.

But also DMHAS needs to do this in order to apply for grants to the tune of, and I'm looking at what they said, \$20 million in block grants, and this goes to the very issue of data, collecting data about who is cared for in our state.

These grants come down from the federal government. So DMHAS has asked permission, through our statutory language, of course, to be able to do this and I think that this would be appropriate since they have to

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report to the federal government, and if they want to get these grants, a complete picture of who is receiving what care in our state.

The information, by the way, is not identifiable, according to HIPAA law, so persons, if you will, individuals, patients, are protected, through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I want to thank Senator Gerratana for answering the question in that way because you just led me to my next question.

So what type of data would be collected from these providers, specifically, date of birth? Is it demographic data, things like that? Because I think those type of things are violation of HIPAA when you talk about date of birth, things like that. So I want to make sure that we're both talking about the same thing, through you, Madam President?

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, yes, this is what is collected. I did ask the person who does this and collects this data with our state-funded individuals, patients, and this is, the demographics include name, date of birth, race, ethnicity, religion, veteran status, language and insurance.

And if you don't mind, Senator Kane, I wanna tell you also what is collected. Diagnosis from the DSM-5 diagnosis, set national outcome measures, such as employment, living, substance use and types of substance. And also service data. Data regarding individual services provided and finally, admission

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and discharge data, admission and discharge date, referral sources and discharge data.

And again, as I say, this is not identified, the patient, if you will. The person receiving services is not identified other than this, through this information, which is collected, through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I thought you said name was the first thing you mentioned, through you

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President, yes, that's what it says, you're absolutely right. It does say name, so I was told in another memo from DMHAS that the names are not provided. It is redacted, so I apologize. It probably may be what they collect for those that are state, through the agencies. The agency collects that information through those that receive state funds, through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. Through you, where is that reflected in the bill?

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

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It is not. Oh, excuse me, Madam President, it is not reflected in the bill, but it does say a client identifier system. Usually a client identifier system is a number, a nomenclature that is attached to a client. In this case, this was the bill, or I should say, the underlying language says, and that identifier is usually linked to information that could identify the person, but is not utilized for data purposes, through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I'm not going to belabor the issue. I know we have a larger pressing thing going on today that we're going to be tackling, but what I will say is, I am going to vote in opposition to this bill.

Your answer to me was contradictory. In one respect you said name and date of birth, which are HIPAA violations, and then you said you have a memo that says they won't receive the name, so I'm a little concerned about that.

But more importantly, we're requiring that providers who do not receive funding from DMHAS provide data to DMHAS, and that to me is troublesome. Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark further? Will you remark further? If not, Mr. Clerk, will you call for a roll call vote? The machine will be open.

CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call ordered in the Senate.

[pause]

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THE CHAIR:

Senator Hwang. If all members have voted, all members have voted, the machine will be closed. Mr. Clerk, will you please call a tally.

CLERK:

House Bill 6708

Total Number Voting	36
Necessary for Passage	19
Those voting Yea	27
Those voting Nay	9
Absent/not voting	0

THE CHAIR:

The bill passes. [gavel] Senator Duff.

SENATOR DUFF:

Thank you, Madam President. Can the Senate stand at ease for a moment.

THE CHAIR:

Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

Senator Duff.

SENATOR DUFF:

Thank you, Madam President, would the Clerk now please call Calendar Page 8, Calendar 465, House Bill 6375?

THE CHAIR:

Mr. Clerk.

CLERK:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
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and that will be followed by a public hearing in the same room.

Also, just as a reminder today, we are on CTN, our Connecticut Network, and just so you know, of course, when you come up to speak, and those who are testifying usually sit at the desk there, there's a microphone. Please turn it on. You'll see a little red light. You can see it here on my microphone, and when you're finished, please turn it off.

It is also very, very important that when you do come up to speak, that you do identify yourself. This is so that our viewers back home can know who you are, and of course for the public record, which is very important we know who came and spoke to us as our hearing.

So welcome to our first hearing of the Public Health Committee for 2015, and as usual, we start with Legislators, agencies, and municipalities who have signed up to testify.

And our first person is Commissioner Patricia Rehmer with the Department of Mental Health and Addiction Services. She is testifying on House Bill 6708.

Welcome -- welcome, Commissioner.

COMMISSIONER PATRICIA REHMER: Thank you.

SENATOR GERRATANA: Thank you.

HB 6708

COMMISSIONER PATRICIA REHMER: Good morning, Senator Gerratana, Representative Ritter, and Distinguished Members of the Public Health Committee.

I am Commissioner Pat Rehmer of the Department of Mental Health and Addiction Services, and

I'm here today to ask for your support for House Bill 6708, AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTE. This bill is part of our package -- our legislative package, and I would like to thank the Committee for raising the bill on our behalf.

The bill as written makes a number of technical changes to DMHAS's statutes. These changes are clarifying and strengthening our ability to collect data from behavioral health providers in Connecticut. It gives the Commissioner statutory authority to designate someone other than the Commissioner to sign contracts, and it eliminates the prescriptive language for the appointment of deputy commissioners and the medical director.

Data collection clearly is increasingly important in our state as we try and use that data to inform our system. It is a necessary requirement for our Federal Mental Health and Substance Abuse Block Grant, and can be a determining factor in how much funding we receive for those grants. It also allows us to identify our -- to examine our treatment system for gaps, best practices, and things that we may need to change, and gives us a strong ability to be very successful when we apply for discretionary dollars in order to make the case for new resources from the Federal Government.

The language changes before you regarding data collection mirrors our ability in statute to collect this information from our substance use providers, which we already do and have done for as long as I've been around.

As the Affordable Care Act continues to be implemented, our ability to track data will become limited because more individuals become

insured, and less individuals will be paid for through our grant system. This language will allow DMHAS as the State Mental Health Authority to collect information necessary for the care and treatment of individuals with behavioral health disorders.

The language allowing the Commissioner to designate an individual to sign contracts gives me, or whoever follows me as commissioner, the ability to continue to move business along should the commissioner not be available, and a deputy commissioner position not be filled.

And the last change is really to remove the prescriptive language regarding the appointment of deputy commissioners and a medical director. This language goes back to a time when there were two separate departments, one for substance abuse, and one for mental health, and I think at the time there was a desire to ensure that both voices had equal say at the table. I think that integration has been successful and that we really don't feel that we continue to need that provision.

So I want to thank you for your time and attention. There's more detail in my written testimony. I'd be glad to answer any questions that any of you have today.

SENATOR GERRATANA: Thank you, Commissioner. Thank you so much for giving your testimony today. I do have a question on part one, to collect data. You know last year, unfortunately, we didn't get to complete doing this legislation, but there were many questions posed to me at the time about your asking some of the agencies, the entities, the non-profits, and so forth that you work with, to give this data.

Could you just elucidate for the committee a

little bit what that process is? How are you doing with the block grants now on the federal level if you can't get this data, and why is this -- I know you gave your testimony, but why is this compelling or really important for the Legislature to make this change? That would be helpful. Thank you.

COMMISSIONER PATRICIA REHMER: Sure. So currently all of our funded providers and most, if not all of the private non-profit entities in the state, do submit data to us through what we call our DDaP system, and it's submitted on a monthly basis. We use it for things -- like we have report cards for every provider, for every level of care. We benchmark their performance, and we work with them to improve performance. And I think that's really very critical.

SAHMSA, the federal agency that oversees us, is increasingly asking, as they are being asked for, very specific data. We have never had a problem with this, but as we move to less grant funding, because of the ACA, our concern is that providers will not feel the need to continue to provide the data, and we will have huge gaps in information that could impact not only our looking at the gaps and need for services in the system, but the Federal Block Grant.

Currently the substance abuse data that we collect is from every agency that provides substance abuse services in the state, whether we fund them or not. That's a federal regulation. So this is really just ensuring that the mental health providers do the same.

SENATOR GERRATANA: I thank you for answering the question. That clarifies it a little bit more. It's currently done in practice. This just codifies it, and -- and now I understand a

little bit better. Thank you so much.

Do other committee members have any questions of the Commissioner? If not, thank you so much for coming today and giving your testimony.

COMMISSIONER PATRICIA REHMER: Thank you.

SENATOR GERRATANA: Next to testify is Senator Frantz on Senate Bill 590, followed by Sarah Eagan with the Office of Child Advocate.

SENATOR FRANTZ: Thank you. Good morning. Can I bring up my constituent and great friend with -

SENATOR GERRATANA: Yes, certainly.

SENATOR FRANTZ: -- your blessing. Thank you.

Good morning, Senators Gerratana, Crisco, Markley, Representatives Ritter, Riley, and Srinivasan, and all Distinguished Members of the Public Health Committee. Thanks for the opportunity to come before you today to testify in favor of Senate Bill No. 590.

And I know you all have this burning question on the top of your head, right? What is this sous vide? And I thought the other day that it might be a great idea to, you know, best explain this to you by having a perfectly prepared, medium-rare, filet mignon lunch for you. Ethics unfortunately would have no part of that, so I've got something even better, and that's my good friend and constituent, Gary Ashley, to my right, and he will introduce himself and testify for the remaining two and a half minutes or whatever, and he would be happy to answer any questions of yours. Thank you.

GARY ASHLEY: Good morning, Madam Chairman and

**JOINT
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HEARINGS**

**PUBLIC
HEALTH
PART 2
453 – 916**

2015



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

**Testimony by Patricia Rehmer, MSN, Commissioner
Department of Mental Health and Addiction Services
Before the Public Health Committee**

Good Morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services (DMHAS), and I am here today to ask for your support for HB 6708, AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES. This bill is part of DMHAS' legislative package and I would like to thank the committee for raising this bill on our behalf.

The bill as written makes a number of technical changes to the DMHAS statutes. These changes are as follows:

- Clarifies and strengthens our ability to collect data from behavioral health providers in Connecticut;
- Gives the Commissioner statutory authority to designate someone other than the Commissioner to sign contracts; and
- Eliminates the prescriptive language for the appointment of deputy commissioners and a medical director.

Data collection is an important component of our treatment system. It is a necessary requirement for our federal Mental Health and Substance Abuse Block Grants and can be a determining factor in how much funding we receive from those grants. It allows us to examine our treatment system to identify gaps and best practices, and gives us the ability to be very successful when we apply for discretionary dollars in order to make the case for new resources from the federal government. The language changes before you regarding data collection mirrors our ability in statute to collect this information from our substance use providers. As the Affordable Care Act continues to be implemented, our ability to track data will become limited because more individuals become insured and less individuals are paid for by our grants. This language will allow for DMHAS, as the state mental health authority, to collect information necessary for the care and treatment of individuals with behavioral health disorders.

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The language allowing the commissioner to designate an individual to sign contracts gives me, or whoever follows me as commissioner, the ability to continue to move business along should the commissioner not be available and a deputy commissioner position not be filled.

The last change would remove the very prescriptive language regarding the appointment of deputy commissioners and a medical director. This language was put into statute when we merged the Department of Mental Health with the CT Alcohol and Drug Abuse Commission in 1995. It was to reassure both communities that their voice would be equally represented in the new agency. I currently have the authority in 17a-451 (l) to appoint professional, technical and other personnel necessary for the proper discharge of the commissioner's duties. We are a very different agency than we were 20 years ago. Our system is no longer a bifurcated system of care. DMHAS has been working with the provider community (state operated as well as private not for profits) to be co-occurring ready since 1995 when our agencies were combined. We have used various strategies, consultants, and trainings over past 20 years and our efforts were buoyed in 2005 with a 5 year federal SAMHSA grant (COSIG – co-occurring state incentive grant). We have not had two deputies in our agency for a number of years, and the language pertaining to the medical director has created difficulties in our ability to assign certain duties laid out in the statute to other professionals in the department.

Thank you for your time and attention. I will be happy to answer any questions you may have regarding these proposed changes.