



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE APPROPRIATIONS
COMMITTEE**

Wednesday, March 2, 2011

**HB 6380, An Act Concerning The Budget For The
Biennium Ending June 30, 2013**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 6380, An Act Concerning The Budget For The Biennium Ending June 30, 2013**.

Connecticut's hospitals are among the finest in the nation. Focused on quality and patient safety, and providing access to the most skilled professionals, the highest quality of care, and the latest technology, Connecticut hospitals deliver. Providing care to all who need it, regardless of ability to pay, 24 hours a day, seven days a week year-round, hospitals are integral to the quality of life and health in our communities. CHA appreciates the opportunity to comment on proposed legislation that will have a significant impact on the delivery of mental health services in Connecticut.

HB 6380 proposes to provide increased funding to pay for additional community placements and to support intermediate care services for persons in recovery from psychiatric conditions. CHA supports this important funding.

In January of 2010 CHA testified in opposition to the closing of Cedar Ridge Hospital in Newington. Cedar Ridge Hospital provided a key level of behavioral healthcare that was otherwise generally unavailable to the citizens of Connecticut, including access to longer-term and intermediate length of stay care. These levels of care were important parts of the continuum of care that includes emergency services; outpatient services; case management; supportive housing options; intensive outpatient services, such as a partial hospitalization program; and short-term inpatient care for patients with behavioral healthcare needs.

OHCA's March 2010 decision to allow all services at Cedar Ridge Hospital to close was through an agreed settlement with the Department of Mental Health and Addiction Services (DMHAS) that was premised on the establishment of increased community services and housing, as well as ensuring that appropriate emergency and intermediate care remains available to those patients in need. HB 6380's inclusion of funding for community placements and support of intermediate care services is an essential part of this process.

HB 6380 also reduces grants to hospitals and Federally Qualified Health Clinics (FQHC) for uncompensated care for behavioral health services. The budget reduces these grants by \$3.6 million in each year of the biennium. CHA is opposed to this funding reduction as it will hamper DMHAS's ability to provide grants to hospitals and FQHCs that are providing critically important behavioral health services.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.