



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 8, 2021**

SB 330, An Act Concerning The Provision Of Social Services In Hospitals

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 330, An Act Concerning The Provision Of Social Services In Hospitals**. CHA supports the intent of the bill to connect hospital patients to social services. We have concerns with the way the bill is drafted.

Since early 2020, Connecticut's hospitals and health systems have been at the center of the state's response to the current global public health emergency. Hospitals expanded critical care capacity, staffed to meet unprecedented patient need, deployed community COVID-19 testing locations, and are now playing a key role in the administration of vaccines. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and economy and reinforces the need for a strong partnership between the state and hospitals.

SB 330 would require hospitals and nonprofit organizations, through a contract with the Department of Social Services (DSS), to provide social services and referrals to frequent patients of hospital services, particularly emergency department services. Connecticut hospitals are committed to promoting innovation by supporting the implementation of integrated service delivery models that address the medical, psychiatric, social, and residential needs of all patients. Hospitals are already engaged with the state in various efforts to connect patients in all hospital settings to necessary services following their discharge from the hospital. We recommend the removal of the requirement on hospitals and instead encourage DSS and other state agencies to work with hospitals to promote the delivery of services to patients in need.

For example, the state should support the following measures intended to address the needs of frequent visitors to emergency departments, including funding for:

- High-risk navigators for community care teams (CCTs). CCTs are partnerships among hospitals and other community and municipal agencies that work to improve outcomes for at-risk residents, many of whom suffer from substance use disorders, chronic medical and mental health conditions, are homeless or housing unstable, or frequently utilize emergency department services.

- Recovery coaches to connect with individuals who arrive in emergency departments with opioid overdoses and other drug- and alcohol-related disorders. These trained coaches are skilled professionals who can engage patients and family members, carrying a message of recovery and hope, and connect patients with resources to enable them to move from crisis to recovery.
- Certified recovery support specialists in emergency departments and other hospital settings to provide mental health or co-occurring mental illness and substance use recovery support to patients.

Through the work of CCTs, recovery coaches, and recovery support specialists, hospitals and other community providers can integrate the delivery of services to patients, connect them with necessary care and services, support them in their recovery, and improve their health.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.