



**TESTIMONY  
OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SELECT COMMITTEE ON CHILDREN  
Tuesday, March 11, 2003**

**HB 6450, An Act Facilitating Placement Of Children With Behavioral Health Problems  
Awaiting Discharge From Hospital Emergency Rooms**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony on **HB 6450, An Act Facilitating Placement Of Children With Behavioral Health Problems Awaiting Discharge From Hospital Emergency Rooms.**

The Connecticut Hospital Association (CHA) supports the intent of HB 6450, which would require hospitals to report on a daily basis to the Department of Children and Families (DCF) and the Office of Health Care Access (OHCA) the number of children awaiting mental health placement in the hospital's emergency department and the number of available beds. In light of recent events, however, we believe the bill is premature. Marc Ryan, Secretary of the Office of Policy and Management (OPM), recently convened a large group of hospitals, insurers and state agencies to discuss the mental health crisis and the need for a tracking system. A work group is in the process of being formed to develop a tracking system and CHA is looking forward to the opportunity to work collaboratively with OPM, Department of Social Services (DSS), DCF, OHCA and others in designing a system that will effectively identify the barriers to mental health placement and aid in the development of solutions.

Should this Committee decide to move forward with a mandatory tracking system rather than allowing the OPM work group to voluntarily create such a system, CHA has some specific concerns regarding the bill. The bill would require already overburdened hospital emergency departments to report on a daily basis to OHCA and DCF. Requiring hospitals to report to two agencies on a daily basis is unnecessarily time consuming for hospitals. Instead, hospitals should report to only one agency that will take responsibility for finding placements.

The bill would require hospitals to report bed availability, but would not require residential treatment centers to report. We respectfully suggest that in order to achieve its goal of facilitating placement, any tracking system should be designed to require residential care providers to report their available beds on a daily basis. In addition, in order to accurately capture all patients awaiting placement, a tracking system should include not only patients waiting in hospital emergency departments, but also patients who are being held in other areas of the hospital, such as pediatric medical-surgical units, while they await inpatient psychiatric placement. Patients occupying inpatient psychiatric beds who are ready for discharge also should be tracked on a daily basis. Finally, the bill would create a committee to evaluate whether inpatient psychiatric bed capacity for children is sufficient. We respectfully suggest that any committee addressing the issue should include representatives from hospitals providing inpatient psychiatric care as well as children's hospitals.

Thank you for your consideration of our position.

CCB:pas