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**As Session Enters Final Week, Lawmakers Scramble to Close Deficits**

As Governor Malloy and legislative leaders continued difficult negotiations this week over the FY 2018-2019 state budget, the House of Representatives and Senate took steps to close a \$317 million shortfall in the current year's spending plan by passing a deficit mitigation plan that now heads to the Governor for his signature.

The deficit mitigation plan, which was approved by the Senate on May 30 and by the House on May 31, would pull roughly \$300,000 from the rainy day fund and other state accounts and move it into the general fund to balance the current year's budget. The plan rejected several of the governor's proposals, including a \$19.4 million cut to municipal grants, a reduction in funding for state parks, and a \$2 million cut to hospitals (according to the Department of Social Services and the Office of Fiscal Analysis, hospitals will receive their full fourth-quarter payment due to a higher federal match rate).

The plan also protects the \$19.4 million June Pequot Payment, allots \$1 million in privately raised monies for state parks, and allocates \$1 million in funding for employment opportunities and day services for individuals with intellectual and developmental disabilities. The plan leaves approximately \$30 million in the state's budget reserve fund.

Although the deficit mitigation plan was passed unanimously in the Senate, it squeaked through the House on a 75-74 vote after Republicans unsuccessfully tried to amend the bill.

Senators also passed a deficiency bill on May 30, approved by the House of Representatives last week, that allows the state to continue paying for core services in the final weeks of the fiscal year. This includes funding for the Birth-to-Three program, Department of Developmental Services, Office of the Public Defender Services Commission, Department of Public Safety and Emergency Services, and Office of the Chief Medical Examiner.

With a June 7, 2017, regular session deadline looming, there is increasing pressure on legislators and the Malloy administration to hammer out a deal that would close an estimated \$5 billion budget deficit in the next two fiscal years. One significant piece of that deal are the union concessions that were agreed to last week by the Governor and leaders of the State Employees Bargaining Agent Coalition (SEBAC), which would save the state \$708 million in FY2018 and \$845 million in FY2019.

Although not yet ratified by the rank-and-file union membership, the outline of the concessions include: wage and retiree COLA freezes, health insurance plan redesign, health insurance premium and copay increases, and plan redesign and increased employee contributions in the state's pension plan. State employees would receive job protection through June 30, 2022.

It is expected that the various bargaining units will hold votes on the concession package between now and mid-July. The concession outline as released by the Governor can be found [here](#).

**Advocacy Continues as Session Comes to an End**

With one more week left in the 2017 Legislative Session, CHA is continuing its advocacy through a variety of efforts, including a new TV [ad](#) that urges lawmakers to support a state budget that helps hospitals.

The ad, which began running on network and cable stations this week, complements CHA's comprehensive digital and social media ads, which will continue through the end of the legislative session.

In addition, CHA and its partners in the Connecticut Healthcare Association Collaborative continued their ongoing efforts to educate lawmakers about potential changes to the Medicaid program during a reception entitled "Medicaid is a Lifeline," on May 30 at the Capitol.

The legislative reception was attended by more than 300 lawmakers, hospital and other healthcare leaders, state officials, legislative staff, advocates, and members of the media. It focused on the significant lifeline provided to Connecticut citizens by the Medicaid program, and is one in a series of forums designed to inform legislative and state policy makers on issues impacting the state's healthcare provider community.

In addition to CHA, the members of the Connecticut Healthcare Association Collaborative include the Connecticut Association of Health Care Facilities, the Connecticut State Medical Society, the CT Association for Healthcare at Home, and LeadingAge Connecticut.

Members of the Collaborative have sponsored or participated in a number of events over the last eight months, including healthcare conversations with legislative leaders and town hall events and healthcare forums with the state's Congressional delegation. They have also formally registered their concerns about potential changes to federal healthcare law in meetings with the Congressional delegation and in writing.

In a [letter](#) sent May 19 to members of the Congressional delegation, members of the Collaborative specifically asked that any restructuring of the Medicaid program ensure continued access to healthcare, and be designed so that providers are appropriately reimbursed for the care they provide. They also expressed concern about the proposal to change Medicaid to a block grant or per capita cap financing system.



## House Approves Opioid Legislation



On Wednesday, May 31, the House of Representatives unanimously approved legislation designed to bolster the state's efforts to address the opioid addiction crisis in Connecticut.

The legislation was proposed earlier this year by Governor Malloy, who hailed the House vote as a sign that lawmakers are united behind the state's efforts to address the crisis. [HB 7052, \*An Act Preventing Prescription Opioid Diversion And Abuse\*](#), now moves to the Senate for consideration.

The bill:

Increases data sharing among state agencies regarding opioid abuse and opioid overdose deaths.

Facilitates the destruction of unused prescription medication by utilizing registered nurses employed for home healthcare agencies.

- Increases security of controlled substance prescriptions by requiring drugs be electronically prescribed.
- Allows patients to file a voluntary non-opioid form in their medical records indicating that they do not want to be prescribed or administered opioid drugs.
- Expands requirements regarding provider communications, which provide information on the risk and signs of addiction and the dangers of drug interactions, to cover all opioid prescriptions (current law applies only to minors).
- Reduces the maximum opioid drug prescription for minors from seven days to five days. Current law prohibits prescribers from issuing more than a seven-day supply of an opioid prescription to an adult for the first time for outpatient use. Exceptions exist for both of these limits when the drug is required to treat the patient's acute medical condition, chronic pain, cancer-associated pain, or for palliative care.
- Requires the Department of Public Health to post information online about how prescribers can obtain certification for suboxone and other medicines to treat opioid use disorder.
- Requires individual and group health insurers to cover medically necessary detox treatment, as defined by the American Society of Addiction Medicine (ASAM) criteria.
- Requires alcohol and drug treatment facilities to use ASAM criteria for admission guidelines.

Connecticut hospitals have been engaged for years in efforts to reduce inappropriate opioid use while ensuring patients have appropriate pain medication. CHA submitted [testimony](#) on HB 7052 in February, expressing support for the state's efforts to address the opioid crisis and urging lawmakers to provide sufficient funding and human resources to support the legislation.

## State Officials Urge Better Public Awareness of Safe Haven Law



State officials are urging greater public awareness of the state's Safe Haven law following the abandonment last week of a baby who was left behind a Danbury grocery store.

Connecticut's Safe Haven law designates hospital EDs as a place where infants 30 days or younger can be relinquished safely without questions from authorities or fear of prosecution for abandonment.

Although the baby found in Danbury on May 21 with his umbilical cord still attached was rescued and is in good health, state officials said the case reflects a need to better publicize the Safe Haven law so that tragedy can be averted. Governor Dannel Malloy and Department of Children and Families Commissioner (DCF) Joette Katz issued a joint press release following the discovery of the baby.

"It is a very difficult and courageous act for a parent who cannot take care of his or her infant to bring that baby to a hospital emergency department," Commissioner Katz said. "We need to educate the public on an ongoing basis about the existence of the Safe Haven law because every year there emerges a new group of parents who may not have been exposed to earlier messages about the law and how it works."

Last week's case represents the fifth time a baby has been dangerously abandoned since the Safe Haven law took effect in Connecticut in 2000, according to state officials. Since its enactment, there have been 31 babies taken safely to hospital EDs.

Last week, the State Senate unanimously passed, in concurrence with the House, [HB 7121, An Act Concerning Revisions To The State's Safe Haven Laws](#), a bill supported by CHA that would, among other provisions, add certain protections for individuals caring for infants who are considered to be in DCF custody under the Safe Haven program. The bill was amended to address CHA's concerns about the level of detail and information to be charted in the infant's medical records. CHA testimony can be found [here](#).

Additionally, CHA is a member of a work group that includes legislators, agency officials, clinicians, educators, and advocates which is dedicated to finding new ways to keep the Safe Haven law in the public eye. In 2015, the work group successfully advocated the establishment of April 4 as Safe Haven Day in Connecticut to ensure that public attention is paid to this important law on at least an annual basis.

The contributions of CHA and Connecticut's hospitals were recognized last year by the National Safe Haven Alliance during a press conference to mark Connecticut's first annual Safe Haven Day. At that event, Commissioner Katz read the list of every hospital that has accepted at least one Safe Haven baby since the law was adopted.

## Urban PTSD Summit Features Experts from Across the State



An Urban PTSD Summit held at Saint Francis Hospital and Medical Center on May 30 brought together hospital representatives, mental health providers, activists, and other stakeholders from across the state to discuss the effects of urban trauma, a serious health problem that is often undiagnosed and untreated.

The summit, which was sponsored by Senator Chris Murphy, began with opening remarks from John Rodis, MD, President, Saint Francis Hospital and Medical Center, and Hartford Mayor Luke Bronin, and featured two panels of experts discussing how Post-Traumatic Stress Disorder (PTSD) manifests itself in children and adolescents and what is being done to combat that trauma, and the consequences of PTSD in adults.

According to the National Institute of Mental Health, PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It can trigger a "fight-or-flight" response in people who suffer from it, and people who have PTSD often feel stressed or frightened even when they are not in danger.

Steve Marans, MSW, PhD, Director of the National Center for Children Exposed to Violence/Childhood Violent Trauma Center at the Yale Child Study Center, explained that children who develop PTSD after being exposed to danger will experience a loss of control as well as feelings of helplessness and hopelessness. This kind of "urban PTSD" can result when children are exposed to violence in their neighborhoods, schools, or homes.

Dr. Marans said the Yale Child Study Center is developing a toolkit for police that he hopes will lead to better trauma-informed law enforcement practices.

Carrie Epstein, Assistant Clinical Professor in Social Work at the Yale Child Study Center, described the Child and Family Traumatic Stress Intervention (CFTSI), an evidence-based early intervention for children that reduces traumatic stress reactions at the onset of PTSD.

The panel on children and adolescents also featured remarks from Cecilia Singh, PhD, Coordinator of Training at Yale University's Outpatient Clinical Services, who described efforts under way in Stamford Public Schools to identify and treat children suffering from PTSD; Julian Ford, PhD, Professor at the University of Connecticut Department of Psychiatry, who explained how brain chemistry works in people suffering from PTSD, and described techniques to "reset the alarm" in children suffering from PTSD; and David Read Johnson, PhD, Co-Director of the Post Traumatic Stress Center in New Haven, who described the work being done in New Haven through the Animating Learning by Integrating and Validating Experience (ALIVE) program, which focuses on early intervention and prevention by reducing chronic stress in children K-12.

The second panel of speakers at the summit discussed the consequences of PTSD in adults. The panel featured remarks from Miriam Delphin-Rittmon, PhD, Commissioner of the state Department of Mental Health and Addiction Services (DMHAS), who described her agency's local mental health authority framework, as well as some of its trauma recovery initiatives for adults.

The panel also included Muhammad Irfan Munawar, MD, Chairman of Behavioral Health at Saint Francis Hospital and Medical Center, who offered insights into caring for children and adults with PTSD in both inpatient and outpatient hospital settings; and from Daryl McGraw, MS, Director of Recovery Services, DMHAS, who offered personal testimony about his experiences with the disorder.

## Pulitzer Prize-Winning Columnist to Provide CHA Annual Meeting Keynote Address



Pulitzer Prize-winning *Washington Post* columnist and MSNBC analyst Eugene Robinson will deliver the keynote address at CHA's 99th Annual Meeting on Wednesday, June 14, 2017.

Mr. Robinson is on the front lines of news coverage every day. His twice-weekly column is syndicated in 145 newspapers across the nation. In his three decades at the *Washington Post*, Mr. Robinson has been city hall reporter, city editor, foreign correspondent in Buenos Aires and London, foreign editor, and assistant managing editor in charge of the paper's award winning Style section. He has written books about race in Brazil and music in Cuba, covered a heavyweight championship fight, witnessed riots in Philadelphia and a murder trial in the deepest Amazon, sat with presidents and dictators and the Queen of England, trusted and parried with hair-proud politicians from sea to shining sea, handicapped three editions of American Idol, acquired fluent Spanish and passable Portuguese and even, thanks to his two sons, come to an uneasy truce with hip-hop culture.

Mr. Robinson's remarkable storytelling ability has won him wide acclaim, most notably as the winner of the 2009 Pulitzer Prize for his commentary on the 2008 presidential race. Mr. Robinson's insights on the current political realities and the impact on healthcare are free of

the usual inside the beltway jargon. While media outlets may be tempted to churn out news served on a platter by candidates and companies, Mr. Robinson takes a step back not only to look at the big picture, but to focus on deeds—not just words. Whether he's assessing politicians, cliffhanging events on Wall Street, or handicapping elections, he reminds us that politics may not be for the faint of heart but sure can be fun to watch.

The theme of this year's Annual meeting is *Connecticut Hospitals: Building a Healthier Connecticut*. The theme reflects hospitals' 2017 advocacy focus on building a healthier state – with healthier people, healthier communities, and a healthier economy that comes from a strong hospital and healthcare sector.

## Education Updates

### How to Ensure a Healthcare Compliance Program is Really Effective

Friday, June 16, 2017

9:00 a.m. - 12:00 p.m.

[View Brochure](#) | [Event Registration](#)

This program will cover the latest industry enforcement trends including developments on compliance program effectiveness. It will also provide an in-depth discussion on how to mitigate key risk areas such as coding, billing, and privacy. Participants will be provided tips on how to demonstrate the effectiveness of a compliance program and participate in an interactive discussion on these topics.

Continuing education credits will be provided. Please see the brochure for details.

### Managing the Operating Budget

Tuesday, June 20, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

In today's healthcare environment, resources are limited. Managers are challenged to get the most out of their budgeted resources and comply with budgetary constraints. The need for sound budget management tools is paramount. Managers must understand revenue and costs behavior, how to analyze their departmental performance, and how to modify performance to achieve their budgeted operational and financial objectives.

This day-long program—part two of a two-part series that began in April 2017—will introduce managers to a variety of analytic tools (revenue and spending analysis, volume-adjusted variance analysis, work process and root cause analysis, and revenue and expense forecasting) as well as a number of strategies to improve revenue and expense performance. Bill Ward, a lecturer on financial management in healthcare, will present this program.

Continuing education credits will be provided. Please see the brochure for details.

### Financial Analysis Tools for Managers

Wednesday, June 21, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

What is the potential financial impact of a new initiative or a new technology? How can the financial impact be determined? Why is departmental supply spending so much higher than last year? Does it make sense to staff a critical vacancy with agency staff? Is the employment of clinical pharmacists, intensivists or hospitalists financially sound?

What are the best ways to develop answers to these questions? How can department managers and directors make and support their decisions with sound financial analyses?

This full-day program provides managers and clinicians with tools they can use to answer these and other operational questions about current performance and strategic opportunities they are considering. Bill Ward, a lecturer on financial management in healthcare, will present this program.

Continuing education credits will be provided. Please see the brochure for details.

