



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
COMMITTEE ON CHILDREN
Thursday, February 29, 2024**

**SB 217, AN ACT IMPLEMENTING A UNIVERSAL PATIENT INTAKE FORM FOR
RECIPIENTS OF BEHAVIORAL HEALTH SERVICES FOR CHILDREN**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 217, An Act Implementing A Universal Patient Intake Form For Recipients Of Behavioral Health Services For Children**. CHA opposes the bill as drafted, and offers several recommendations.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

CHA has several concerns about SB 217 as drafted. CHA offers the following comments and recommendations for consideration.

Under Section 1(a)(1) of SB 217, the Commissioner of Public Health shall convene a working group no later than January 1, 2025 to make recommendations for a universal patient intake form for recipients of children's behavioral health services. CHA believes that this provision overlooks the need to address several threshold questions about a new form.

- The working group should first engage in a comprehensive investigation of the viability of developing a universal patient intake form, including consideration of each of the healthcare settings *where* behavioral health services are provided, an articulation of *what* types of behavioral health services fall within the scope of the form, and the qualifications and training for those behavioral health providers *who* may be charged with administration of the form. CHA believes that the working group should begin with consideration of these important fundamental questions.

Section 1(a)(2) of SB 217 sets forth a broad array of questions about a patient's medical and mental health history, and the conditions for which treatment is sought. The stated purpose of these questions is to provide a comprehensive depiction of the patient's condition and needs with respect to behavioral health services.

- Before recommending a universal patient intake form, the working group should consider the impact of mandating a new form, in terms of both the redundancies that will be created in a provider's healthcare records system, and the impact of this new comprehensive depiction on the relationship between patients and the healthcare staff members working in the myriad of settings where behavioral healthcare services are delivered to children.
- Given the stated purpose of the form, CHA urges the working group to engage in a rigorous analysis of the potential uses for the completed form, including any ramifications of potential uses that relate to federal and state patient privacy and health information management laws and all existing regulatory requirements imposed on children's behavioral health providers. A new form should solve for identified gaps, not create new challenges.

Section 1(a)(3) of SB 217 addresses the composition of the working group, which includes only two providers of behavioral health services for children.

- CHA believes that any working group dedicated to developing a universal form should include at least one representative from each type of clinical setting in the continuum of children's behavioral health services that will be required to use the form. This includes every type of licensed hospital, including acute care, children's, psychiatric, and specialty hospitals.

Section 1(b) of SB 217 charges the Department of Public Health to develop a universal patient intake form based on the recommendations of the working group no later than July 1, 2025. Section 1(c) of SB 217 mandates use of the form by each provider of behavioral health services for children by July 1, 2025. These provisions establish an overly aggressive timetable for the development of recommendations by the working group, completion of the form by the department, and mandatory use by providers.

- CHA proposes to delete these sections of the bill as they are premature. If this bill is enacted into law, the working group should be charged solely to examine the viability of a universal patient intake form and make recommendations as to next steps. Next steps should be informed by an analysis of the issues set forth by a working group that includes experienced providers from across the continuum of children's behavioral healthcare who are in the best position to assess whether and how a form would benefit patient care.

Finally, CHA urges the Committee to include, among its charges to the working group, an assessment of the impact of the introduction of a new universal patient intake form on the relationship between patients and providers. CHA does not want a new form to become an impediment to any person seeking access to behavioral health services for themselves, their child, or their family.

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