



Office of The Attorney General
State of Connecticut

*TESTIMONY OF
ATTORNEY GENERAL RICHARD BLUMENTHAL
BEFORE THE PUBLIC HEALTH COMMITTEE
MARCH 12, 2010*

I appreciate the opportunity to comment on several provisions in Senate Bill 428, An Act Concerning Revisions to the Public Health Related Statutes.

Sections 6 through 10 contain provisions submitted by my office -- in conjunction with the Departments of Public Health and Social Services to strengthen state enforcement of nursing home regulatory requirements. As mega-corporations and private equity firms devour ever-increasing numbers of nursing homes, we must modernize state regulatory oversight by prohibiting the use of nursing home assets to fund unrelated business ventures, requiring independent audits and increased financial reporting to the state, and enhancing civil penalties and administrative investigatory powers. The provisions are critically important in an industry that has had significant examples of financial mismanagement and fraud, though more needs to be done.

Specifically, these provisions: authorize the Department of Social Services to require information by subpoena as part of its biennial inspection of nursing home facilities and require financial information and an audit by the nursing home operator; authorize the Department of Public Health (DPH) to seek a court order enjoining any unlicensed activity by a nursing home operator, define 'intermediate sanctions' that must be reported to DPH by a nursing home in a license application to exclude civil fines of less than \$10,000 and allow DPH to approve an application to acquire another nursing home in this state for good cause shown, even if such applicant would face mandatory denial under current law.

Section 5 of this proposal addresses an important issue involving patient medical records when a physician abandons the practice of medicine. My office was contacted by patients who were seeking medical records when their doctor turned in his license. The doctor refused to return the medical records and there was a question as to whether the Department of Public Health had jurisdiction over the doctor once he was no longer licensed by the agency. Section 5 authorizes the Department to appoint a licensed health care provider to be the custodian of the records, thereby ensuring that DPH is able to enforce patients' rights to obtain their medical records.

Finally, sections 1 through 3 should be deleted as they weaken the ability of the Healthcare Associated Infections committee (HAI) to establish mandatory reporting procedures for such infections. These sections reduce the committee to an advisory board and allow DPH to

ignore the committee's recommendations. Several years ago, the HAI was established as a compromise to a stronger bill to require public disclosure of health care associated infections. The goal of the committee was to develop a consensus among health care professionals and patient advocates. If this group of concerned citizens can agree on an infection reporting and disclosure protocol, DPH should not have the authority to thwart implementation of those recommendations. Please reconsider these sections.

Thank you.