



House of Representatives

General Assembly

File No. 289

January Session, 2011

House Bill No. 6545

House of Representatives, March 30, 2011

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING THE PROVISION OF PROPHYLACTIC AND EMERGENCY CARE TO HOSPITAL PATIENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-490k of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2011*):

3 (a) A hospital may administer care to patients, after an assessment
4 of contraindications, without a physician's order, in accordance with a
5 physician-approved hospital policy, if such care is emergent, timely
6 and necessary, or for the purpose of advancing patient care, to the
7 extent such care is permitted by 42 CFR Part 482.

8 (b) A hospital may administer any prophylactic care or treatment to
9 healthy newborns who are born at the hospital, or who are admitted to
10 the hospital nursery, after an assessment of contraindications, without
11 a physician's order, in accordance with a physician-approved hospital
12 policy, to the extent such care or treatment is permitted by 42 CFR Part
13 482.

14 (c) A hospital may administer influenza and pneumococcal
15 polysaccharide vaccines to patients, after an assessment for
16 contraindications, without a physician's order, in accordance with a
17 physician-approved hospital policy. The Commissioner of Public
18 Health shall adopt regulations, in accordance with the provisions of
19 chapter 54, to carry out the provisions of this [section] subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2011	19a-490k

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill, which allows hospitals to, under certain conditions, administer care to patients without a physician's order, does not result in a fiscal impact to the state or municipalities.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**HB 6545*****AN ACT CONCERNING THE PROVISION OF PROPHYLACTIC AND EMERGENCY CARE TO HOSPITAL PATIENTS.*****SUMMARY:**

This bill allows hospitals to use protocols and policies, sometimes referred to as “standing orders,” to treat patients under certain conditions. Specifically, it allows a hospital to provide care to a patient, without a physician’s order, after assessing for contraindications and according to a physician-approved hospital policy. This can be done only if the care (1) is emergent, timely, and necessary or (2) advances care as permitted under the Centers for Medicare and Medicaid Services’ (CMS) regulations on “Conditions of Participation for Hospitals” (42 CFR Part 482).

The bill also allows a hospital to provide any prophylactic care or treatment to healthy newborns born at the hospital or admitted to the hospital nursery, without a physician’s order, after assessing for contraindications and according to a physician-approved hospital policy. This care or treatment must be allowed under the CMS regulations cited above.

It also makes a technical change.

EFFECTIVE DATE: October 1, 2011.

BACKGROUND***Conditions of Participation for Hospitals***

These regulations contain the minimum health and safety requirements that hospitals must meet to participate in the Medicare and Medicaid programs.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/14/2011)