



**Testimony Of M.C. Culbertson, MD, Emergency Medicine Division Chief at
Connecticut Children's Medical Center To The Public Health Committee Regarding
HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care
To Hospital Patients**

Friday, March 11, 2011

Senator Gerratana, Representative Ritter, members of the Public Health Committee, thank you for the opportunity to share my thoughts regarding HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients. Connecticut Children's Medical Center supports this bill.

All children should have the health care they need to grow and learn. Connecticut Children's offers the full spectrum of pediatric care to children from each of Connecticut's 169 cities and towns. In 2010, Connecticut Children's:

- Experienced 288,000 patient visits including 33,000 pediatric primary care visits in partnership with Charter Oak Health Center,
- Cared for over 53,000 children in our emergency department—146 children every day, 24 hours a day, 7 days per week, 365 days per year, and
- Conducted over 9,900 surgeries ranging from neurosurgery to ear tubes.

Connecticut Children's is a vital resource for children and families across the state. Every day, our medical professionals provide hope to children and families and then use their talents and expertise to turn that hope into reality. We are the region's only academic medical center dedicated exclusively to the care of children, and we serve as the Pediatric Department for the University of Connecticut School of Medicine. We have trained over 170 new pediatricians in the past 12 years and 72 of these are currently practicing in Connecticut. We develop pioneering treatment programs for asthma, diabetes, cancer, pain management and other major concerns of childhood.

HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as "standing orders" after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the Centers for Medicare and Medicaid Services (CMS) Medicare Conditions of Participation for hospitals.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was

in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

Thank you for your time and consideration.