



General Assembly

**Amendment**

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LCO No. 8493

**\*HB0630808493SR0\***

Offered by:  
SEN. RORABACK, 30<sup>th</sup> Dist.

To: Subst. House Bill No. 6308

File No. 868

Cal. No. 592

**"AN ACT CONCERNING HEALTHCARE REFORM."**

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1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective July 1, 2011*) (a) The Comptroller shall  
4 establish a health care provider committee that shall develop  
5 recommended clinical care and safety guidelines for use by  
6 participating health care providers. The committee shall choose from  
7 nationally and internationally recognized guidelines for the provision  
8 of care, including guidelines for hospital safety and the inpatient and  
9 outpatient treatment of particular conditions. The committee shall  
10 continually assess the quality of evidence relevant to the costs, risks  
11 and benefits of treatments described in such guidelines. The health  
12 care provider committee shall forward their recommended clinical care  
13 and safety guidelines to the Comptroller in accordance with such time  
14 and format requirements as may be prescribed by the Comptroller.  
15 The health care provider committee shall include both health care  
16 consumers and health care providers.

17 (b) Health care providers participating in the partnership plan shall  
18 receive confidential reports comparing their practice patterns with  
19 those of their peers. Such reports shall provide information about  
20 opportunities for appropriate continuing medical education.

21 (c) Notwithstanding any provision of the general statutes, there  
22 shall be no monetary liability on the part of, and no cause of action for  
23 damages shall arise against, a participating provider for a partnership  
24 plan member's injury caused by such provider's provision of care  
25 when such care was consistent with guidelines approved by the  
26 Comptroller. The Comptroller shall establish and implement a process  
27 for providing a member with no-fault compensation for injuries  
28 sustained by such member notwithstanding the fact that the provider's  
29 provision of care was consistent with guidelines approved by the  
30 Comptroller. Exemption from liability shall not apply to injuries that  
31 result from: (1) A mistaken determination by the provider that a  
32 particular guideline applied to a particular patient, where such  
33 mistaken determination is caused by the provider's negligence or  
34 intentional misconduct, or (2) a failure to properly follow a particular  
35 guideline where such failure is caused by the provider's negligence or  
36 intentional misconduct.

37 (d) The Comptroller, in consultation with the health care provider  
38 committee, shall approve quality of care standards for the care of  
39 particular medical conditions. Such standards may reflect outcomes  
40 over the entire care cycle for each health care condition, adjusted for  
41 patient risk and general consistency of care with approved guidelines  
42 as well as other factors. Providers who meet or exceed quality of care  
43 standards for a particular medical condition shall be publicly  
44 recognized by the Comptroller in such manner as the Comptroller  
45 determines appropriate. Such recognition shall be effectively  
46 communicated to partnership plan members, including those who  
47 have been diagnosed with the particular medical condition for which  
48 recognition has been extended. Such communication to members shall  
49 be in multiple forms and reflect consideration of diversity in primary  
50 language, general and health literacy levels, past health-information-

51 seeking behaviors, and computer and Internet use among members.

52 (e) The Comptroller shall develop procedures that require hospitals  
53 and their medical staffs, physicians, nurse practitioners, and other  
54 participating health care providers to engage in periodic reviews of  
55 their quality of care. The purpose of such reviews shall be to develop  
56 plans for quality improvement. Such reviews shall include the  
57 identification of potential problems manifesting as adverse events or  
58 events that could have resulted in negative patient outcomes. As  
59 appropriate, such reviews shall incorporate confidential consultation  
60 with peers and colleagues, opportunities for continuing medical  
61 education, and other interventions and supports to improve  
62 performance. To the maximum extent permissible, such reviews shall  
63 incorporate existing peer review mechanisms. Any review conducted  
64 in accordance with the provisions of this subsection shall be subject to  
65 the protections afforded by section 19a-17b of the general statutes.

66 (f) The Comptroller, in consultation with those hospitals serving  
67 partnership plan members, shall develop hospital safety standards that  
68 shall be implemented in such hospitals. The Comptroller shall  
69 establish monitoring procedures and sanctions that ensure compliance  
70 by each participating hospital with such safety standards and may  
71 establish performance incentives to encourage hospitals to exceed such  
72 safety standards.

73 (g) The Comptroller may provide participating providers with  
74 information about prescription drugs, medical devices, and other  
75 goods and services used in the delivery of health care. Such  
76 information may address emerging trends that involve utilization of  
77 goods and services that, in judgment of the board, are less than  
78 optimally cost effective. The Comptroller may furnish participating  
79 providers with free samples of generic or other prescription drugs.

80 (h) The Comptroller may develop and implement procedures and  
81 incentives that encourage participating providers to furnish and  
82 partnership plan members to obtain appropriate evidenced-based

83 health care."