



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 14, 2014**

SB 257, An Act Concerning Hepatitis C Testing

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 257, An Act Concerning Hepatitis C Testing**. CHA supports the intent and goals of the bill but has concerns about the bill as written.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

Generations of Connecticut families have trusted Connecticut hospitals to provide care we can count on.

SB 257 seeks to increase the number of patients who are tested for Hepatitis C. Broader Hepatitis C testing is an announced goal of the National Centers for Disease Control and Connecticut is moving in the right direction to try to increase testing. Unfortunately, SB 257 as drafted contains some technical errors that will likely reduce its effectiveness. Here are our specific concerns:

At line 10, the use of the term “nurse practitioner” is misplaced, and should be deleted. The term “advance practice registered nurse” (APRN), which is already used in the section, is the correct licensure category.

At lines 17-18, the bill states that a primary care provider “shall offer to provide a hepatitis C screening test or hepatitis C diagnostic test.” But in fact the provider will be “offering” to send the patient to a lab for a test, not providing the test. While this may seem like a small issue, it is not. Various tests are available in the primary care provider’s office, but testing for Hepatitis C is not one of them. Requiring physicians and APRNs to personally provide the testing would be an extreme and unnecessary waste of healthcare resources.

Lines 28-33 attempt to instruct a physician or APRN on what clinical steps he or she must implement for a patient, without regard for patient choice or sound medical judgment. However well-intentioned this language is, ultimately it seeks to interfere with the physician-patient relationship by managing what is said to a patient, mandating specific patient advice, and requiring a diagnostic test potentially absent patient consent. Such decisions are best left to medical professionals acting within their scope of practice.

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