



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, February 17, 2017**

HB 5168, An Act Concerning Mandate Relief For Hospitals

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5168, An Act Concerning Mandate Relief For Hospitals**.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut's healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

HB 5168 calls for the elimination of certain state mandates for hospitals. CHA supports the goal of eliminating unfunded mandates on hospitals and all healthcare providers. Appended to this testimony is a list of select statutory provisions enacted since 2014. Individually, each provision addresses an issue of importance to the General Assembly and all are provisions on which we gratefully worked with the Committee to ensure that its goals were accomplished in the least costly and burdensome manner. Taken together, it becomes quickly apparent that we addressed many issues in the last three years.

In the coming months, the new Administration and Congress are expected to make sweeping changes to our healthcare system, including changes to how the healthcare system is funded. Whether or not you agree with those changes, we are hopeful that there is one thing on which we can all agree: this time of dramatic change is not the time to pile new mandates on hospitals.

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

Selected Statutory Provisions Impacting Hospitals 2014 - 2016

2014:

- **PA 14-168, An Act Concerning Notice Of Acquisitions, Joint Ventures, Affiliations Of Group Medical Practices And Hospital Admissions, Medical Foundations And Certificates Of Need**
 - Requires notice to the Connecticut Attorney General when filing has been made to the Federal Trade Commission.
 - Requires notice to the Connecticut Attorney General when a change is made that results in a material change to the business or corporate structure of a group of two or more physicians.
 - Requires each hospital and hospital system to file an annual report with the Attorney General and DPH Commissioner, describing the activities of every group practice that is owned or affiliated with such hospital or hospital system.
 - Requires a hospital to ask a patient, upon admission, whether the patient wishes for his or her physician to be notified of the admission.

- **PA 14-203, An Act Concerning Hepatitis C Testing**
 - Requires licensed primary care physicians, advanced practice registered nurses, and physician assistants to offer to provide, or order a Hepatitis C screening or diagnostic test, for patients born between 1945 and 1965 when providing services to these patients.

- **PA 14-141, An Act Concerning The Admission Of Veterans To Hospitals And The Application Of Military Occupational Training To State Licensure Requirements**
 - Requires a hospital to, whenever a person is admitted, inquire whether such person is a veteran and take sufficient steps to determine that no other funds or means of payment are available to cover the cost of services rendered to the veteran before seeking payment from the Connecticut Department of Veterans Affairs for the care.

- **PA 14-145, An Act Concerning Fees Charged For Services Provided At Hospital-Based Facilities**
 - Requires new patient notification requirements for hospitals and health systems that charge a facility fee for outpatient care delivered at their hospital-based facilities.

- **PA 14-180, An Act Concerning Notice Of A Patient's Observation Status**
 - Requires hospitals to provide oral and written notice informing the patient of his or her observation status. The requirement does not apply if the patient is discharged or left the hospital prior to the end of the 24-hour period. This requirement applies to all patients regardless of payer status. The Act outlines minimum requirements the hospital must meet concerning the written notification.

- **PA 14-231, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes**
 - Requires labs (including hospital labs) to provide patients with direct access to their lab results, consistent with recent federal law changes to both the *Health Insurance Portability and Accountability Act* (HIPAA) and the Clinical Laboratory Improvement Amendments (CLIA).

- **PA 14-214, An Act Concerning A Task Force To Study Stroke And Reporting On Health Care-Associated Infections**
 - Requires hospitals to include in their healthcare-associated infections reports to DPH information reported to DPH or the Medicare Hospital Compare program concerning the number and type of infections, including but not limited to central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, methicillin-resistant staphylococcus aureus (MRSA) infections, and *Clostridium difficile* (*C. diff*) infections.

2015:

- **PA 15-39, An Act Concerning Infant Safe Sleep Practices**
 - Requires each hospital to provide the parent, parents, or legal guardian of a newborn infant with written informational materials containing the American Academy of Pediatrics' recommendations concerning safe sleep practices at the time of such infant's discharge from the hospital.

- **PA 15-32, An Act Concerning Patient-Designated Caregivers**
 - Requires a hospital, when discharging a patient to his or her home, to: Allow the patient to designate a caregiver at, or before, the time the patient receives a written copy of his or her discharge plan. The hospital must document the name of the designated caregiver in the patient's discharge plan and attempt to notify the designated caregiver of the patient's discharge.

- **PA 15-11, An Act Concerning Persons Who Decontaminate Reusable Medical Instruments Or Devices**
 - Requires individuals who practice as central service technicians (CST) to pass a national exam and to be certified or have similar credentials.

- **PA 15-10, An Act Concerning Cytomegalovirus**
 - Requires all hospitals caring for newborn infants to test for cytomegalovirus (CMV) if the infant fails a newborn hearing screening.

- **PA 15-219, An Act Concerning Manufacturer Names, Medwatch Reporting Information And Brand Names On Generic Drug Containers**
 - Expands the information pharmacists must provide when dispensing generic prescription drugs.

- **PA 15-198, An Act Concerning Substance Abuse And Opioid Overdose Prevention**
 - Requires practitioners, before prescribing more than a 72-hour supply of any controlled substance, to check the patient's record in the prescription drug monitoring program.

- **PA 15-242, An Act Concerning Various Revisions To The Public Health Statutes**
 - Alters hospital reporting requirements relating to exposure of EMS personnel and first responders to infectious diseases by: replacing the current list of reportable diseases with the federal list described at 42 USC 300ff-131; updating hospital-designated contact responsibilities; clarifying who is to be contacted and under what circumstances; allowing DPH to add diseases to the reporting list; and giving DPH power to enforce the law through administrative sanctions.

- **PA 15-206, An Act Regulating Electronic Nicotine Delivery Systems And Vapor Products**
 - Requires specific signage in areas where e-cigarette use is prohibited.

- **PA 15-91, An Act Concerning Reports Of Nurse Staffing Levels**
 - Requires hospitals to report to DPH, annually, on their prospective nurse staffing plans, rather than make the plans available to DPH upon request as prior law required.

- **PA 15-129, an Act Concerning Hospital Training And Procedures For Patients With Suspected Dementia**
 - Requires hospitals to train direct patient care staff on the symptoms of dementia as part of regular staff training. The Act does not detail the level or required content of the training.

2016:

- **PA 16-205, An Act Concerning Standards And Requirements For Health Carriers' Provider Networks And Contracts Between Health Carriers And Participating Providers**
 - Establishes standards for contracts between a health carrier and its participating providers, and requires carriers to maintain a current and accurate provider directory on their websites that are to be updated at least monthly. The measure also prohibits a provider from collecting or attempting to collect from an insured patient any money the patient's health carrier owes to the provider.

- **PA 16-90, An Act Concerning The Reporting Of Injuries Resulting From The Discharge Of A Firearm And Stab Wounds**
 - Expands the current requirement for hospitals, outpatient surgical facilities, and outpatient clinics that report gunshot wounds to also report stab wounds, defined as serious physical injuries likely caused by a knife or other sharp or pointed instrument.

- **PA 16-95, An Act Concerning Matters Affecting Physicians, Health Care Facilities And Medical Foundations**
 - Makes modifications to several matters affecting hospitals, medical foundations, IPAs, and physicians, including: covenants not to compete, medical foundations, captive professional entities, cost-to-charge ratio on hospital bills, and notice to patients.

- **PA 16-66, An Act Concerning Various Revisions To The Public Health Statutes**
 - Adds “severe combined immunodeficiency disease” (SCID) and “adrenoleukodystrophy” (ALD) as newborn screening requirements.