



PA 18-91—sHB 5290
Public Health Committee

AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY

SUMMARY: PA 17-2, JSS, established the Office of Health Strategy (OHS), headed by an executive director appointed by the governor with confirmation by the House or Senate. It placed the office in the Department of Public Health (DPH) for administrative purposes only and made it the successor to the:

1. Connecticut Health Insurance Exchange for administering the all-payer claims database and
2. lieutenant governor's office for (a) consulting with DPH to develop a statewide chronic disease plan; (b) housing, chairing, and staffing the Health Care Cabinet; and (c) appointing the state's health information technology officer and overseeing the officer's duties.

This act effectuates OHS's establishment by making minor, technical, and conforming changes to various statutes.

The act also transfers administration of the Office of Health Care Access (OHCA) from DPH to OHS and renames it the Health Systems Planning Unit (HSPU). Among other things, HSPU administers the state's certificate of need (CON) program for health care institutions. Under the CON law, health care facilities must generally receive state approval when (1) establishing new facilities or services, (2) changing ownership, (3) acquiring certain equipment, or (4) terminating certain services.

Additionally, the act transfers, from the State Innovation Model Initiative Program Management Office to the OHS executive director, responsibility for studying the feasibility of creating a certification program for community health workers. As under prior law, she must report the study results and recommendations to the Public Health and Human Services committees by October 1, 2018.

EFFECTIVE DATE: Upon passage, except the provisions (1) adding the OHS executive director to the statutory list of department heads take effect July 1, 2019 and (2) making technical and conforming changes to the Health Care Cabinet take effect July 1, 2018.

OFFICE OF HEALTH STRATEGY

Responsibilities (§ 1)

The act adds to OHS's responsibilities, promoting effective health planning and providing health care in Connecticut in a manner that (1) ensures all residents' access to cost-effective health care services, (2) avoids duplicating these services, and (3) improves the availability and financial stability of these

OLR PUBLIC ACT SUMMARY

services.

Existing law requires the office to perform various responsibilities, such as coordinating the state's health information technology initiatives, developing and implementing a coordinated and cohesive health care vision for the state, and overseeing and directing OHCA, which the act renames the HSPU.

Statewide Health Information Technology Plan (§§ 7 & 8)

The act requires the OHS executive director, instead of the Health Information Technology Officer, to annually report to the Human Services and Public Health committees on (1) the statewide health information technology plan and related uniform data standards used by specified human services agencies; (2) the statewide health insurance exchange; and (3) legislative, policy, and regulatory recommendations to promote the state's health information technology and exchange goals.

The act also eliminates a similar requirement that the DSS commissioner annually report the statewide health information technology plan to the Appropriations, Human Services, and Public Health committees.

State Health Information Technology Advisory Council Membership (§ 11)

The act modifies the State Health Information Technology Advisory Council's membership by:

1. removing the director of the State Innovation Model Initiative Program Management Office, or the director's designee;
2. adding one member appointed by the OHS executive director, who must be an expert in state health care reform initiatives; and
3. replacing one Connecticut State Medical Society member with a licensed physician appointed by the Senate president pro tempore.

By law, the council advises the state's health information technology officer and, under the act, the OHS executive director, on the statewide health information technology plan and standards for the state's health information exchange, among other things.

Office of Health Care Access (§§ 14-60, 66-77 & 79)

The act transfers, from DPH to OHS, administration of OHCA and renames it HSPU. Among other things, HSPU administers the state's CON program for health care institutions. Under the act, any OHCA order, decision, agreed settlement, or regulation in force on July 1, 2018, is effective until it is amended, repealed, or superseded by law.

Additionally, the act grants the DPH deputy commissioner independent decision making authority over pending CON applications that are completed before the act's passage. Any further action required after the DPH deputy commissioner issues final decisions on these applications will be decided by the OHS executive director.

The act imposes a new deadline, October 1, 2018, instead of October 1, 2011, for HSPU to enter into a memorandum of understanding with the comptroller to allow him access to specified collected data from hospitals and outpatient surgical

OLR PUBLIC ACT SUMMARY

facilities. Such data includes, among other things, patient-identifiable inpatient discharge data, emergency department data, and outpatient provider and patient data. Existing law, unchanged by the act, requires the comptroller to agree in writing to keep confidential individual patient and provider data, identified by name or personal identification code (§ 40).

Community Health Workers (§ 63)

The act transfers, from the State Innovation Model Initiative Program Management Office to the OHS executive director, responsibility for studying the feasibility of creating a certification program for community health workers. As under prior law, the OHS executive director must do this within available appropriations and in consultation with the Community Health Worker Advisory Committee.

The OHS executive director must report the study findings and recommendations to the Public Health and Human Services committees by October 1, 2018.

Insurance Assessment to Fund OHS (§§ 64 & 65)

The act requires Connecticut insurance companies and hospital and medical service corporations to annually pay the insurance commissioner an amount that covers OHS's appropriation, including fringe benefits and capital equipment purchases, except for those made on behalf of HSPU.

Existing law already requires insurance companies and hospital and medical service corporations to annually pay the insurance commissioner the (1) actual expenditures, including fringe benefits and capital equipment purchases, of the Insurance Department and Office of the Healthcare Advocate and (2) an amount that covers the Department of Social Services' fall prevention program appropriation. As under prior law, the act requires the insurance commissioner to deposit these payments in the Insurance Fund.

The act makes related technical and conforming changes to the statutory requirements for determining and notifying insurers of their annual assessment amounts.

§ 80 — REPEALERS

The act repeals obsolete provisions:

1. transferring, from John Dempsey Hospital to the Connecticut Children's Medical Center, licensure and control of certain neonatal intensive care unit beds after receiving a certificate of need from DPH (CGS § 10a-109ii);
2. (a) requiring DSS to notify the Newington Children's Hospital of each referral for whom the department can apply for federal matching grants and (b) permitting the state to pay the hospital retroactive claims related to federal reimbursement claims (CGS §§ 17b-234 & 17b-235);
3. authorizing a demonstration project for long-term acute care hospitals or satellite facilities (CGS § 19a-617b);

OLR PUBLIC ACT SUMMARY

4. requiring OHCA to promote effective health planning in the state (CGS § 19a-637);
5. requiring the Lieutenant Governor to designate an individual to serve as Health Information Technology Officer (the act transfers this responsibility to OHS) (CGS § 19a-755); and
6. requiring OHCA to adopt certain regulations by April 1, 1977 (CGS § 38a-558).