

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-6550

AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO COMMUNITY

Title: BENEFITS PROGRAMS ADMINISTERED BY HOSPITALS.

Vote Date: 3/12/2021

Vote Action: Joint Favorable Substitute

PH Date: 3/8/2021

File No.: 231

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SPONSORS OF BILL:

The Public Health Committee
Office of Health Strategy

REASONS FOR BILL:

This bill makes various changes to the law on hospital community benefit programs. Among other things, it:

- conforms to existing practice by shifting oversight of this law from the Office of Healthcare Advocate (OHA) to the Office of Health Strategy (OHS);
- aligns with federal tax law by excluding for-profit hospitals from state law on community benefit programs;
- requires OHS, by January 1, 2023, and every two years after that, to establish a minimum community benefit and community building spending threshold for each nonprofit hospital;
- requires, rather than allows, nonprofit hospitals to develop community benefit guidelines and changes their necessary components (e.g. specifically requiring that they be intended to reduce racial, ethnic, linguistic, and cultural disparities in health);
- requires nonprofit hospitals' annual reports on community benefits to describe certain investments they made and explain how those investments addressed the needs identified in the hospital's triennial community health needs assessment (which is required by federal law); and

- removes managed care organizations (MCOs) from this law. 2021HB-06550-R000231-BA.DOCX Researcher: JO Page 2 3/31/21 The bill also makes several minor, technical, and conforming changes.

RESPONSE FROM ADMINISTRATION/AGENCY:

Senator Martin Looney, 11th District, President Pro Tempore:

The Senator supports the legislation as it would encourage the use of hospital community benefit plans to address racial and ethnic health disparities. It would also facilitate the integration of the community benefits plans with the needs of the community.

Victoria Veltri, Executive Director, Office of Health Strategy:

The agency supports the legislation as it seeks to establish consistent community benefit reports across all of Connecticut's non-profit hospitals. The agency is supportive of public transparency and meaningful engagement and participation between the non-profit hospitals and the residents of the state. The legislation builds on Executive Order No. 5 and furthers the commitment to address racial equity issues in health care access and delivery.

NATURE AND SOURCES OF SUPPORT:

Kenneth Barela, Chief Executive Officer, The Hispanic Health Council:

The council is supportive of the legislation as it works to improve the health and social well-being of Latinos and other communities, which is the council mission. The council is in agreement that the benefit programs should be directly tied to the needs of the community, as well as shifting the community benefits to address the social determinants that play a role in the health status of the people. It also supports the standardizing aspect of the bill, that the benefit programs should be comprehensive and transparent across the board.

Black and Brown United in Action:

This organization supports the bill as it will ensure that funding be allotted in ways that address the inequities and injustices that have been deepened by the pandemic. The history of racism in health care reaches back to the days when slaves were not offered health care. There has been a lack of action in the face of requests from a coalition of advocacy organizations in Connecticut. This legislation will strengthen and improve the timing, content, regularity, and uniformity of reporting from hospitals.

Ted Doolittle, Healthcare Advocate, State of Connecticut:

The Healthcare Advocate of Connecticut supports the legislation as it makes important enhancements and clarifications regarding the obligations of hospitals when establishing, implementing, and reporting on their community benefits programs. The bill shifts responsibility for gathering and publishing reports regarding hospital community benefits programs from the OHA to the OHS, and the OHS has already assumed these obligations in a Memorandum of Agreement with OHA.

Marcia DuFore, Executive Director, Amplify, Inc.:

The Director supports the legislation as the organization highly relies on the Community Health Needs Assessments as a source of data for understanding local needs and priorities.

The Director believes that reporting should include information about health outcomes, detailed data describing the demographic makeup of a community, and how the hospital identifies and prioritizes community needs. She also believes that there should be a definition for “meaningful participation”.

Universal Health Care Foundation of Connecticut:

The foundation supports the bill as it envisions a health system that is accountable and responsive to the people it serves. The bill will require that hospitals are accountable to the communities while investing in community health and well-being. In 2018, Connecticut hospitals spend \$1.053 billion on community benefits but 93.82% of this was for Medicaid shortfalls and uncompensated care. Hospitals spend only 2.18% of their overall community benefit spending on community services promoting health. They spent 0.66% on community building projects, and 1.61% on donations to community organizations, according to data from the Connecticut Hospital Association website.

Roberta Friedman, Advocacy Committee Chair, Connecticut Public Health Association:

The association supports the legislation. Last year the CPHA declared racism as a public health crisis, and this legislation would work to advance health equity by strengthening and improving the timing, content, regularity, and uniformity of reporting from hospitals. Reports should include information about health outcomes, detailed uniform data on the demographic makeup of the community, and how the hospital identifies and prioritizes community needs.

Other sources of support include:

Janet Bellamy, Occupational Therapist

Jean de Smet

Kristin Fortier

Winifred Gordon, MEd, OTR/L

Cheryl Kapelner-Champ

Sal Luciano, President, Connecticut AFL-CIO

Dashni Sathasivam, MPH, Manager of Policy and Outreach, Health Equity Solutions

Arvind Shaw, CEO, Generations Family Health Center

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association:

The CHA opposes the bill as written. Hospitals recognize that there are long-standing racial disparities in the state, but also recognizes the limits of what each hospital can achieve without meaningful state participation and investment. The organization asks that the bill be amended to provide hospitals with full access to statewide healthcare data in order to work towards this goal. The organization opposes provisions in the bill that would give the OHS unilateral authority to mandate community benefit spending levels.

Reported by: Alexandra Dorotinsky

Date: 4/7/2021