

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-960

AN ACT ESTABLISHING A WORKING GROUP TO EVALUATE EMERGENCY

Title: DEPARTMENT CROWDING.

Vote Date: 3/3/2023

Vote Action: Joint Favorable Substitute

PH Date: 2/22/2023

File No.: 101

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

Crowding in Connecticut's Emergency Departments (ED) has reached crisis level. The primary cause of ED crowding is what is referred to as boarding; holding patients that have already been admitted to the hospital for longer than needed due to a lack of in-patient beds. This significant issue is impacting the health and safety of Connecticut residents and is a barrier to providing quality care.

This bill requires the commissioner of the Department of Public Health (DPH) by July 1, 2023, to establish a working group to determine ways to alleviate ED crowding and to address the lack of ED beds in the state. The working group must focus specifically on the following:

- Developing quality measures for the timely transfer of ED patients to in-patient admission.
- Establishing discharge units to expedite patient discharge from the ED
- Consider liability reduction for hospitals and their ED physicians when ED crowding causes significant wait time.

Members of the working group may include physicians, nurses, and other health care providers, representatives of various organizations and stakeholders concerned with providing access and quality health care services, and certain government officials or their designees. The group must report its findings and commendations to the DPH commissioner and the Public Health Committee by January 1, 2024, and again by January 1, 2025.

RESPONSE FROM ADMINISTRATION/AGENCY:

Senator Christine Cohen, CGA, District 12:

In her testimony, Senator Cohen highlighted that ED overcrowding is affecting the safety of patients and placing undo stress on our ED physicians, nurses and staff. Patient care is not optimal under these conditions as medical staff have their attention divided between new, incoming and existing patients who have yet to be moved to the hospital as an in-patient. She urges passage of the bill to determine a solution to this ever-increasing problem.

NATURE AND SOURCES OF SUPPORT:

Connecticut Hospital Association (CHA):

CHA supports the establishment of the working group and offers the following suggestions related to the composition of the group and the scope of its work. CHA recommends that the group include members based on their specific role and function in the ED continuum of care to ensure membership is comprehensive and representative of all care providers in the delivery of healthcare. Regarding the four main areas of focus in the bill, CHA shared the following thoughts:

- Regarding timely transfer from ED to in-patient, CHA recommended the group focus on the time of arrival to the decision to admit and consider national measures regarding ED length of stay.
- Regarding discharge units, CHA recommended exploring a partnership with mobile integrated health to allow for alternative destination ambulance transports or efforts to treat-at-home to be carried out by paramedics with oversight from the ED medical director.
- Regarding availability of in-patient beds, the focus should be on in-patient initiatives such as eliminating barriers to discharge.
- Finally, CHA endorsed the importance of considering professional liability for providers of ED medical services.

Connecticut Medical Society (CSMS):

CSMS supports this bill as a critical first step to address ED overcrowding that has reached crisis level. Connecticut has a history of convening working groups and then not adopting the recommendations as presented. It is extremely important to the health and safety of Connecticut's patients that this working group is convened and that the recommendations developed are implemented by the legislature.

John Brancato, MD, Division Head of ER Medicine at Children's Medical Center:

In his testimony, Dr. Brancato explained that "kids are not little adults" and their growing bodies and developing minds require unique expertise from pediatric professionals. He is encouraged that the proposed working group requires representation from at least one pediatrician and would encourage state leaders to seek out additional consultation and guidance from children's hospitals which have unique needs, challenges and strengths.

Leah Colucci, MD, Emergency Medicine resident physician, Yale New Haven Hospital:

Dr. Colucci supports the goal of this bill and shared that her biggest concern in EDs is with patient care and how this is impacting resident physician education. There is less room to see patients, so residents are seeing less pathology. Physical exams are being conducted in hallways. Residents are providing more in-patient internal medicine than they should be because they are not trained to be internal medicine physicians. Morale is being impacted and relationships with patients harmed.

Additional testimony in support of this legislation was submitted by 20 Emergency Room Physicians affiliated with hospitals from across the state.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Trial Lawyers Association (CTLA):

CTLA is in support of the broader goal of the bill to study the issue of ED overcrowding. However, CTLA opposes Section(a)4 of the bill which seeks to study limited liability in EDs even when the health care provider causes serious injury or death by providing negligent care. A further concern is the working group has no representative from the legal community with knowledge of medical liability issues, as well as no representation from patient rights groups who would see their rights taken away by this proposal. CTLA strongly urges the committee to oppose Section (a)(4).

Ed Hawthorne, President, CT AFL-CIO:

The AFL-CIO supports the intent of the bill but cannot ignore that the working group excludes practicing ED clinical staff who are not physicians. Those closest to the problem are often closest to the solution. Without their voices, the recommendations of the working group could be unintentionally insufficient or unworkable.

Reported by: Kathleen Panazza

Date 3/16/2023