

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-6976

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING HOSPITAL EMERGENCY DEPARTMENT

Title: DIVERSION.

Vote Date: 3/5/2025

Vote Action: Joint Favorable

PH Date: 2/26/2025

File No.:

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR THE BILL:

Emergency Department (ED) diversion occurs when hospitals re-route incoming ambulances if hospitals are experiencing conditions that may prevent them from accepting additional patients. This bill requires the Department of Public Health (DPH) to establish the following provisions for hospitals:

- The requirements needed to declare an ED diversion.
- Requires a hospital to notify DPH before declaring a diversion.
- Procedures to be followed to declare a diversion, and policies to follow once such diversion is declared.
- Requirements for hospitals to receive diverted patients.
- Requirements for Emergency Medical Services (EMS) organizations to follow once a hospital declares such diversion and, if such requirements are not followed, DPH will engage in disciplinary action for noncompliance.
- Requires the Commissioner of DPH to adopt regulations to implement these provisions.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juhani, M.D., Commissioner of DPH:

The Commissioner supports this bill as the Department believes it will improve diversion responses and patient care by providing standardized procedures for all hospitals to follow.

NATURE AND SOURCES OF SUPPORT:

Sharon Gauthier, Owner, PAFY Care Management :

Ms. Gauthier supports the diversion plan but expresses other concerns with EDs in her testimony. She does not support billboards that advertise "come to the emergency room" and encourage people to "call ahead" so you can be expected to arrive at a certain time. Stop making healthcare about money and start making it about patients.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association (CHA):

CHA opposes the bill as it creates more red tape for hospitals without providing any assistance. There are already functioning ED diversion criteria and a reporting process that involves the Office of Emergency Medical Services (OEMS). CHA is not aware of any problems with this system. CHA has already sought help with issues that can trigger the need for diversion such as:

- Underfunded Medicaid rates for services.
- Lack of inpatient beds for behavioral health.
- Burdensome insurance practices for pre-authorization.
- Increasing state administrative requirements.

CHA believes this bill looks at ED issues in isolation and does not address the underlying issues causing ED overcrowding. In addition, the bill does not coordinate with the bill passed by the Committee last year SB 181 (PA 24-4) that requires hospitals to analyze certain ED data to help address the issue of overcrowding in EDs.

Hartford HealthCare:

Hospitals already have diversion criteria and a reporting process through OEMS, and this bill does not offer any assistance or solutions to address the underlying issues that cause ED crowding. This bill looks at ED crowding in isolation and creates additional regulatory hurdles without solutions.

The following submitted testimony expressing similar concerns as pointed out by CHA and Hartford Healthcare:

- Robert Reed, Government Relations Officer, Yale New Haven Health
- Kathleen Silard, President and CEO, Stamford Health

Gregory Allard, President, Association of Connecticut Ambulance Providers:

Mr. Allard expressed concerns about this bill as currently written since it could potentially have a negative impact on the patients they transport. He mentioned examples such as:

- An unsecured or unstable airway requiring immediate attention.
- A level of EMS care insufficient for the patient's condition.
- Active cardiac arrest requiring transport to the nearest facility.

- Uncontrolled hemorrhaging where treatment is critical.

Mr. Allard requests that the bill language be amended to include that EMS providers shall attempt to comply with hospital diversion requests only if patient safety is not compromised.

Reported by: Kathleen Panazza

Date: March 6, 2025