



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
WEDNESDAY, MARCH 18, 2015**

HB 6987, An Act Concerning Various Revisions To The Public Health Statutes

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6987, An Act Concerning Various Revisions To The Public Health Statutes**.

Before commenting on the bill, it's important to point out that Connecticut hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay.

This is a time of unprecedented change in healthcare, and Connecticut hospitals are leading the charge to transform the way care is provided. They are focused on providing safe, accessible, equitable, affordable, patient-centered care for all, and they are finding innovative solutions to integrate and coordinate care to better serve their patients and communities.

CHA supports Section 1 of HB 6987, which corrects an oversight resulting from changes made in PA 13-234 that expanded unintentionally the cost basis used to establish the DPH plan review fee for projects exceeding the million dollar threshold by including a reference to total project cost, rather than continuing to refer solely to the established practice of total construction costs.

CHA supports Section 2 of HB 6987, which corrects an oversight resulting from revisions made in PA 14-231. Rather than amending the requirement in Connecticut General Statute 20-12d that a physician assistant's order include the printed name of a physician assistant instead of the printed name of a supervising physician, the entire sentence was deleted erroneously. The changes in HB 6987 would make the originally desired clarification to 20-12d.

In addition, although not in the bill, we wish to bring to your attention a minor or technical issue we respectfully request be added to HB 6987. The issue relates to a recent revision to federal regulations allowing for qualified dietitians or nutrition professionals to issue a patient's diet order, including therapeutic diets. The below suggested language would coordinate our state statutes with the new flexibility allowed under the federal law.

We ask that Section 20-206m of the Connecticut General Statutes be amended as set forth below:

Amend Subsection (5) as follows:

(5) "Dietetics or nutrition practice" means the integration and application of the principles derived from the sciences of nutrition, biochemistry, food, physiology, and behavioral and social sciences to provide nutrition services that include: (A) Nutrition assessment; (B) the establishment of priorities, goals, and objectives that meet nutrition needs; (C) the provision of nutrition counseling in health and disease; (D) the development, implementation, and management of nutrition care plans; and (E) the evaluation and maintenance of appropriate standards of quality in food and nutrition. The term "dietetics or nutrition practice" does **[not]** include the administration of nutrition by **[any]** a route other than oral administration **[and]** **but** does not include the issuance of orders for laboratory or other diagnostic tests or orders intended to be implemented by any person licensed pursuant to chapter 378.

Add a Subsection (6) as follows:

(6) "Certified Dietitian-Nutritionist" means a person certified by the Commissioner pursuant to this Chapter.

And we ask that Section 20-206q of the Connecticut General Statutes be amended as set forth below:

[Verbal orders from physicians.] Patient diet orders. [When a physician conveys an order for a diet or means of nutritional support to a] A certified dietitian-nutritionist may order a patient diet order, including therapeutic diet orders, [by verbal means] for a patient in an institution defined in section 19a-490, such order shall be **[received and immediately committed to writing] documented in the patient's **[chart] medical record** by the certified dietitian-nutritionist. **Nothing in this section shall prohibit the ability of a physician to convey a verbal order. [Any order so written] to a certified dietitian-nutritionist that shall be documented immediately in the patient's medical record and so** acted upon by the institution's nurses and physician assistants with the same authority as if the order were received directly from a physician. Any order conveyed in this manner shall be countersigned by the physician within twenty-four hours unless otherwise provided by state or federal law or regulations.**

Additionally, while not provided for in HB 6987 currently, we wish to include changes to amend the record retention requirements for chronic disease hospitals and children's hospitals from a minimum of 25 years to a minimum of 10 years, consistent with other types of hospitals. Also, we wish to have chronic disease hospitals be required to complete medical records within 30 days after date of discharge instead of 14 days, consistent with other types of hospitals. These changes would ensure that record retention laws for chronic disease hospitals and children's hospitals are coordinated with those of other types of hospitals.

Therefore, we ask that HB 6987 include the language set forth below:

Section 1. (NEW)(a) Notwithstanding any provision of the regulations adopted for facilities licensed as chronic disease hospitals, a chronic disease hospital's medical records shall be (1) filed in an accessible manner in the hospital; (2) kept for a minimum of ten years after discharge of patients, except that original medical records may be destroyed sooner if they are preserved by a process consistent with current hospital industry standards; (3) completed within thirty days after discharge of the patient except in unusual circumstances, which shall be specified in the medical staff rules and regulations. The hospital shall provide the Department of Public Health with a list of the process or processes it uses.

(b) Notwithstanding any provision of the regulations adopted for facilities licensed as children's hospitals, a children's hospital's medical records, other than nurse's notes, shall be filed in an accessible manner in the hospital and shall be kept for a minimum of ten years after discharge of patients, except that original medical records may be destroyed sooner if they are preserved by a process consistent with current hospital industry standards. The hospital shall provide the Department of Public Health with a list of the process or processes it uses.

Section 2. (NEW) The Department of Public Health shall amend regulations consistent with Section 1 of this Act.

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