

**TESTIMONY OF  
CAROLYN BRADY, VICE PRESIDENT, QUALITY AND  
PERFORMANCE REPORTING ON BEHALF OF  
CONNECTICUT HOSPITAL ASSOCIATION  
PRESENTED TO THE SELECT COMMITTEE ON AGING  
Tuesday, March 1, 2005**

**SB 965, AN ACT CONCERNING THE DUTIES OF THE CONSERVATOR  
OF A PERSON**

Good morning Senator Harris and Representative Feltman. My name is Carrie Brady and I am Vice President of Quality and Performance Reporting of the Connecticut Hospital Association (CHA). The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony on **SB 965, An Act Concerning the Duties of the Conservator of a Person**. CHA opposes the bill because it would have the effect of unnecessarily prolonging hospital stays for individuals who no longer need treatment in an acute care facility, exacerbate emergency department overcrowding problems by making beds unavailable to those who truly need hospitalization, and create an unnecessary and potentially detrimental layer of bureaucracy in an area that is already heavily regulated to safeguard the interests of persons in the care of conservators.

The bill would require any conservator who determines that their ward needs to be placed in an "institution for long-term care" to prepare and submit to the Probate Court a report summarizing the community resources considered and the basis for the conservator's conclusion that the ward's needs cannot be met in a less restrictive and more integrated setting. After submitting the report to the Probate Court and sending copies to any other interested parties, the conservator would be required to wait at least 10 days before the ward could be moved into the institution.

Many patients enter nursing homes after an illness or injury that requires initial acute care hospitalization. In fiscal year 2004 alone, Connecticut hospitals discharged more than 54,000 inpatients to nursing homes. This bill would create an unnecessary barrier to the appropriate placement of hospitalized patients with conservators, who would have to wait 10 additional days before being transferred to the nursing home, even though the patient and the patient's conservator, the patient's physician, and the hospital, all agree that discharge to a long-term care facility is in the best interests of the patient. The effective delay could easily exceed 10 days or more, since the conservator also would need time to prepare the formal written report for submission to the court. This delay would not only be inappropriate for the individual patient, it also would exacerbate the ongoing problem of overcrowding in Connecticut hospitals by unnecessarily maintaining patients in inpatient settings when they no longer need hospitalization. By potentially forcing

hospitals to keep a person in the hospital unnecessarily, the bill could actually have the effect of preventing patients in the emergency room from obtaining an inpatient bed.

Imposing additional requirements on conservators making nursing home placement decisions also is unnecessary given the statutory responsibilities and obligations of a conservator, the Probate Court's involvement in the initial appointment of a conservator, the broad scope of authority of the conservator once appointed by the Court, and the ongoing oversight of the Court through filing of an annual report. In short, the filing requirement and its related 10-day delay is unnecessary and inappropriate, given the detrimental effects on patient care.

Thank you for consideration of our position.

JJR:CCB:ljs