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With the state still being operated through Executive Order 13 days into the new fiscal year, Connecticut lawmakers are facing increasing pressure to meet a July 18 deadline to vote on a biennial budget.

Although both House Democrats and House Republicans have issued separate budget proposals over the last couple of weeks, there does not appear to be a consensus among lawmakers about either plan.

As a result, although negotiations continue, there is no agreement on how to close the \$5.1 billion projected deficit in the FY 2018-2019 biennium budget. The Governor announced on July 1 that he will run the state through [an executive order](#) until a new, two-year state budget has been signed into law. That order eliminates supplemental payments to hospitals, including the small hospital pool. Additionally, the Governor is making an undefined \$75 million reduction to the Medicaid program.

House Republicans released their [plan](#) on July 12. The House GOP plan calls for \$2 billion in state employee union concessions over the next two years and reduces the state workforce through attrition and privatizations. It also increases school aid for every town and city; rejects the shift of \$400 million in teacher pension payments to municipalities; does not raise taxes or fees; offers municipal mandate relief and limits state borrowing to \$1.3 billion; and eliminates the property tax proposal on hospitals.

Click [here](#) to view the proposed budget issued by the House Democratic caucus last month. The House Democratic plan does not eliminate hospitals' property tax or sales tax exemptions or reduce hospital supplemental payments. The plan proposes to raise the sales tax rate from 6.35 to 6.99 percent, and would allow municipalities to add an additional 1% sales tax (to be retained by the municipality) on food and beverage sales.

Update Archives

**Governor Signs Health Care Cabinet Bill**

A bill requiring the state's Health Care Cabinet to advise the Governor on total statewide healthcare spending was signed into law by Gov. Dannel Malloy on July 5.

**Public Act 17-151, An Act Authorizing The Health Care Cabinet To Recommend Methods To Study And Report On Total State-Wide Health Care Spending**, mandates that the Cabinet, which is led by Lt. Gov. Nancy Wyman, recommend methods to study and report on total statewide healthcare spending, including methods to collect, analyze, and report healthcare spending data.

Existing law already requires the Cabinet to advise the Governor on the design, implementation, objectives, and evaluation of state and federal healthcare policies related to Connecticut's effort to improve access, quality, affordability, and sustainability of its healthcare system.

The Health Care Cabinet is an advisory group of healthcare professionals, experts, and stakeholders who are charged with advising the Governor on healthcare reform. The group spent the last year studying healthcare models in six states – Massachusetts, Maryland, Oregon, Rhode Island, Washington and Vermont – and developing a plan to stem rising costs in Connecticut.

**Governor Signs Bill Furthering State's Efforts to Combat Opioid Crisis**

Governor Dannel Malloy has signed into law legislation supported by CHA that seeks to prevent and combat the inappropriate use and abuse of prescribed opioid drugs.

The legislation is **Public Act 17-131, An Act Preventing Prescription Opioid Diversion And Abuse**. Among its several provisions, the new law:

- Increases data sharing between state agencies regarding opioid abuse and opioid overdose deaths.
- Facilitates the destruction of unused prescription medication by utilizing registered nurses employed for home healthcare agencies.
- Increases security of controlled substance prescriptions by requiring certain scheduled drugs be electronically prescribed.
- Allows patients to file a voluntary non-opioid form in their medical records indicating that they do not want to be prescribed or administered opioid drugs.

- Expands requirements regarding provider communications about the risk and signs of addiction, and the dangers of drug interactions to cover all opioid prescriptions – current law applies only to minors.
- Reduces the maximum opioid drug prescription for minors from seven days to five days. Current law prohibits prescribers from issuing more than a seven-day supply of an opioid prescription to an adult for the first time for outpatient use. Exceptions exist for both of these limits when the drug is required to treat the patient's acute medical condition, chronic pain, cancer-associated pain, or for palliative care.
- Requires the Department of Public Health to put information online about how prescribers can obtain certification for Suboxone and other medicines to treat opioid use disorder.
- Requires individual and group health insurers to cover medically necessary detox treatment, as defined by American Society of Addiction Medicine (ASAM) criteria.
- Requires alcohol and drug treatment facilities to use ASAM criteria for admission.

Connecticut hospitals have been engaged for years in efforts to reduce inappropriate opioid use while ensuring patients have appropriate pain medication. CHA submitted [testimony](#) on HB 7052 in February, expressing support for the state's efforts to address the opioid crisis and urging lawmakers to provide sufficient funding and human resources to support the legislation.

## Connecticut Hospitals Among Nation's Most Wired



Connecticut hospitals continue to rank among the country's Most Wired, according to Health Care's Most Wired 2017 survey, published in *Hospitals & Health Networks*.

The William W. Backus Hospital, Bristol Hospital, The Hospital of Central Connecticut, Connecticut Children's Medical Center, Danbury Hospital, Middlesex Hospital, Norwalk Hospital, Saint Francis Hospital and Medical Center, Stamford Hospital, Waterbury Hospital, and Yale New Haven Health were honored as among the country's Most Wired hospitals and systems. The annual survey is conducted by *Hospitals & Health Networks* and the American Hospital Association (AHA).

The results show that many hospitals and health systems have shifted their focus from acquiring technology to using technology to improve population health, capitalize on data analytics, boost patient engagement, and introduce new efficiencies. The survey found that hospitals are increasingly using data and analytics to foster a culture of self-improvement while, at the same time, they have improved patients' ability to obtain, use, and share their own data and records securely. Hospitals are also offering innovative access to care through secure messaging, telehealth, and mobile app services.

The study also found that many hospitals across the country could improve how they are integrating electronic health record (EHR) systems with population health tools, generating clinical quality measures from the EHRs, and incorporating data from outside entities like retail pharmacies.

The security of data continues to be of high importance to hospitals and health systems. Ninety-seven percent of Most Wired respondents said they use intrusion detection systems; 96 percent perform data access audits; nearly 90 percent run targeted phishing exercises to teach employees and providers to question suspicious emails; and 82 percent engage a third party to conduct annual security audits.

## American Liver Foundation Seeks to Educate Public about Hepatitis C Test



The American Liver Foundation is encouraging Connecticut's baby boomer generation to request a test for Hepatitis C during their annual physicals in accordance with both federal recommendations and a state law that requires doctors to offer the test to members of this age group.

As part of spreading global awareness about Hepatitis C on a local level, the American Liver Association, in conjunction with CHA, seeks to bring awareness of the importance of the 2012 recommendation by the Centers for Disease Control (CDC) that all people born between the years 1945-1965 be tested for the Hepatitis C virus (HCV). The outreach occurs as countries around the world come together to celebrate World Hepatitis Day on July 28.

Connecticut passed a law in 2014 requiring doctors to offer all Baby Boomers a Hepatitis C blood test.

Yuri Sanchez Gonzales, MD, Associate Director of Global HCV Health Economics and Outcomes Research, estimates that 688,951 baby boomers are infected with HCV but as yet are undiagnosed. He suggests that by 2025, there will be 921,000 deaths from HCV due to lack of proper diagnosis and treatment.

There are currently more than 14,000 Americans waiting for liver transplants in the USA, and the majority are on the list because of Hepatitis C-related liver damage.

Although Hepatitis C treatment used to be complex, new medications have been developed in the past few years that have greatly improved patient outcomes. Patients now take oral medication for three to six months and suffer few to no side effects from the treatment. Between 85-99 percent of patients who complete treatment are cured.

