



Thursday, July 21, 2011

In This Issue:

CHA Participates in Business Roundtable with HHS Chief Technology Officer

CHA and OHCA Work On Legislation to Protect Confidentiality of Outpatient Data

Legislature Passes Bill Providing More Clarity on Handling Patients With Oxygen Needs

Unions Continue To Discuss Concessions As Layoffs Begin; No Change To Hospital Tax Planned

Update Schedule for August

CHA Participates in Business Roundtable with HHS Chief Technology Officer

John Brady, CHA's CFO and Vice President, Business Planning, joined other business leaders across Connecticut in a business roundtable in Hartford today hosted by The White House Business Council and Business Forward. This "Roundtable Discussion on America's Innovation Economy: Health IT in Hartford," featured Todd Park, Chief Technology Officer, and Entrepreneur-in-Residence, US Department of Health and Human Services (HHS).

In this year's State of the Union address, President Obama noted that the country must commit to success globally through innovation and education. The President asked senior administration officials to host roundtable discussions with business leaders in at least 100 communities across the country to listen to local businesses and seek input on how the administration can best support their growth.

Todd Park joined HHS as Chief Technology Officer in August 2009. In this role, he is responsible for helping HHS leadership harness the power of data, technology, and innovation to improve the health and welfare of the nation. Mr. Park co-founded *Athenahealth* in 1997 and co-led its development over the following decade into one of the most innovative, socially-oriented, and successful health information technology companies in the industry. Prior to *Athenahealth*, he served as a management consultant with Booz Allen & Hamilton, focusing on healthcare strategy, technology, and operations.

At the talk today, Mr. Park and Connecticut business leaders discussed HHS's efforts to be a catalyst for innovation in healthcare and health information technology through:

- Incentive for change, including developing financial rewards and sustainability for improving health such as Meaningful Use; and
- Improving access to information, including Electronic Health Records (EHR) implementation and data transparency.

CHA and OHCA Work On Legislation to Protect Confidentiality of Outpatient Data

CHA and the Office of Health Care Access (OHCA) worked together during the past legislative session to revise the law regarding confidentiality of outpatient data that hospitals are voluntarily submitting to OHCA. New [legislation](#) passed this session requires increased measures of confidentiality and addresses the submission of outpatient data.

The law requiring acute care hospitals in Connecticut to submit inpatient discharge data to OHCA, and to submit voluntarily data from emergency departments, was created decades before current HIPAA regulations were enacted by the federal government. Therefore, the laws failed to recognize patient confidentiality rights and did not limit OHCA's ability to re-disclose the otherwise protected health information. In addition, the law failed to protect submitted data from access by other agencies or the public. The difference between state and federal approaches to privacy resulted in hospitals being in the difficult position of having to provide confidential data to OHCA that, once submitted, may have been compromised.

The new law requires OHCA to protect the identity of patients, the names of physicians, and providers by de-identifying data before they are disclosed. It also expressly shields data submitted to OHCA from freedom of information laws. The act formally addresses a long-standing issue between providers and OHCA on the submission of outpatient data, and creates a working group to assess obstacles and make recommendations by 2015 for submitting this data to correspond with OHCA's plan for collection of more types of data.

For more information, contact Jim Iacobellis, CHA's Vice President, Government Relations, at iacobellis@chime.org.

Legislature Passes Bill Providing More Clarity on Handling Patients With Oxygen Needs

The Connecticut General Assembly passed legislation proposed by CHA that provides clarity on care for patients on oxygen. These changes were enacted as part of a larger DPH bill, Public Act 11-242, *An Act Concerning Various Revisions To Public Health Related Statutes* (click [here](#) for excerpt, [here](#) for the full act).

The Act revises existing law passed in 2010 that allowed hospitals to designate certain practitioners to perform specified oxygen-related patient care activities. The original law was confusing in that it could have been interpreted to prohibit non-licensed personnel from transporting patients on oxygen.

The new law clarifies that the restrictions applicable to practitioners performing oxygen-related activities do not apply to transporting patients with portable oxygen sources. This change makes it clear that unlicensed staff, when designated and authorized by the hospital, may transport patients on oxygen. The Act also includes a technical correction to the title of a nuclear medical "technologist" (instead of "technician"). The enactment of these provisions demonstrates progress in CHA's ongoing efforts to align DPH oversight with current hospital practices.

For more information on the changes to this law, please contact Carl Schiessl, CHA's Director, Regulatory Advocacy, at schiessl@chime.org.

Unions Continue To Discuss Concessions As Layoffs Begin; No Change To Hospital Tax Planned

State employees were continuing to receive layoff notices even as their union representatives were trying to negotiate a revised, no-layoff deal with the Malloy administration. Leadership of the State Employees Bargaining Agent Coalition (SEBAC) voted Monday to change their bylaws for approving concession agreements.

Governor Malloy's [plan](#) to close the \$1.6 billion deficit does not contain any changes to the recently enacted hospital tax. Highlights of the plan, with respect to hospitals and healthcare reductions, include:

- Department of Social Services – Total reduction of \$48.2 million in FY 12 and \$82.8 million in FY 13.
 - Eliminates 206 positions (includes both layoffs and the elimination of vacant positions).
 - Programmatic reductions include:
 - Establishing an asset test (\$25,000) and considering family income for Low Income Adults (LIA) Medicaid (assumes a \$30 million savings in FY13 and that DSS will file a waiver);
 - Re-estimating savings from limiting dental services for adults under Medicaid;
 - Restructuring Medicaid Fee Schedules (DSS would restructure rates and fees in certain medical services areas including durable medical equipment, physician services, and behavioral health services);
 - Eliminating the Medicaid rate increase for LifeStar;
 - Reducing funding by 10 percent for various non-entitlement programs, including Connecticut Children's Medical Center and HUSKY Outreach;
 - Recouping home infusion costs from managed care organizations that were also paid directly to providers; and
 - Closing the Stamford and Middletown regional offices.
- Department of Mental Health and Addiction Services – Total reduction of \$35.5 million in FY 12 and \$59.5 million in FY 13.
 - Eliminates 474 positions in FY 12 and 513 in FY 13 (includes both layoffs and the elimination of vacant positions).
 - Programmatic reductions include:
 - Redesigning coverage and benefits to Low Income Adults (LIA) in the Medicaid program;
 - Reducing support services for individuals on LIA Medicaid that are not reimbursable under Medicaid;
 - Closing state-operated addiction beds (20 detoxification and 60 rehabilitation beds at Connecticut Valley Hospital (CVH)); and
 - Eliminating the CVH Fire Department.
- Department of Public Health – Total reduction of \$9.5 million in FY 12 and \$11.1 million in FY 13.
 - Eliminates 57 positions (includes both layoffs and the elimination of vacant positions).
 - Programmatic reductions include cuts in funding for:
 - the AIDS Services program;
 - the blood lead testing program;
 - the Community Health Center program;
 - School-Based Health Centers; and

- the regulatory services division (reducing the frequency, volume, and funding of various regulatory functions).
- University of Connecticut Health Center (UHC) – Total reduction of \$11.7 million in FY 12 and \$2.4 Million in FY 13.
 - Reduces UHC block grant funding and eliminates 165 positions in FY 12 and 34 in FY 13 (includes both layoffs and the elimination of vacant positions).

The Appropriations Committee is expected to hold hearings on its concerns in mid-August.

For more information, contact Jim Iacobellis, CHA's Vice President, Government Relations, iacobellis@chime.org.

Update Schedule for August

Update will be published on a bi-weekly schedule throughout August, on Thursday, August 11, and Thursday, August 25, returning after Labor Day to a regular weekly schedule on September 8.